

**School of Medicine, Nazarbayev University**

**Master of Public Health Program**

**“Enhancing Job Satisfaction Among Healthcare Professionals in  
Polyclinics: An Evaluation of Key Drivers and the Social  
Interventions to address Performance Improvement”**

Master of Public Health Integrating Experience

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## **Abstract**

Primary Healthcare Services have a crucial role in the prevention of diseases, health education, and reducing the severe cases of incidence. Previous studies have explored that the existing reforms have not fully addressed the challenges of workplace stress and dissatisfaction factors among polyclinic healthcare professionals in Kazakhstan. This thesis investigates the key drivers of job satisfaction and dissatisfaction among healthcare professionals in public polyclinics using Herzberg's Two-Factor Theory and assesses existing social intervention strategies for increasing satisfaction and improving overall job performance at healthcare organizations in Astana, Kazakhstan.

A qualitative study design was employed. Data were collected using in-depth interviews with medical doctors from public polyclinics in Astana. Herzberg's Two Factor Theory was used as the conceptual framework to guide motivation and hygiene factors. The collected data were analyzed using a thematic analysis approach.

These results suggest that while a key factors of job satisfaction were "supportive colleagues", "satisfaction from patient care", which are intrinsic motivators, and extrinsic conditions, which are "salary", "overworking" are fundamental sources of dissatisfaction. Also, findings highlight the need for systematic change, including improved compensation, greater autonomy in clinical decision-making, and stronger recognition of the physician's public role.

The study contributes valuable insights for human resource for the healthcare field of Kazakhstan. Also, the study offers recommendations for policy to prioritize employee satisfaction to improve healthcare outcomes and to research about social intervention strategies for healthcare professionals.

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## **LIST OF ABBREVIATIONS**

**MPH**-Master of Public Health

**PHC**-Primary Health Care

**WHO**-World Health Organization

**HRH**-Human Resource for Health

**OECD**- Organisation for Economic Co-operation and Development

**NUSOM**-Nazarbayev University School of Medicine

**NUSOM-IREC**- Nazarbayev University School of Medicine Institutional Research Ethics  
Committee

## CHAPTER I. INTRODUCTION

Job satisfaction among healthcare professionals is a crucial factor influencing the quality of care (Deriba, 2017). According to Hafeez et al. (2010), healthcare professionals in primary health centers face various problems that significantly influence their job satisfaction. This qualitative study investigates the key factors of job satisfaction and dissatisfaction of medical doctors working in public polyclinics in Astana.

Kazakhstan has implemented several reforms aimed to improving society's health, including modernizing primary healthcare services. Despite several efforts, the OECD report reviewed that the issues of equity, accessibility, and efficiency of the workplace in the healthcare system are still present (OECD, 2018). The study by Kuandyk et al. (2024) shows that approximately 31% of the reported physicians experienced burnout, while 3,7 % showed signs of severe depression. Also, a report by the Organisation for Economic Co-operation and Development (OECD) highlighted that job morale among healthcare providers in Kazakhstan is low, where the job morale includes terms like motivation to work, job satisfaction, and psychological well-being (Sabitova et al., 2020). However, there is a limited data support these results (OECD, 2018). Thus, few studies have thoroughly examined the job satisfaction of healthcare professionals in primary healthcare in Kazakhstan. Most of the existing literature tends to focus on general workforce, a nurse job satisfaction, and a overall healthcare management. Addressing these challenges requires a thorough understanding of what drives job satisfaction and what are the dissatisfaction factors of healthcare professionals, and how targeted interventions can help to mitigate dissatisfaction and improve overall job performance.

This chapter aims to provide a background for the study on job satisfaction among healthcare professionals at primary healthcare organizations in Astana city. The chapter also

explains the statement of the problem, followed by the purpose of the study the research questions, the significance and contributions of the study.

## **1.1 Background information**

The main focus of this research is to explore job satisfaction factors among healthcare professionals in polyclinics, identify key drivers of satisfaction and dissatisfaction, and assess existing social intervention strategies for increasing satisfaction and improving overall job performance at healthcare organizations in Astana.

This topic is crucial because the job satisfaction of healthcare professionals influences the general health outcomes of society, the job performance of healthcare workers, their retention, and motivation to work (Bonenberger, 2014). Especially, applying a high level of job satisfaction for polyclinic professionals is significant, as this structure meets a high load of patients daily, and provides one of the fundamentally important indicators for the improvement of the healthcare system. Polyclinics provide primary medical treatment, preventive healthcare, continuous care, and health education (OECD, 2018). Primary healthcare centers are the most effective approach for addressing healthcare challenges in low- and middle-income countries, as they help to prioritize healthcare sustainability through promoting healthy lifestyles and preventive care (Kodali et al., 2023). The main employment staff of polyclinics includes doctors, nurses, administration, and other supportive employees. Enhancing the job satisfaction of these professionals is critical to managing the high quality of healthcare services, reducing burnout, and minimizing turnover rates (Shi, 2014). The most distinguishing features of polyclinics are high patient demand, the close interaction between different disciplines, and limited time for communication with patients. Managing these challenges, using social interventions, such as peer support programs, team-based

collaboration, mentorship initiatives, and workplace well-being policies, may increase job satisfaction and overall quality of healthcare delivery service (Shiri, 2023).

Since the job satisfaction of healthcare professionals leads to many factors, it is important to investigate key reasons for job dissatisfaction.

## **1.2 Problem statement**

While global research has identified common factors affecting job satisfaction, there is a lack of studies focusing on the polyclinic setting in Kazakhstan. Furthermore, the job satisfaction in public polyclinics and its improvement, evaluation of social strategies in Astana through qualitative methods remains underexplored. The study fills the gap of a data limitation about the job satisfaction of Kazakhstan's healthcare professionals.

## **1.3 Purpose of the Study and Research Questions**

Therefore, the research aims to explore job satisfaction and dissatisfaction factors among healthcare professionals in public polyclinics and to assess existing social intervention strategies for increasing satisfaction and improving overall job performance at public polyclinics in Astana, Kazakhstan.

### **Research questions:**

1. What are the key drivers of job satisfaction and dissatisfaction among healthcare professionals in polyclinics in Astana?
2. What is the effectiveness of social intervention strategies in improving job satisfaction and job performance of healthcare professionals in polyclinics?

#### **1.4 Significance and contributions of the study**

According to the literature, job satisfaction of healthcare professionals plays a crucial role in improving public health performance. Focusing a primary healthcare organization, especially on public polyclinics has its advantages, as it is a source for cost-effectiveness, disease prevention, and early detection (Sabitova et al., 2020). Thus, the results of the findings serve the questions in improving primary healthcare service- and also help policymakers to have a better understanding of human resource management in health.

#### **1.5 Outline of the Study**

This Master's Research Thesis consists of six main chapters, which are: Introduction, Literature review, Methodology, Findings, Discussion, and Conclusion. In Chapter 1, I describe the problem statement, the purpose of the study, and the research questions, and highlight the significance of the study and its potential policy implication for the key stakeholders. Chapter 2 reviews the literature. Firstly, I look at the primary healthcare service of Kazakhstan. The chapter concludes with an impact of healthcare job satisfaction on health performance. Chapter 3 provides the methodology details used for the study. A qualitative research design has been used. The data was collected via in-depth semi-structured key informant interviews and analyzed using a thematic analysis approach. The quality of the study was maintained based on the following criteria: credibility, dependability, and transferability. Ethical issues were addressed, and ethical principles were maintained according to NUSOM ethical guidelines. Chapter 4 presents the major findings of the study, outlining the responses of the participants from the in-person interviews. These findings were presented according to the research questions. In the following Chapter 5 the study findings that emerged during the data analysis process were discussed about the literature that was relevant to the purpose of the study. The findings are discussed and their relevance to each research

question of the study. In the final chapter 6, there was provided a summary of the key findings addressing the research questions, acknowledgment of the limitations of this study, and policy and practice implications for the main stakeholders, outlining recommendations for future research.

## **1.6 Conclusion**

To sum up, this chapter has discussed the background information, relevance, and contribution of the research topic. The goal of the study is to explore job satisfaction factors among healthcare professionals in public polyclinics, identify key drivers of job satisfaction and dissatisfaction, using Herzberg's Two-Factor Theory, and assess existing social intervention strategies in increasing satisfaction and improving overall job performance at public polyclinics in Astana, applying it to Kazakhstan. Addressing this research gap becomes imperative, because it improves the efficiency of primary healthcare services. Therefore, the following chapters will elaborate on the further elements of the study.

## **CHAPTER II. Literature review**

A literature review was conducted to explore the current situation of scientific evidence about job satisfaction among healthcare professionals working in polyclinics. Four major themes were generated, a) Overview of Primary Healthcare in Kazakhstan b) Importance of Job satisfaction of healthcare professionals; c) Key drivers of Job satisfaction and dissatisfaction d) Social Intervention Strategies. Multiple information sources were utilized, including peer-reviewed journals, periodicals, and books available primarily through the Nazarbayev University library. In addition, databases like Google Scholar, Academic Search Premier (EBSCO), MDPI, BMC, and PubMed were used to conduct this literature review. The search words included: “job satisfaction”, “primary healthcare services”, “Kazakhstan”, “job dissatisfaction”, and “polyclinics in Kazakhstan”.

Mendeley Reference Manager facilitated literature review and citation management. Articles primarily looked at English, Kazakh, and Russian languages during the search process, articles included 2005-2025 years.

### **2.1 Overview of Primary Healthcare in Kazakhstan**

Polyclinics provide primary healthcare services; it is a complex multidisciplinary organization (ISCO-08). According to the International Standard Classification of Occupations, primary healthcare organizations have 9 groups of healthcare providers: general practitioners, nurses, specialist doctors, nurse’s aides, midwives, laboratory assistants, pharmacists, administrative staff, and support staff (ISCO-08). The research that was conducted in Petropavlosk by Bukirova et al., (2016) highlighted that the most severe problem relates to the nurse's aides, who have a highest overworking due to excessive job and limited decision-making, and general practitioners also reported higher strain compared to specialist doctors. The authors also showed

that nonmaterial incentives and social support are important for job satisfaction among healthcare professionals.

Despite the multiple reform efforts, Kazakhstan's healthcare system remains centralized, with a persistent emphasis on hospital-based care. The delivery of healthcare services is fragmented, and the quality of care is often compromised by inadequate staffing levels and limited infrastructure in medical facilities (OECD, 2018). Thus, primary healthcare services, which serve as polyclinics, need more attention because they play a crucial role in the healthcare system, preventing diseases, promoting health education, and regulating severe consequences of incidents. According to the “Analysis of the staffing of the healthcare sector of the Republic of Kazakhstan” by 2024 the most in-demand in the labor market are primary healthcare providers, physicians - 365, GPs – 291. Also, the report suggested that the turnover rate for primary healthcare services in Kazakhstan in 2024 is 21%, where the turnover rate for overall healthcare is 8%. Thus, the shortage of turnover rate is crucial and the reason for this indicator is questionable.

One rationale for this perspective is salary. Kazakhstan launched the state program “Salamatty Kazakhstan” in 2011, which included an initiative for a differentiated wage system. The main purpose of this was to improve society’s health performance, however, studies showed that an implementation of the differentiated wage system is associated with decreased efficiency in polyclinics (Kadyr et al., 2017). Publicly funded polyclinics receive financial support based on a capitation payment model, which considers the size and characteristics of the registered population, along with a pay-for-performance component (OECD, 2018). However, low tariffs for healthcare services result in comparatively low salaries for healthcare workers, contributing to dissatisfaction among physicians in Kazakhstan. Physician salaries in polyclinics typically consist

of a base salary and differential payments linked to qualification levels and workload intensity (Katsaga et al., 2012).

According to the report by the OECD (Organization for Economic Co-operation and Development) job satisfaction among healthcare professionals of Kazakhstan is low. The data does not specifically examine the factors influencing job satisfaction among polyclinic physicians remain limited (OECD, 2018).

## **2.2 Importance of Job satisfaction of healthcare professionals**

Job satisfaction is the degree to which people like or dislike their jobs. Job satisfaction is intangible, it is how an employee responds to his emotional conditions according to diverse aspects (Spector, 2022). Kabir et al., (2016) highlight that healthcare professionals' job satisfaction associates with turnover intention, absenteeism, and low job performance. In healthcare, saving a high level of job satisfaction is complex and challenging as the nature of this job demands emotional and physical effort. One of the main differences of human resources in healthcare is the presence of emotional labor, it includes proper management of emotions during the conversation with patients, which may affect emotional fatigue (Kabene et al., 2006).

There are a lot of challenges that can be faced in the healthcare system, due to person-to-person relationships, workforce shortages, and high levels of stressful situations. These kinds of factors may result in a high level of job dissatisfaction, which is associated with professional burnout (Shanafelt et al., 2012). Burnout may lead to different consequences, for example, it decreases the quality of job performance, which itself decreases the quality of provided healthcare service (Salyers, 2016). Job satisfaction of healthcare professionals impacts the performance of the health system, better patient outcomes, and improved quality care, whereas job dissatisfaction results in emotional burnout and increased turnover rate among healthcare workers (Karaferis et

al., 2022). The findings of Shanafelt et al., (2012) revealed that physicians at the forefront of patient care such as general medicine, and family medicine have the highest burnout levels. In a study conducted in Kazakhstan by Kuandyk et al. (2024) approximately 31% of the physicians reported that they experienced burnout, while 3,7 % showed signs of severe depression. Dissatisfaction of healthcare professionals may have different consequences. First of all, study highlights that dissatisfaction can be cause a mental disorder (Aldabergenova & Turgambayeva, 2020).

Satisfied professionals are more engaged to work and motivated. The study by Linzer et al., (2017) highlights that happy healthcare workers are more caring, and dedicated to providing high quality patient care. In crowded polyclinics, job satisfaction is very important for maintaining quality care and reducing job mistakes. Research suggests that social interventions can not only make employees happier, but also improve the overall performance, such as health outcomes (West et al., 2018). Satisfied and happy professionals tend to be more attentive and focused in patient care during the interaction. Such health professionals will communicate with patients and be more empathetic, this factor will build trust and increase patients' satisfaction (Linzer et al., 2017). This is valuable in polyclinics due to limitations in timing. For example, having trusted interaction between patient and doctor will affect following the medical recommendations. Thus, the job satisfaction of a healthcare professional directly influences the better health outcome of the patient.

### **2.3 Assessing the key drivers of job satisfaction and dissatisfaction**

There are specially directed tools, Spector's JSS instrument, Minnesota Satisfaction Questionnaire, and Job Descriptive Index that evaluate the job satisfaction rate; it includes different facets of satisfaction. Tools reveal a correlation between job satisfaction and professional behavior. For example, Spector (2022) identifies 9 dimensions of job satisfaction, such as salaries

and wages, promotion, fringe benefits, contingent rewards, supervision, operating procedures, co-workers, nature of work, and communication. However, this research uses Herzberg's Two Factor Theory, because this theory is still relevant, and clarifies satisfaction and dissatisfaction factors. Additionally, this theory has been created on foundation of Maslow's hierarchy of needs. Maslow's Theory is about the basic human needs, using that, Herzberg, Mausner and Snyderman, revised it into workplace topic in 1959 (Jones, 2011). Herzberg and colleagues divided factors into two categories, hygiene and motivation. Each of these categories has different factors, and the literature observation showed that authors differently adopt these factors. However, generally, motivators are advancement, work itself, possibility of growth, responsibility, recognition, achievement, and hygiene are interpersonal relationship, salary, policies and administration, supervision, working conditions (Alshmemri et al., 2017). Further, each of these factors will be applied into healthcare field.

### **2.3.1 Work environment and infrastructure**

Yeh et al. (2020) indicate that a supportive work environment, sufficient staffing, an employee feedback system, and chances for career development provide a positive job environment. Support from peers and administrators helps to diminish the daily stress, which influences enhancing job satisfaction (Galanis, 2023). Adequate staffing formulates not only a friendship atmosphere and prevents burnout, but also ensures an easily manageable workload. However, Galanis et al. (2023) argue that inadequate staffing leads to lower job satisfaction, as it is the result of peer pressure and longer duty hours.

Additionally, as Buchbinder et al., (2019) highlight that the lack of equipment, resource shortages, and other constraints, usually show dissatisfaction, as these factors limit providing a

high level of quality care. Organizations that pay attention more for infrastructure and rationalizing administrative processes have better job satisfaction levels.

### **2.3.2 Autonomy and Decision-making**

Autonomy and decision-making are significant aspects that influence job satisfaction among healthcare professionals. The ability to independently make decisions regarding patient care and work processes, known as job control, serves as a key moderating factor. Physicians who have greater autonomy in their work tend to report higher job satisfaction and improved adherence to guidelines (Waddimba et al., 2019). Autonomy is about the level of control and independence employees have over their tasks and clinical decisions, which permits them to experiment with their professional judgment without any overworking hours (Deci et. al., 2017). Additionally, Greenberg et al., (2021) suggest that polyclinic professionals can be more satisfied with their job if they have independence in decision-making in-patient care. For example, the study of Borrill et al., (2018) reveals that nurses and physicians who have independence in decision-making tend to show less turnover rates and feel better performing in their positions. On the other hand, strict restrictions in policy often show dissatisfaction, because it limits the ability to respond to diverse work challenges and show better patient care.

### **2.3.3 Compensation and Recognition**

Compensation and benefits have long been identified as an important factor that affects job satisfaction. One type of compensation includes additional pay benefits beyond the base salary, and incentives, that consider the value of employees. Herzberg's Two-factor Theory identifies that as the factor of "hygiene". A lack of compensation and salary may provide dissatisfaction. (Yusoff et al., 2013). Study shows that an inconsistency between employee expectations and considered

justice in compensation can run to disappointment, which may drive turnover rates (Katz et al., 2019). There is also a non-monetary compensation type, which is recognition. This type of compensation may include paid leaves, educational opportunities, flexible scheduling, or other administrator acknowledgments. It also includes public awards or ceremonies. Campbell et al., (2013) identify that non-monetary compensations support work-life balance and career development, and it also shows the willingness of organization's employees support.

Employees often want to feel valuable and to have a sense of purpose in their work. The lack of recognition from administration, lack of feedback, lack of motivation shows dissatisfaction. Lertchaisataporn et al., (2019) reveals that recognition from patients and colleagues strengthens a professional's commitment to his or her work. This may suggest that providing meaningful work and recognition for contributions has been highlighted as crucial to diminish job dissatisfaction.

#### **2.3.4 Workload**

The factor of having a disbalance in work and personal life is one of the reasons for being dissatisfied with a job among healthcare professionals (Shivakumar et al., 2016). Work-life balance is a significant aspect in employee satisfaction, especially in healthcare. High workload, excessive working hours are the main causes of imbalance which leads to professional burnout and high level of job dissatisfaction. A lack of time and high workload without adequate support may cause stress and dissatisfaction, according to the Job Demands-Resources Model (Bakker & Demerouti, 2017). Organizations that offer flexible working agreements tend to have higher satisfaction and retention rates.

### **2.3.5 Professional Growth and Education**

According to Peters et al. (2019) healthcare professionals who have opportunity to professional grow and career advancement are ten to be more satisfied. By investing in the professional growth of the employees, the organization can create an engaged and dedicated workforce, and furthermore have better performance. The organization that focuses on professional growth of their employees attracts skilled professionals (Lee et al., 2003).

One type of professional education is ongoing training. It is important, because there are a lot of procedures, treatment methods, technologies, and protocols that are often updated. Different workshops, certifications, health conferences help to be confident and effective in their work. According to Alharbi et al., (2020) highlights that systematic training and development programs for healthcare workers are important for improving the quality of services, with a significant correlation observed between training efforts and improved patient outcomes.

There are also leadership development programs. Those programs offer skill development for talented staff. Opportunities for career growth and leadership development are essential for keeping motivated healthcare professionals.

Allowing healthcare professionals with the pathways to participate in the research, observe seminars, or participate in creating clinical protocols can be highly valuable. It helps them to communicate with other medical communities, to be updated, to be more engaged with the latest news in medicine. By investing in education, career advancement, leadership, research, polyclinics can create a work environment that benefits both individual and organizational growth, resulting in more motivated, confident, skilled employees.

### **2.3.6 Interpersonal relationship**

Using data from 66,930 employees from 162 UK National Health Service (NHS) organizations, the researchers found that effective teamwork was positively correlated with patient satisfaction. This relationship was consistently mediated by increased employee well-being, encompassing job satisfaction and work engagement, and a stronger intention among employees to stay with their employer. In addition, the study found that organizational training strengthened this indirect effect, suggesting that investment in employee training can enhance the positive impact of teamwork on both staff morale and patient outcomes (Ogbonnaya et al., 2018).

## **2.4 Social Intervention Strategies**

Generally, social intervention strategy's purpose is to address diverse workplace issues, enhance employee well-being, promote inclusivity, and improve organizational productivity. Social intervention strategies can include a comprehensive approach to health of the employees, considering both individual and community factors. By addressing social determinants of health, promoting supportive work environments, and helping healthcare professionals manage stress and build resilience, these strategies aim to enhance the overall well-being of employees. (Marmot & Allen, 2020) With help of these strategies, healthcare organizations can adapt to the changing needs of modern healthcare and provide more patient-centered care. As a result, it will lead to a more sustainable and effective healthcare system, and improve job satisfaction level of healthcare professionals.

One of the fundamental goals of social interventions in healthcare is to address social determinants that affect job satisfaction among healthcare professionals. These main factors play a major role in job satisfaction. Study reveals that social determinants of health contribute to

improved reducing stress, and greater dedication among healthcare workers (Artiga & Hinton, 2018).

Additionally, one of the examples of social intervention strategies are team-building activities, such as retreats, workshops. These kinds of activities help to reduce stress, enhance team collaboration. Kalisch et al. (2015) indicates that team cohesion improves job satisfaction of individuals, because they feel supported by their peers.

## **2.6 Conclusion**

The literature review has explored various factors and challenges that can be occurred because of dissatisfaction of healthcare professionals. In conclusion, the overviewed literature suggests that there is a gap about the job satisfaction among Kazakhstani healthcare professionals working in polyclinics and further research should be conducted to make suggestions and recommendations how to enhance these services.

In the next Chapter 3, there will be provided information on study methodology, particularly research design, research site, sampling, data collection, data analysis approaches.

## CHAPTER III. METHODOLOGY

This chapter discusses the methods and approaches that was used for this study. The chapter consists of the following sections: guiding conceptual framework, research design, research site, sampling, data collection, data analysis approaches. Each section explains the rationale for choosing certain approaches and the procedures for conducting them. Finally, I covered some ethical considerations and quality assurance issues for the study.

### 3.1 Guiding conceptual framework

The study was using Herzberg's Two-Factor Theory to guide the research questions and analysis of the study to explore job satisfaction among healthcare professionals in polyclinics. Herzberg's Two-Factor theory divides the factors influencing job satisfaction into two types, such as motivators and hygiene factors (Table 1). It is also called the Motivation-Hygiene Theory, where motivators are advancement, work itself, possibility of growth, responsibility, recognition, achievement (Alshmemri et al., 2017). These are intrinsic factors-motivators, and make employees feel happy with their job. When intrinsic factors are present people feel valued. There are other extrinsic factors-hygiene, such as interpersonal relationship, salary, policies and administration, supervision, working conditions. When these extrinsic factors are present employees feel satisfied. Motivator factors make people satisfied, where hygiene prevents dissatisfaction (Alshmemri et al., 2017).

**Table 1. Summary of the Factors in Herzberg's Theory**

Motivation Factors	Hygiene Factors
Advancement	Interpersonal relationship
Work itself	Salary

Possibility of growth	Policies and administration
Responsibility	Supervision
Recognition	Working conditions
Achievement	

*Note. Adapted from “Herzberg’s Two-Factor Theory,” by M. Alshmemri, L. Shahwan-Akl, and P. Maude, 2017, Life Science Journal, 14(5), pp. 12–16.*

The Herzberg’s Two-Factor Theory divides the elements into motivators (factors that enhance job satisfaction) and hygiene factors (factors to prevent dissatisfaction), it helps to systematically understand and analyze the job satisfaction and dissatisfaction data. The main strength of using this framework is that it gives a precise understanding of satisfaction factor.

**3.2 Research design**

The study employed a qualitative research design using in-depth interview as data collection method to explore key drivers of job satisfaction and social interventions among healthcare professionals in polyclinics. Using qualitative approach for this study is appropriate, because it enables explore more detailed information regarding personnel experiences of healthcare professionals. The main purpose is to obtain a comprehensive understanding of the key drivers of job satisfaction and dissatisfaction from the healthcare workers. The qualitative approach allows to deeper investigate complex aspects, such as stress factor, responsibility, independence in decision making, and management system of the organization.

**3.3 Research site**

The study focuses on healthcare professionals working in public polyclinics, the research has been provided in the public polyclinics. However, in cases when participant preferred online

meeting, online platforms such as Teams or Zoom has been used. This organization is essential for this study, as it allows to understand the real-world factors that affect job satisfaction and dissatisfaction. As public polyclinics present unique working conditions, being employed there requires hard workforce, which affects to job dissatisfaction of primary healthcare. Public polyclinics are primary healthcare organizations, which offer a wide range of medical services to the population nearby. It provides different healthcare functions: general medical care (check-ups, diagnosis, treatment), specialized care (pediatrics, gynecology, dentistry), preventive care (vaccination, screenings and health education), and general community health services (OECD, 2018). It includes high demand of diverse patients, dealing with wide range of medical cases, and multi-disciplinary interaction. Choosing public polyclinics as the research site enables to accurately learn workload, staffing, emotional labor, as these factors influence to job satisfaction.

The study excludes private polyclinics, due to the different factors. Public polyclinic differs from private polyclinics by providing healthcare services for a broader population, they serve a diverse social group, including low-income, vulnerable people, who has limited accessibility for private polyclinics. The study results about public polyclinics may have stronger impacts on policy and healthcare system. This research site allows for better relevance the findings, as it considers learning organizational environment that impact these professionals.

The research was conducted in Astana, due to several following reasons. Astana have larger and diverse' population than other cities. Astana includes a broad range of economic, demographic and governance perspectives, which helps improving depth of the qualitative analysis. Astana is a capital, and the administrative center where the main provisions and medical organizations are united, which makes it important for research and allows initiatives. Also, Astana has a large

number of polyclinics and medical centers, which allows research to collect representative data on the healthcare system in an urban environment.

### **3.4 Participants and Sampling approach**

The study focuses on job satisfaction and dissatisfaction of healthcare professionals in polyclinics. The target population for this study are medical doctors who work at PHC organizations. This group of people is significantly impact the healthcare performance of the country, as they provide primary healthcare services. Physicians compared with other healthcare professionals are expected to have higher salary, better career opportunities, greater autonomy, and leadership. These participants have an important role in medical check-ups, diagnosis, treatment, specialized care, preventive care, health education, and general community health services. Additionally, medical doctors have longer and in-depth education, what makes them better analyze working process, identify the problems, and suggests solutions. Medical doctors usually involved in management and participate in discussions about policy and strategy making. By taking this group on focus, the research aims to fill a gap in the literature, and to find out the main factors of satisfaction and dissatisfaction of this group of people.

The participation was voluntary, and recruited purposive and snowball sampling approaches. The healthcare professionals were recruited through direct communication or emailing through social media to healthcare professionals working in public polyclinics (see Appendix 3). Also, the target population of the research was recruited through brochures that were posted in social media, or in the city polyclinics.

Some healthcare professionals were excluded from the study based on specific criteria to ensure the research remains focused and aligned with the research objectives. Professionals without at least 6 months of experience in polyclinics was excluded to ensure that participants have

sufficient acquaintance with the state polyclinic workforce and the ability to offer valuable insights. Also, healthcare professionals who are students (interns and residents) also were excluded to ensure participants are able to reflect on their experiences as certified professionals.

### **3.5 Data collection**

The study was employing in-depth interviews to collect data. The interview questions was constructed according to Herzberg's Two-Factor Theory Framework (see Table 5). In-depth interviews allow to gain detailed, nuanced insights into participants' thoughts and experiences, providing rich qualitative data.

The participants in this study were physicians working in public polyclinics. The participants were recruited using flyers, messengers, emailing, and phone calling (see Appendix 3). The interviews lasted approximately for 40-60 minutes, and was conducted face-to-face or online, depending on the participant's preference. The interviews were recorded to the audio recorder with the consent from participant, further taken data was transcribed.

The interview was guided consisted of several domains, such as advancement, job content, possibility of growth, responsibility, recognition, achievement, interpersonal relationship, salary, policies and administration, supervision, working conditions to explore the job satisfaction and dissatisfaction factors properly (see Table 5). Further, the transcribed data was deidentified, and analyzed.

### **3.6 Data analysis**

The data analysis for this study was based on a thematic analysis approach. After transcribed interviews, the transcripts were carefully read and examined to identify main themes and systemized according to Herzberg's Two-Factor Theory. The process started with

understanding, where the information was reviewed to gain a deep knowledge of the data. Further, codes were formulated by highlighting significant parts of data that relate to key topics of the research. After coding the data, identical lasted codes were grouped into other themes.

Initially, the transcripts were coded using different techniques to develop the codebook. (see Appendix 1) The codebook reviewed multiple times to make revisions of new emerged themes. Additionally, in order to properly manage the data and for more efficient coding, the data analysis tool like NVIVO used. The next stage of data analysis was organized into main themes and sub-themes to summarize about what are the key drivers of job satisfaction and dissatisfaction of healthcare professionals in polyclinics of Kazakhstan. All process was supported by peer debriefing to ensure the reliability of the analysis.

### **3.7 Ethical considerations**

The study was adhered to ethical guidelines, approved by NUSOM Institutional Review Ethics Committee from 15<sup>th</sup> January (2024Dec#03) and Researcher has obtained CITI certification for Social, Behavioral, Educational Sciences (see Appendix 2).

There was a measure to maintain data confidentiality. Participants was informed about the aim, and background of the study before the interview to ensure informed consent and ethical transparency (see Appendix 3). Conducted interviews were anonymous in order to safe confidentiality. All interview data, such as audio recordings and transcripts, were securely stored on a password-protected computer and in a secure cloud storage facility. Access was restricted to the research team and all files were anonymized by removing any personal identifiers. Data will be retained for a minimum of three years, as needed, and is available for any follow-up or review by a NUSOM-IREC consultant or auditor. At the end of the retention period, data is either will be deleted or moved to a secure storage location in accordance with ethical guidelines. During

interview transcription, identifying details such as names and locations was removed. The anonymized information was securely stored and solely used for analysis. Only aggregated findings appear in the final findings, maintaining that no personal details are showed.

### **3.8 Quality**

Lincoln and Guba (1985) outlined four key criteria for evaluating trustworthiness of qualitative research: credibility, transferability, dependability. These criteria are created to reflect the unique characteristics of qualitative research.

Peer debriefing sessions with the research supervisor and peers were conducted to gain additional insights and validate the findings, and ensure credibility.

In order to have transferability, detailed descriptions of the participants and the polyclinic setting were provided to enable contextual understanding and applicability of the findings.

Coding and thematic analysis were revisited multiple times and recorded to ensure dependability.

### **3.9 Conclusion**

This chapter provided a detailed description of the methodology of the Master's Thesis. The data collection method was in-depth semi structured interviews. Medical doctors was interviewed to explore job satisfaction among healthcare professionals in polyclinics, incorporating perspectives from individuals with diverse professional backgrounds.

The data was transcribed, coded, and analyzed based on the thematic analysis approach. The quality of the study was maintained based on the following criteria: credibility, dependability, and transferability. Ethical issues were addressed, and ethical principles were maintained according to NUSOM ethical guidelines.

## CHAPTER IV. RESULTS

The purpose of this study is to explore job satisfaction and dissatisfaction factors among healthcare professionals in Astana public polyclinics, using Herzberg's Two-Factor Theory and to assess existing social intervention strategies in increasing satisfaction and improving overall job performance at public polyclinics in Astana.

### Research questions:

1. What are the key drivers of job satisfaction and dissatisfaction among healthcare professionals?
2. What is the effectiveness of social intervention strategies in improving job satisfaction and job performance of healthcare professionals in polyclinics?

The present study was conducted between January 2025 and March 2025, 10 physicians from different public polyclinics were interviewed in Astana city.

This section demonstrates main findings received from qualitative research with 10 medical doctors from different public polyclinics of Astana.

The detailed description about study participants can be seen from Table 2. There were 10 participants from 3 different organizations: pediatrician (n=1); surgeon (n=1); oncologist (n=1); general practitioner (n=7);

**Table 2. Demographics of the qualitative study participants**

Characteristics	%
<b>Study participant, by health organizations (n=10)</b>	
<b>Polyclinic 1 (n=4)</b>	
Pediatrician	10

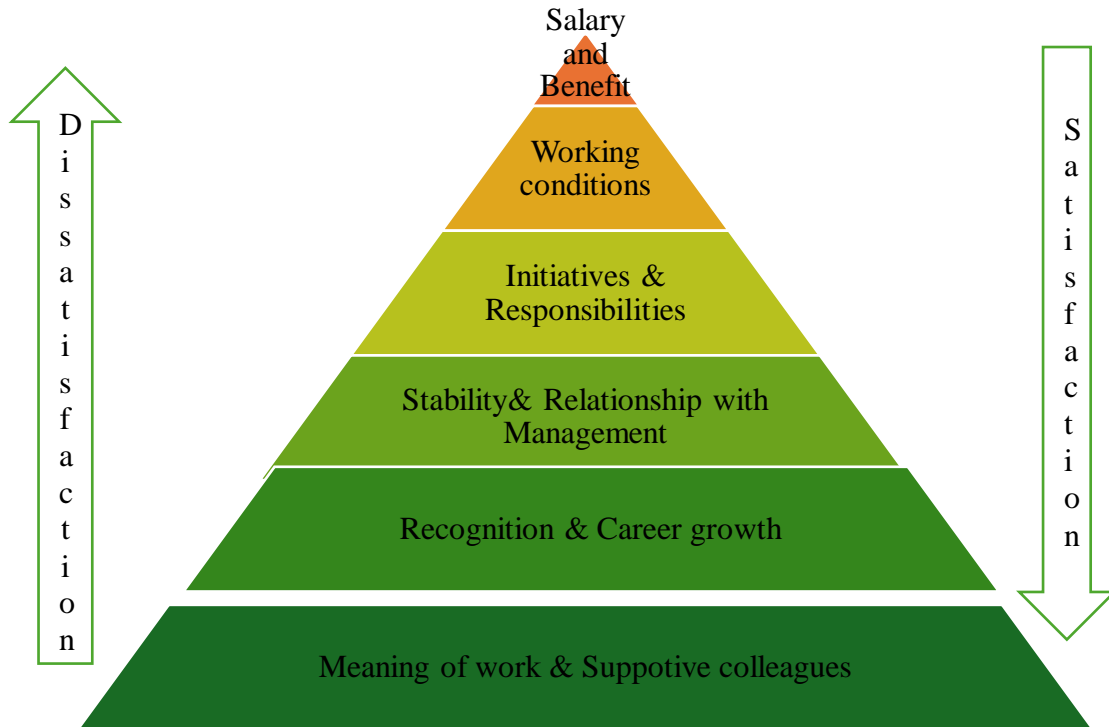
General Practitioner	30
<b>Polyclinic 2 (n=4)</b>	
Surgeon	10
General Practitioner	30
<b>Polyclinic 3 (n=2)</b>	
Oncologist	10
General Practitioner	10
<b>Gender (n=10)</b>	
Female	60
Male	20
<b>Participant groups, by job positions</b>	
Pediatrician	10
Surgeon	10
General Practitioner	80

#### 4.1 Identified themes

The study explored key factors of job satisfaction and dissatisfaction factor of healthcare professionals in public polyclinics in Astana. The research findings have identified 3 categories, such as: 1) hygiene factors; 2) motivation factors; Each categories have themes. Hygiene factors include: 1) supportive colleagues; 2) working conditions: inadequate workplace infrastructure, 3) stability: lack of long-term motivation; 4) salary and benefits; 5) relationship with management: hierarchical leadership and disempowerment. Motivation factors include: 1) recognition: feeling undervalued in society; 2) career growth: availability for becoming a clinical expert through

education; 3) meaning of work: intrinsic satisfaction from patient care; 4) responsibilities: workload imbalance and lack of allocated time.

**Figure 1. Hierarchy of Workplace Engagement**



*Note. Author's elaboration*

As a summary from these findings, the Figure 1 "Hierarchy of Workplace Engagement" has been created. The pyramid reveals a hierarchical model of workplace factors that influence employee's stability at work. It consists of 6 levels, starting from "Meaning of work and Support from colleagues" in the bottom, the strongest reason people remain committed to their jobs. Progressing to "Salary and Benefits" at the top, the least influential factor in retaining employees.

At the top of the pyramid, elements such as salary and benefits and working conditions are in red and orange, which indicates the primary sources of dissatisfaction. These factors represent foundational financial and environmental conditions, which leads to employee dissatisfaction.

Moving downward, the theme “Initiatives and Responsibilities”, as well as “Stability and Relationships with management” highlighted yellow and green colors, shows the importance of engagement by providing employees with meaningful tasks and a supportive work environment. They facilitate to satisfaction factor, however do not necessarily leads to high levels of motivation, in case other factors are lacking.

The bottom level of the pyramid, “Meaning of work and Support from colleagues” represents employees’ commitment and passion for their job, which is a base for retention, which shows the highest reasons of employee’s satisfaction.

Overall, the pyramid reveals with Herzberg’s Two-Factors Theory, that suggests that dissatisfaction arises from external factors like salary, while satisfaction comes from intrinsic elements, such as career growth and meaning of work. Further, these themes will be described deeply.

#### **4.1.1 Hygiene factors**

##### **4.1.1.1 Supportive colleagues**

Interviewers tended to describe that the teamwork and friendly relationship with colleagues is important factor in their job satisfaction. The support received from colleagues contributes to a positive atmosphere. Also, they highlighted that cooperative work environment impacts workplace efficiency. All interviewed healthcare professionals mentioned that supportive colleague provides emotional support, collaboration during emergency patient care, and experience sharing.

*“We have a warm and friendly atmosphere, everyone helps each other.” –[P3] General Practitioner*

*“I enjoy working here because my colleagues are supportive.” –[P5] General Practitioner*

#### **4.1.1.2 Working conditions: Inadequate Workplace Infrastructure**

However, many of the professionals described workplace condition as challenging. There are issues related to old furniture, outdated equipment issues, poor building conditions, unstable Internet connection. Due to unstable Internet connections, the patient care delays and their load become more and more.

*"There are problems with furniture, electrical appliances, and the Internet." –[P3] General Practitioner*

*"Sometimes, the equipment is outdated, making our job harder."-[P5] Surgeon*

*"The clinic is located in an old building that needs renovation. There are no windows in the offices, high humidity, no access to fresh air. It is especially difficult to work in the summer due to the heat and lack of air conditioning."-[P3] General Practitioner*

#### **4.1.1.3 Stability: Lack of Long term motivation**

The polyclinic environment provides job stability using mandatory work obligation. Many physicians feel that additional incentives and support systems are necessary to improve long-term retention.

*"Many doctors stay just to fulfill their required service years. There's little actual motivation to remain long-term." – [P9] General practitioner*

#### 4.1.1.4 Salary and benefits

##### 4.1.1.4.1 Salary: Salary-Driven Dissatisfaction in the Workplace

All participants reported that they have inadequate salary. Due to what, they feel undervalued and have a desire to increase the salary amount rather than all other benefits.

*"The salary does not match the workload; I have to work for several doctors."-[P2] General practitioner*

*"But the salary is, of course, a shame, because now there are a lot of who earn easy money, and you, being responsible for the lives and patients, earn less than a salesperson in a supermarket?"-[P4]General practitioner*

*"And, for example, when some vouchers to a sanatorium are offered, they come with discounts. This is, of course, good, because it is rest and health improvement.*

*But with a small salary, you can't really go anywhere. If the salary was higher, you could take advantage of such opportunities. But first of all, it is more important to simply cover the basic expenses than to think about sanatoriums."-[P6] General practitioner*

Although physicians have the Performance Based Payment. This component of the salary per capita standard is an important mechanism for encouraging medical workers providing primary health care. However, some of the healthcare professionals view it as benefits, whereas some of them think as salary. Although, incentive compensation payment is acknowledged as a positive bonus, participants argue that it does not replace the need for higher salary increase. This suggests that temporary or bonus-based financial incentives do not effectively address the problem of low salary.

*"The PBP is, yes, a nice bonus, but if we are going to improve something, it would be better to raise wages."-[P4]General practitioner*

*"There are screenings, we also receive the Performance Based Payment. But there, too, not large amounts, if for one site, then there is very little."-[P2]General practitioner*

#### **4.1.1.4.2 Benefits and compensations: Perceived absence of non-monetary benefits**

Many of the health professionals reported that they do not have any compensations in societal programs, such as speed up the queue for kindergarten, or for a housing loan.

*"In general, there is no such thing, it seems better to be a military than to be a medical worker, there are many advantages. But there is no benefits for doctor at all, you can't even get a turn to go to kindergarten."-[P2]General Practitioners*

*"At least they would give some benefits for mortgages or put people on a waiting list. They say that there are programs for teachers and doctors, but in practice there is no real help."-[P6]*

Additionally, most of the physicians reported a lack of structured wellness programs or psychological support, despite the high levels of stress associated with their roles. They also say that there are a wellness programs that provided for each year, however they do not use it as they have to pay out of their own pockets.

*"There are no health or stress management programs. We just cope on our own." – [P10]*

*Oncologist*

#### **4.1.1.5 Relationship with management: Hierarchical Leadership and Disempowerment**

Physicians reported that the administration try to be open for communications, questions and decision makings, but in fact they criticize. Higher level leadership presenters act unprofessional, they stay distant.

*"In our clinic, for example, our head doctor has been humiliated in front of the doctors."-[P4]*

*General practitioner*

There are a communication channels, such as group meetings and platforms. Some of the healthcare professionals believe in their effectiveness, however others believed they were deficient.

*"We have group chats and meetings, but they don't always lead to real changes." – [ P3]*

*General practitioner*

Participants noted that decision-making is centralized to patient complains, and it is also limited by administration control.

*"Key decisions are made by leadership. There's not much room for suggestions from doctors." –*

*[P8] General practitioner*

Many of interviewers says that their work environment as structured, it has protocols that guide all clinical decisions. While this standardizes, at the same time it also limits employment autonomy in decision-making.

*"There are strict rules we have to follow. We need to justify everything with references to protocols." – [P1] Pediatrician*

## **4.2 Motivation Factors**

### **4.2.1 Recognition: Feeling undervalued in society**

Many of healthcare professionals referred that their role in society is diminished due to patient skepticism, and societal perception, which lead to their dissatisfaction.

*“In general, of course, you feel your value and importance, but, on the other hand, the current reality is that the role of a doctor is somewhat diminished. We are perceived more as service personnel than as specialists.” [ P1] Pediatrician*

However, some of them reported that they receive informal appreciation from patients and administration, what creates positive impact for their motivation.

*"A simple 'thank you' from my supervisor makes my day." [P5] Surgeon*

#### **4.2.2 Career Growth: Availability for becoming clinical expert through education**

Many participants referred that they are interested in being professional in their clinical practice rather than progressing into administration roles. They acknowledged that they receive better job satisfaction from patient interaction, skill improving in medical practice.

*"I strive for professional excellence in my medical practice rather than career advancement in administration."- [P5] Surgeon*

Furthermore, healthcare professionals referred that there is an importance of continuous learning and skill development. While some of healthcare professionals describe this as an opportunity, others perceive it as a mandatory requirement to professional growth and keep the specialist certificate.

*"Yes, it's a mandatory requirement. Additionally, I also take additional courses on my own to improve my professionalism. Medicine constantly changes, protocols and treatment approaches get updated, so we have to keep learning."- [ P1] Pediatrician*

*“We all have certificates that are renewed every 5 years. There are separate specialist certificates for each area. We also undergo accreditation and certification. All medical workers*

*are aware of these requirements and regularly confirm their qualifications.”-[P4]General practitioner*

#### **4.2.3 Meaning of work: Intrinsic satisfaction from patient care**

All interviewees acknowledged that the dedication and commitment to their work goes beyond financial factors and career progress. Participants described that the emotional rewards such as patient recovering, and positive feedback from patients about their health condition influences to their motivation positively.

*"Only love for my work and love for my patients motivate me."-[P2] General Practitioner*

*“Working with children is a very special atmosphere. Even if the child is often sick, you still get positive energy from him. That is why I love my work with children so much, and this largely compensates for the numerous disadvantages of my profession.”-[ P1] Pediatrician*

*“To be honest, the most satisfying thing is when we work directly with patients. Well, without, say, dealing with paperwork. Direct work with patients, communication, helping them, treatment, diagnostics.”-[P3]General practitioner*

#### **4.2.4 Responsibilities: Workload imbalance and Lack of allocated time**

Healthcare professionals described their work responsibilities highly structured, requiring accordance to protocols while also including important interaction with patient. Main responsibilities are enhancing well-being of population, preventive care, regular check-up, and health education.

*“In general, my duties include managing the area, i.e. various preventive examinations. Since I work with children, these are age-specific preventive examinations, screenings, registering*

*children with certain diagnoses, and referrals for hospitalization. Vaccination and education of the population in my area about the need for vaccination are mandatory.”-[P1] Pediatrician*

However, many participants tend to believe that there are excessive paperwork and bureaucratic operations. These procedures receive a lot of time that is allocated for patient care.

*“You work, and then you fill out a bunch of paperwork.”-[P1] Pediatrician*

*“The appointment takes 4 hours, and another 2 hours for paperwork.”-[P3] General practitioner*

*“We spend so much time on paperwork instead of patient care.”-[P5] Surgeon*

Most of the general practitioners reported that they have overworking. They highlighted that they do not finish all the workload on time, and sometimes job requires long hours and working beyond the scheduled time, in order to finish all job responsibilities.

*“We practically work find 24/7, sacrificing personal life, but our salaries don’t match the effort we put in.” – [P6] General practitioner*

While physicians reported feeling overworked, especially those in primary care, others, narrowed professionals mentioned that their work duties are balanced. However, in case of having free time from their main work specialists try to find other work shift, due to salary issues.

*“I work as a surgeon and also as an ultrasound specialist, that is, in fact, I have two jobs. Therefore, I can say that I know the situation not only from one side. However, the salary still leaves much to be desired.”-[P5] Surgeon*

*“It seems to me that I will make a great contribution to the clinic, because here, in addition to the therapeutic appointment, I also see a rheumatologist.”-[P2] General practitioner*

Additionally, to this, some of healthcare professionals reported that they have multitasking due to staff shortages or turnovers.

*“We often have to multitask due to staff shortages.”-[P5] Surgeon*

Interviewers also reported that the allocated time is 15 minutes per patient, which is not enough to make proper examinations. There are also requirements in filling the documentation, which are writing 2000 words of description about the patient health condition, and making Face ID checking, however sometimes due slow the Internet connection this process takes a lot of time.

*“I only had 15 minutes at the clinic, and I didn’t understand what to do: look at the throat, write a chart, or undress the child.”-[P1] Pediatrician*

*“Our Internet sometimes disconnects, works poorly or reboots. If the connection is weak, the system simply does not take photos. They say that if there is no photo, it means that you allegedly did not look at the patient, and the recording does not count. This is wrong. Why do we need*

*Face ID at all if it only takes time”-[P6] General practitioner*

#### **4.3 Conclusion**

The current chapter has presented the major findings of the study, outlining the responses of the participants from the in-person interviews. The research questions guided by Herzberg’s Two Factor Theory covered main the factors of job satisfaction and dissatisfaction of healthcare professionals working in public polyclinics in Astana. The results explored both the satisfaction and dissatisfaction aspects of working in a public polyclinic. They derive significant job satisfaction from patient care and support from colleagues, they are also burdened by administrative workload, limited career growth, and concerns about their pay. Improvements in institutional support, recognition, and work-life balance are necessary to increase their job satisfaction and professional fulfillment. Further chapter I will discuss these findings.

## CHAPTER V. DISCUSSION

The previous chapter presented the key findings from the in-depth interviews with the participants of the study. The goal of this chapter is to discuss these findings that emerged during the data analysis process in relation to the literature that is relevant to the purpose of the study. These findings are presented according to the research questions that were outlined previously (see Figure 1).

### **5.1 Internal and External determinants of job satisfaction**

The job satisfaction of healthcare professionals can be evaluated as multidimensional, which is based on several factors. According to study findings, aspects like “meaning of work” and “supportive colleagues” contribute to a higher satisfaction. This finding is consistent with previous research by Galanis et al., (2023), who has showed that supportive colleagues may help to decrease the daily stress and improves job satisfaction. However, aspects such as working conditions and salary and benefits drive dissatisfaction. This can be corroborated with findings of Buchbinder et al., (2019), who highlighted that the problems of equipment may result dissatisfaction. Additionally, Katz et al., (2019) acknowledged that an inconsistency of employee expectations of his salary and fairness in compensation can lead to turnover, because of dissatisfaction. These findings are consistent with Herzberg’s Two-Factor Theory, which suggests that hygiene factors prevent dissatisfaction, but do not ensure high levels of satisfaction, unlike motivating factors such as recognition and career growth.

**Table 3. Comparisons between the Two factors of Herzberg' Theory**

	Motivation Factors	Hygiene Factors
Absent	The outcome is no satisfaction	The outcome is dissatisfaction
Present	The outcome is satisfaction	The outcome is no dissatisfaction
Herzberg described	Intrinsic to the job	Extrinsic to the job
Important to job satisfaction	Strong	Poor

*Note. Adapted from “Herzberg’s Two-Factor Theory,” by M. Alshmemri, L. Shahwan-Akl, and P. Maude, 2017, Life Science Journal, 14(5), pp. 12–16.*

The results suggests that while healthcare professionals may find fulfillment in their roles due to intrinsic motivators, all participants still experience dissatisfaction due to external factors like salary and work conditions. The table adapted from Alshmemri et al., (2017) also confirms that absent of hygiene factors, in this case salary, relationship with management, working conditions results dissatisfaction, whereas the presence of motivation factors, such as career growth, and meaning of work results satisfaction (Table 3). Thus, it indicates need for comprehensive interventions in human resource management policies.

## **5.2 Interpersonal relationships and limited autonomy**

In a line with the literature, the Herzberg’s two factory theory describes the presence of hygiene factors enhances job satisfaction, whereas motivation factors may help to prevent dissatisfaction. The results reveal that the one of the key factors which enhances the job satisfaction is “supportive colleagues”. Peer support and friendly relationship make up positive atmosphere. The importance of the friendly environment, including support from the colleagues helps during

overwork, and positive relationship in the team, and it promotes job satisfaction and arises a dedication to the work. This highlights the importance of informal support in conditions of high professional pressure.

Additionally, to this, in comparison with “colleagues’ relationship”, the “relationship with management” was different, and shows less satisfaction. All the problem-solving process should be regulated by protocols and administration, thus there is a presence lack of autonomy in decision making. This result is consistent with Waddimba et al., (2019) who stay that the ability to make independent decisions about patient care and work processes plays an important role, meaning that these physicians experience greater satisfaction. Thus, not only interpersonal but also internal system of management and organization of labor have a significant effect on the quality of professional life of healthcare workers.

### **5.3 Lack of long-term motivation**

The interview results highlighted two reasons of the stability of healthcare professionals working in public polyclinics: at first is getting more experienced, and second the mandatory job obligation of the government scholarship. Most of the participants who already have 4 years of experience are willing to quit. Therefore, as interview confirmed there is no other factors to be motivated to work in the public polyclinics. Thus, this result shows the necessity of improving the intrinsic motivative factors, to rise the role of doctors profession in the society. Also, this result indicates are not perceived as an organization for professional growth and self-realization. This highlights the need to develop support systems and non-material incentive, which is also supports by Campbell et al., (2013). Authors agree that non-monetary incentives is important for building a long-term motivated workforce in healthcare.

#### **5.4 Intrinsic satisfaction from patient care**

The main factor that prevents dissatisfaction, which motivation factor by Herzberg is the Intrinsic satisfaction from patient care. Study showed that the key satisfaction factor of healthcare professionals is passion for their profession, and feedbacks from patients. This finding is consistent with previous research by Lertchaisataporn (2023), which mentions that recognition and appreciation from both patients and colleagues strengthens the physicians' commitment to their profession. Therefore, seeing positive results from work process, improving disease outcomes, and receiving patients' feedbacks improves the sense of professional fulfillment. This confirms that internal sources of motivation, such as feeling useful, being recognized play a key role in maintaining sustainable, and strong job satisfaction.

#### **5.5 Availability for becoming clinical expert through education**

Moreover, research showed that the healthcare professionals are tended to become expert and to have linear career growth rather than hierarchical professional development. Study showed that there are a lot professional trainings and conferences, which are also actively participated by healthcare professionals. This kind of participations makes healthcare professionals be more confident. As Alharbi (2023) highlighted that participating in different courses, specialized trainings offer an improving the quality of services. These findings take into account the creation of opportunities for continuous professional development, because it can be a powerful factor in retaining qualified human resource in the healthcare system.

#### **5.6 Job dissatisfaction factors: overworking and inadequate salary**

Severe job dissatisfaction is because of overworking, and inadequate salary. These two factors are interconnected, salary should be based on the expectancy of the employee (Katz et al.,

2019). However, according to the interview results, there is a disparity what results the highest level of dissatisfaction. Also, Kadyr et al., (2017) the current system of wage is not effective. Thus, it should be oriented by looking at main employee workload. However, there is always observed an overworking, due to the limited allocation of time per patient, physicians' main responsibilities include clinical duties and documentations. The time limitation for patient care is 15 minutes, however due to the presence of issues with job amenities the physician's productivity decreases. The overworking fact of general practitioners has been also highlighted by Bukirova et al., (2016).

Additionally, physicians mentioned that the overworking is associates with different factors, such as population awareness about digitalization, and their carrying location. The interview results showed that the more educated and younger the population assigned to a doctor, the easier it is to manage that area. It can be also suggested that one of the reasons of overworking is the consequence of mismanagement from administration side; however, the topic of overworking deserves deeper research. These results highlight the need for systemic changes aimed at proper management of the workload, improving working conditions and creating a fair allocation system. Moreover, they indicate the importance of deeper understanding of organizing medical care, and taking into account the digital literacy of the population and management strategies.

## **5.7 The Role of Basic Needs in the Perception of Social Interventions**

The effectiveness of social intervention strategies in improving job satisfaction and job performance of healthcare professionals in polyclinics is crucial. However, study results reveal that the basic need for satisfaction is fair payment. Due to basic need for salary, study participants were not able to assess social intervention strategies. Thus, the study concludes that the basic need

for job satisfaction is fair payment of workload. Therefore, in order to evaluate and successfully implement social interventions, it is necessary to first ensure fair and competitive salaries. In the future, it is recommended to conduct additional research based on the implementation of such strategies after removing barriers related to the level of salary.

## **5.8 Implications**

In summary, the results suggest that the topic of human resource management needs for several dynamics and policy developments to improve job satisfaction of healthcare professionals. The main purpose of the research was to explore, using qualitative research, key factors of job satisfaction and dissatisfaction of healthcare professionals working in a public polyclinic of Astana, using Herzberg's two factory theory. Thus, there is a need for the in-depth policy approach that takes into account multidimensional nature of this question. The successful solving may require different implications, such as:

- 1) Fostering fair salary, as financial problem indicated as the most dominant issue in enhancing job satisfaction and it must be solved first;
- 2) Ensuring friendly, supportive interpersonal relationships, as this factor was evaluated as the most motivative;
- 3) Promoting intrinsic motivation, offering opportunities for professional growth, organizing trainings and involve professionals in decision-making;
- 4) Develop better management approaches, the core issues that caused by management were overworking, and hierarchical leadership. Revising more friendly and open leadership methods will help not only trusting to leaders, but also will help to find talented, strong employees;

- 5) Strengthen the social role of healthcare professionals, this will develop long-term motivation, and help to improve retention, decrease turnover rates;
- 6) Revise allocated time per patient, at the same time, it is necessary to take into account the existing challenges with working conditions;
- 7) Improve and systematize working conditions, the Internet and all other job amenities should be accessible permanently;
- 8) Investigate and implement developed social intervention strategies after addressing basic dissatisfaction factors, such as salary;

This study indicates the significance of implementing a strategy that combines multidimensional solutions to address the problem of dissatisfaction.

## CHAPTER VI. CONCLUSION

The purpose of this study is to explore job satisfaction factors among healthcare professionals in public polyclinics, identify key drivers of job satisfaction and dissatisfaction, using Herzberg's Two-Factor Theory and to assess existing social intervention strategies in increasing satisfaction and improving overall job performance at public polyclinics in Astana, applying it to Kazakhstan.

In the present study, the qualitative research design was employed, where the data was collected using in-depth semi-structured in-person and virtual interviews. Interviews were transcribed and analyzed using thematic analysis approach. Findings was presented in the chapter 4 and discussed in the chapter 5 based on the literature review. This chapter presents a summary of the key findings that provide answers to the research questions, acknowledges the limitations of this study, identifies implications for the main stakeholders and gives suggestions for further research.

The study was guided by the following research questions:

1. What are the key drivers of job satisfaction and dissatisfaction among healthcare professionals?
2. What is the effectiveness of social intervention strategies in improving job satisfaction and job performance of healthcare professionals in polyclinics?

### 6.1 Study Findings Summary

To sum up the results, healthcare professionals are motivated to work in public polyclinics, due to two reasons. First of all, it is the best place to gain experienced. However, healthcare professionals get experience for 3-4 years in public polyclinics, and then changes their job for

private clinics. Secondly, there is 3 years of mandatory work obligation for medical students, what makes them work. Physicians also tries to be exempted from serving the notice period.

The key satisfaction factors of healthcare professionals working in public polyclinics: meaning of work and supportive colleagues. The strongest reasons of study participants' getting satisfaction is passion and love their profession, which also can be supported by friendly colleagues.

The highest dissatisfaction factor is salary and benefits. Salary is the issue, which combines topics of responsibility, recognition all together. Healthcare professionals do not feel fulfillment, because of low salary and inadequate workload allocation.

Furthermore, the study findings show that healthcare professionals uninformed on presence of social intervention strategies. Even, its existence does not make them satisfied about their job, because the basic need to be satisfied is salary.

Overall, the results reveal by Herzberg's Two-Factors Theory, dissatisfaction comes from absence of external factors, while satisfaction arises from intrinsic element, such as personal growth, recognition, and a sense of purpose.

## **6.2 Limitations**

This study has certain limitations, some of which are related to the common critiques of qualitative research methodologies in general, while others are embodied in this study's research design.

Firstly, the diversity of the sample in terms of polyclinics, doctor's specialization, and year of experience may impact the researcher subjectivity of the broader healthcare professionals of Kazakhstan. Since the sample may not fully capture the perspectives of healthcare professionals from different polyclinics and specialization, the findings should be interpreted with caution. The

research quality is dependent on the researcher skills and personal biases which may affect data collection and data analysis. Moreover, the large volume of qualitative data can make analysis and interpretation time-consuming, as each interview must be carefully reviewed and coded for themes.

During data collection, observer bias may occur, which means the responses of participants will be dependent on the presence of the interviewer. Similarly, participants may experience social desirability bias that may affect self-report data, with responses that are more acceptable and favorable.

Additionally, there was an issue with the data collection, doctors working in public polyclinics were hesitant to participate in the interviews, which may have affected the representativeness and completeness of the data collected.

One more limitation of this study is the role of researcher reflexivity, which recognizes how the researcher's background and perspectives can shape the research process. Lastly, the researcher's limited experience in medicine may have a strong influence on the data understanding, and interpretation.

### **6.3 Recommendations**

The findings suggest several policy, practice, and research implications for different stakeholders in the healthcare field of Kazakhstan. First of all, there is a necessity to take care of the question of equal salary strategy as it has the biggest impact on the satisfaction of healthcare professionals. Solving the problem of salary may improve both the intrinsic and extrinsic motivations, people will change the reasons of motivation working in polyclinics. Thirdly, creation of strong and valuable social intervention strategies, such as kindergarten fees, or housing

programs, additionally with wellness programs discounts will improve recognition and motivation to work as healthcare professional.

Further research may deeply describe the effectiveness of integrated social intervention strategies aimed to enhancing job satisfaction of healthcare professionals in public polyclinic. Exploring the effectiveness of changes in benefits and compensations, workload distribution, and in rationale management may impact to job performance and turnover rates. Additionally, researches about reasons of turnover, and creating the retention factors will be also in demand.

#### **6.4 Conclusion**

In conclusion, this study highlights the crucial role of job satisfaction that has many influence factors. Through qualitative research, using Herzberg's Two factory Theory has been identified key drivers of job satisfaction and dissatisfaction factors. To sum up, key factors that enhance job satisfaction are supportive colleagues, and a factor that prevents dissatisfaction is a meaning of work. As well as the factors which are absent in enhancing job satisfaction are working conditions and salary and benefits, and the factors does not prevent dissatisfaction are job content and lack of initiatives. Moving forward, further researches, updated policies and practices can be needed to assess how these can be adapted across different healthcare systems.

## CHAPTER VII. REFERENCES

- Aldabergenova, G., Turgambayeva, A., & Brusati, L. G. (2021). Problems of the organization of the labor process that affect the effectiveness of the work of Kazakhstani doctors. *Iranian Journal of Public Health*, 50(10), 2144–2145.  
<https://doi.org/10.18502/ijph.v50i10.7520>
- Artiga, S. & Hinton, E. (2018). "Beyond health care: The role of social determinants in promoting health and health equity." *Kaiser Family Foundation*.
- Bakker, A. B., & Demerouti, E. (2017). Job demands–resources theory: Taking stock and looking forward. *Journal of Occupational Health Psychology*, 273–285.  
<https://doi.org/10.1037/ocp0000056>
- Bonenberger, M., Aikins, M., Akweongo, P. *et al.* The effects of health worker motivation and job satisfaction on turnover intention in Ghana: a cross-sectional study. *Hum Resour Health* 12, 43 (2014). <https://doi.org/10.1186/1478-4491-12-43>
- Campbell, J., Buchan, J., Cometto, G., David, B., Dussault, G., Fogstad, H., ... & Tangcharoensathien, V. (2013). Human resources for health and universal health coverage: fostering equity and effective coverage. *Bulletin of the World Health Organization*, 91, 853-863.
- Deriba, B.K., Sinke, S.O., Ereso, B.M. (2017). Health professionals’ job satisfaction and associated factors at public health centers in West Ethiopia. *Hum Resour Health* 15, 36  
<https://doi.org/10.1186/s12960-017-0206-3>
- Galanis P., Moisoglou I., Katsiroumpa A., Vraka I., Siskou O., Konstantakopoulou O., Meimeti, E., Kaitelidou, D. (2023). Increased Job Burnout and Reduced Job Satisfaction for Nurses Compared to Other Healthcare Workers after the COVID-19 Pandemic. *Nursing Reports*, 13(3), 1090-1100. <https://doi.org/10.3390/nursrep13030095>

- Kabene, S.M., Orchard, C., Howard, J.M. *et al.* The importance of human resources management in health care: a global context. *Hum Resour Health* **4**, 20 (2006).  
<https://doi.org/10.1186/1478-4491-4-20>
- Kabir, M. J., Heidari, A., Etemad, K., Gashti, A. B., Jafari, N., Honarvar, M. R., Ariaee, M., & Lotfi, M. (2016). Job Burnout, Job Satisfaction, and Related Factors among Health Care Workers in Golestan Province, Iran. *Electronic physician*, 8(9), 2924–2930.  
<https://doi.org/10.19082/2924>
- Kadyr, Y. (2017). Do differentiated wages improve polyclinic performance in Kazakhsatan *Master's thesis, Nazarbayev University. azdok.org.*  
<https://azdok.org/document/zwwvrvkg-thesis-submitted-partial-fulfillment-requirements-degree-master-arts.html>
- Kalisch, B. J., et al. (2015). "Impact of teamwork on missed nursing care." *Nursing Outlook*, 63(5), 489-497.
- Katsaga, A., Kulzhanov, M., Karanikolos, M., & Rechel, B. (2012). Kazakhstan health system review. *Health systems in transition*, 14(4), 1–154.
- Karaferis, D., Aletras, V. Niakas, D. (2022). Determining dimensions of job satisfaction in healthcare using factor analysis. *BMC Psychol* 10, 240 <https://doi.org/10.1186/s40359-022-00941-2>
- Katz, A., et al. (2019). The impact of compensation on employee job satisfaction and performance. *Journal of Applied Psychology*, 104(2), 130-140.
- Kodali P. B. (2023). Achieving Universal Health Coverage in Low- and Middle-Income Countries: Challenges for Policy Post-Pandemic and Beyond. *Risk management and healthcare policy*, 16, 607–621. <https://doi.org/10.2147/RMHP.S366759>

- Kuandyk, A., Dmitriyeva, M., Toleukhanova, N., Conneely, M., Suleimenov, T., Sarssenov, D., Mamytkhan, R., Sakhayev, M., Tleubergenov, A., & Toleubayev, M. (2025). A mixed method exploration of job morale of physicians working in public healthcare settings in Kazakhstan during the COVID-19 pandemic. *Journal of health, population, and nutrition*, 44(1), 1. <https://doi.org/10.1186/s41043-024-00732-y>
- International Labour Organization. (2021). *International standard classification of occupations: ISCO-08 (Volume 1)*. Retrieved from <https://webapps.ilo.org/ilostat-files/ISCO/newdocs-08-2021/ISCO-08/ISCO-08%20EN%20Vol%201.pdf>
- Lee, C. H., & Bruvold, N. T. (2003). Creating value for employees: investment in employee development. *The International Journal of Human Resource Management*, 14(6), 981-1000.
- Lertchaisataporn, K., & Boonsathorn, W. (2023). Factors affecting the work passion of physicians during the COVID-19 pandemic: a qualitative study in Thailand. *International journal of qualitative studies on health and well-being*, 18(1), 2235126. <https://doi.org/10.1080/17482631.2023.2235126>
- Lincoln, Y., & Guba, E. (1985). *Naturalistic inquiry*. Beverly Hills, Calif: Sage Publications.
- Linzer, M., Poplau, S., Brown, R., Grossman, E., Varkey, A., Yale, S., ... & Barbouche, M. (2017). Do work condition interventions affect quality and errors in primary care? Results from the healthy workplace study. *Journal of general internal medicine*, 32, 56-61.
- Hafeez, A., Khan, Z., Bile, K. M., Jooma, R., & Sheikh, M. (2010). Pakistan human resources for health assessment, 2009. *Eastern Mediterranean health journal = La revue de sante de la Mediterranee orientale = al-Majallah al-sihhiyah li-sharq al-mutawassit*, 16 Suppl, S145–S151.

- Jones, T. L. (2011). Effects of motivating and hygiene factors on job satisfaction among school nurses (Doctoral dissertation, Walden University).
- Marmot, M., & Allen, J. (2020). "Social determinants of health equity." *American Journal of Public Health*, 110(5), 617-619.
- Maslach, C., Schaufeli, W. B., Leiter, M. P. (2016). Job burnout. *Annual Review of Psychology*, 52(1), 397-422. DOI: 10.1146/annurev.psych.52.1.397
- Ogbonnaya, C., Tillman, C. J., & Gonzalez, K. (2018). Perceived Organizational Support in Health Care: The Importance of Teamwork and Training for Employee Well-Being and Patient Satisfaction. *Group & Organization Management*, 43(3), 475-503. <https://doi.org/10.1177/1059601118767244>
- OECD (2018), *OECD Reviews of Health Systems: Kazakhstan 2018*, OECD Reviews of Health Systems, OECD Publishing, Paris, <https://doi.org/10.1787/9789264289062-en>.
- Peters, D. H., et al. (2019). *Improving Health Service Delivery in Developing Countries: From Evidence to Action*. World Bank.
- Sabitova, A., Hickling, L.M. & Priebe, S. Job morale: a scoping review of how the concept developed and is used in healthcare research. *BMC Public Health* 20, 1166 (2020). <https://doi.org/10.1186/s12889-020-09256-6>
- Salyers, M. P., Bonfils, K. A., Luther, L., Firmin, R. L., White, D. A., Adams, E. L., & Rollins, A. L. (2017). The Relationship Between Professional Burnout and Quality and Safety in Healthcare: A Meta-Analysis. *Journal of General Internal Medicine*, 32(4), 475–482. <https://doi.org/10.1007/s11606-016-3886-9>

- Shanafelt, Boone S, Tan L, Dyrbye L, Sotile W, Satele. Burnout and satisfaction with work-life balance among US physicians relative to the general US population. *Arch Intern Med* 2012; 18:1377-85. <https://doi.org/10.1001/archinternmed.2012.3199>
- Shi L, Song K, Rane S, Sun X, Li H, Meng Q. Factors associated with job satisfaction by Chinese primary care providers. *Primary Health Care Research & Development*. 2014;15(1):46-57. doi:10.1017/S1463423612000692
- Shiri, R., Nikunlaakso, R., & Laitinen, J. (2023). Effectiveness of Workplace Interventions to Improve Health and Well-Being of Health and Social Service Workers: A Narrative Review of Randomised Controlled Trials. *Healthcare*, 11(12), 1792. <https://doi.org/10.3390/healthcare11121792>
- Shivakumar, K., & Pujar, V. (2016). Work life balance in the health care sector. *Amity Journal of Healthcare Management*, 1(2), 45-54.
- Spector, P. E. (2022). *Job satisfaction: From assessment to intervention*. Routledge. <https://doi.org/10.4324/9781003250616>
- Waddimba, A. C., Mohr, D. C., Beckman, H. B., Mahoney, T. L., & Young, G. J. (2019). Job satisfaction and guideline adherence among physicians: Moderating effects of perceived autonomy support and job control. *Social science & medicine (1982)*, 233, 208–217. <https://doi.org/10.1016/j.socscimed.2019.04.045>
- West, C. P., Dyrbye, L. N., & Shanafelt, T. D. (2018). Physician burnout: Contributors, consequences and solutions. *Journal of Internal Medicine*, 283(6), 516–529. <https://doi.org/10.1111/joim.12752>
- Yeh, S. C. J., Chen, S. H., Yuan, K. S., Chou, W., & Wan, T. T. H. (2020). Emotional labor in health care: The moderating roles of personality and the mediating role of sleep on job

performance and satisfaction. *Frontiers in Psychology*, 11, 574898.  
<https://doi.org/10.3389/fpsyg.2020.574898>

Yusoff, W. F. W., Kian, T. S., & Idris, M. T. M. (2013). Herzberg's two factors theory on work motivation: does it work for today's environment. *Global journal of commerce and Management*, 2(5), 18-22.

Vysshaya Shkola Obshchestvennogo Zdravookhraneniya. (2024). *Analysis of human resource capacity in the healthcare system of the Republic of Kazakhstan* [Report].

## CHAPTER VIII. APPENDICES

### Appendix 1

#### Codebook for qualitative research

##### Research questions:

1. What are the key drivers of job satisfaction and dissatisfaction among healthcare professionals?
2. What is the effectiveness of social intervention strategies in improving job satisfaction and job performance of healthcare professionals in polyclinic?

##### Descriptors:

1. Job satisfaction
2. Workload
3. Career growth
4. Recognition
5. Work environment
6. Salary and Benefits
7. Relationship with colleagues
8. Work-life balance

**Table 4. Codebook for qualitative research**

Code label	Definition	Quotes
Neutral Job Satisfaction	Interviewee says that the work environment in this organization is neutral.	“Overall, the work is not perceived as negative.” P1
Autonomy		

Job Restrictions  Limited Autonomy	Interviewee says that they have a lot of rules and restrictions that they must follow, and being coordinated with the administration creates the limitations in being autonomy.	“In our work there are rules and restrictions that we must follow.” P1 “We must coordinate them with management, justify them, and so on.” P10
Comparative workload	Interviewee says that one type of patient (population) creates less workload than having a wide range of patients.	“Of course, the work of a pediatrician is probably a little easier than, for example, that of a general practitioner, because our contingent is only children.” P1
Relationships		
Positive work environment	Interviewee says that the work environment in this organization is positive for her because of the friendly team.	“I really like the clinic because we have a friendly team here.” P2
Supportive colleagues	Interviewees say that the friendly team makes the work environment positive for them.  Interviewee says that one of the positive factors in the workplace is supportive colleagues.	“I really like the clinic because we have a friendly team here.” P2  “We have a warm and friendly atmosphere, everyone helps each other.” P3 “It's good if there is an adequate nurse who quickly weights and measures the children.”P1 "I enjoy working here because my colleagues are supportive."P5 "We help each other during difficult shifts, which makes things easier."P5
Administration support	Interviewee says that the administration creates a warm and cozy atmosphere.	“Yes, there is this coziness and warmth from the management.”P2 “Of course, sometimes there are situations when employees, including myself, may be late due to personal circumstances. We have

		loyal management that is understanding of such situations."P3
Patient complains	Interviewee says that there are challenges with patients.	"...of course, it is difficult with patients." P2 "The program often doesn't work, and that causes patient dissatisfaction." P3
Positive colleague relationships	Interviewee says that good communication with team members, having meetings with them outside of the job creates positive job environment.	"We communicate well. We often have meetings with the team, where we relax and spend time together. Now we often celebrate holidays, such as New Year, we have corporate parties."P2 "Good teamwork helps us handle emergencies smoothly."P5
Meetings outside of the job	Interviewee says that there are events outside of work.	"We often have meetings with the team, where we relax and spend time together."P4
Corporate events	Interviewee says that there are two corporate events that they celebrate.	"We have an established tradition of holding two corporate events a year: on Medical Workers Day and on New Year's."P6
Lack of teamwork	Interviewee says that the lack of teamwork addresses dissatisfaction with the workplace.	"Now I work in a public polyclinic, and I don't like anything here. Firstly, there is no normal team, they do not have teamwork."P4
Love for the profession		
Desire for teamwork	Interviewee says that there is a lack of teamwork, and it would be a better place if teamwork was established.	"It seems as if everyone is for themselves. I would like to establish teamwork. Before that, I worked in an organization that was half private, half state, but everything was much more difficult there."P2
Passion for profession	Interviewee says that one of the factors of motion is love for profession.	"Only love for my work and love for my patients motivate me."P2

		<p>“Working with children is a very special atmosphere. Even if the child is often sick, you still get positive energy from him. That is why I love my work with children so much, and this largely compensates for the numerous disadvantages of my profession.” P1</p> <p>“When a patient comes with positive feedback, that is, dynamics. They are better and the treatment helps, this is the best. And it seems to me that many doctors only because of this remain in medicine.”P4</p> <p>"I always wanted to be a doctor; it’s not just a job for me."P5</p>
Intrinsic motivation	Interviewee says that one of the factors of motivation is love for profession.	<p>"Only love for my work and love for my patients motivate me." P2</p> <p>“First of all, I enjoy working with the patients themselves. I love my profession very much.”P6</p> <p>“To be honest, the most satisfying thing is when we work directly with patients. Well, without, say, dealing with paperwork. Direct work with patients, communication, helping them, treatment, diagnostics.”P3</p>
Time limitation		
Lack of reflection on motivation	Interviewee says that the factor of overloaded work does not give a chance to think about motivation.	"There is no time to think about motivation in the clinic.”P7
Limited time	Interviewee says that the allocated time (15 minutes) is not enough to make proper examinations of the patient.	<p>“I only had 15 minutes at the clinic, and I didn’t understand what to do: look at the throat, write a chart, or undress the child.” P1</p> <p>"There's just not enough time for anything."P6</p>
Workload		
Negative attitude to home visits	Interviewee says that sometimes have to be made in bad weather.	"I hated “home visits”, especially in winter."P1

Physical exhaustion	Interviewee says that sometimes due to the workload she got Work fatigue	"I came home after work and couldn't even talk."P3
Excessive paperwork	Interviewee says that they have excessive paperwork.	"You work, and then you fill out a bunch of paperwork."P1 "The appointment takes 4 hours, and another 2 hours for paperwork."P7
Paperwork for disabled patients	Interviewee says that there are a lot of paperwork	"Especially if there are disabled people on the site who need to undergo examinations every year."P1
Disabled patients documentation	Interviewee says that there are a lot of paperwork	"You work, and then you fill out a bunch of paperwork, especially if there are disabled people on the site who need to undergo examinations every year."P6
Work family conflict		"My daughter suffered because I was constantly absent. I remember one time I stayed late at work and my daughter cried for two hours non-stop. After that, I decided to quit."P1
Dependence of workload on population		"But my colleague, for example, is in a better situation because she has a good site, the EXPO area, and intelligent patients."P1
Extreme work requirements		"But I objected and was indignant because I had to go on home visits in 35-degree frost."P2
Experience reduces stress		"Now it is less stressful because I've gained experience." P3
Negative perception of work		"Although I was a young specialist at the time, I asked for a job after the quarantine because I couldn't sit at home. But the work turned out to be very difficult." P8

No work-life balance		<p>“All day long, just patients and paperwork, no time for yourself.” P1</p> <p>“We sacrifice our family and personal life, and spend almost all our time at work.” P6</p>
Furniture and equipment issues		<p>“There are problems with furniture, electrical appliances, and the Internet.” P3</p>
Dissatisfaction with workplace	Interviewee says that the lack of teamwork addresses dissatisfaction with the workplace.	<p>“Now I work in a public polyclinic, and I don’t like anything here. Firstly, there is no normal team, they do not have teamwork.” P2</p>
Not stable internet connections		<p>“The program often doesn't work, and that causes patient dissatisfaction.” P5</p>
Key responsibilities		<p>“In general, my duties include managing the area, i.e. various preventive examinations. Since I work with children, these are age-specific preventive examinations, screenings, registering children with certain diagnoses, and referrals for hospitalization. Vaccination and education of the population in my area about the need for vaccination are mandatory.”P1</p>
Dependence on protocols		<p>“Yes, we can, but this needs to be clearly justified, referring to some protocols for treatment, diagnostics, and so on.”P1</p>
Career growth		
Limited career growth	Interview says that they do not have a wide range of opportunities for career development.	<p>“The prospects for growth within the clinic are probably limited to the position of department head, but personally I am not particularly interested in this.” P1</p> <p>“Because this position is far from practice. It is mainly management work, work with documentation, etc. I would like to be closer to patients.”P4</p>

		"I want to grow in my career, but promotion opportunities are rare."P5
Focus on career growth		"In my career, I strive more for professionalism as a doctor than for career growth as such. At the moment, this is my priority, because I want to be a practitioner."P10
<b>Education</b>		
Confirmation of specialist certificate	Interviewee says that they have continuous education and trainings.	"This is our main task, and to confirm the specialist certificate we must accumulate a certain number of hours."P1
Mandatory trainings		"Advanced training is a must."P1
Self initiated trainings		"...I take courses that interest me, even if they don't count toward my certification hours."P5
Undermining doctor's role		"In general, of course, you feel your value and importance, but, on the other hand, the current reality is that the role of a doctor is somewhat diminished. We are perceived more as service personnel than as specialists."P1
Customer centric policy		"They often adopt the 'customer is always right' tactic, although this is far from always the case."P1
Comparison with other countries		"Unfortunately, I think the pay is insufficient, especially when compared to Europe, America, etc. There, they won't call a doctor at 3am for no reason, and their income is, of course, higher."P1
Extended vacation		"In general, of course, vacation and health benefits exist. Yes, a certain amount is given out. You can get good money during vacation,

		that's a fact. Doctors have longer vacations, up to 40-45 days, like teachers."P1
Salary and Benefits		
Workload Pay Imbalance		"I think that doctors here don't earn enough, especially in clinics, district doctors, etc. Their work means being busy almost 24/7."P1
Dissatisfaction with salary Discrepancy in Earnings and Responsibility Workload vs Salary	The direct expression of financial dissatisfaction suggests that salary remains a primary concern for medical workers. The use of " <i>npocmo</i> " implies that the request is not excessive but rather a basic expectation.	"The salary does not match the workload; I have to work for several doctors."P2 "But the salary is, of course, a shame, because now there are a lot of When you earn easy money, and you, being responsible for the lives and patients, earn less than a salesperson in a supermarket?"P4 "Overall, I would just like a higher salary."P4 "The SCP is, yes, a nice bonus, but if we are going to improve something, it would be better to raise wages."P4
Lack of social benefits		"Doctors have longer vacations, up to 40-45 days, like teachers. But doctors cannot get on the waiting list to get an apartment. Or maybe it is only available to those liable for military service, I don't know."P1
Lack of Transparency in Financial Calculations	The distribution of payments depends on internal management decisions, which creates a feeling of unfairness among employees.	"But this money is distributed in a strange way. The deputy head physician and the head of the department sign some indicators, and each time it comes out differently. We have noticed that employees who have been working for a long time receive a little more. Maybe this is some kind of incentive for them."P4 "For example, if there is some error, of course, we know why we have such a small QC, but there is no interaction with the accounting department. There are quality indicators that we submit, but they do not give a complete picture."P4

Management	There is a discrepancy between management's stated openness to questions and its actual response, which discourages proactive problem solving. This creates a culture in which employees are hesitant to seek guidance.	"Management always says, 'If you have questions, so that there won't be problems later, come to us, ask questions.' But when you come to management with questions, they first scold you."P4
	A lack of professional boundaries and respect in workplace communication is highly lit, contributing to a toxic environment.	"Even if it's not your fault. There are complaints, but in general they are almost always unfounded, and this is accompanied by shouting."P2
Bureaucratic and Selective Managerial Support		"The management, the most they can do is help to get the patient through faster if you say that he is in serious condition and needs urgent care."P7 "They can help because they have connections and can call the management of other large clinics."P5

## Appendix 2-Ethical Approval

Dear Kuanysh,

I am glad to inform you that your study research "Enhancing Job Satisfaction Among Healthcare Professionals in Polyclinics: An Evaluation of Key Drivers and the Social Interventions to address Performance Improvement" (**Reference number assigned: 2024Dec#03**) has been approved from an ethical perspective.

Please, kindly bring a signed application form to Aknur (r.927) in two weeks time.

Best wishes,  
Yuliya

## Appendix 3-Informed Consent

### Oral Consent Script

Dear participant,

**Introduction:** You are invited to take part in the research study on “Enhancing Job Satisfaction Among Healthcare Professionals in Polyclinics: An Evaluation of Key Drivers and the Social Interventions to address Performance Improvement”. The given research is focused on the qualitative research methods. The purpose of this research is to explore job satisfaction factors among healthcare professionals in polyclinics, identify key drivers of satisfaction and dissatisfaction, and to assess existing social intervention strategies in increasing satisfaction and improving overall job performance at healthcare organizations.

**Study procedures:** We are inviting you to make the interview that will take about 40-60 minutes of your time. Interviews may be conducted online via Zoom or Microsoft Teams or face-to-face in the place, time and language preferable for you. The interview will be recorded. There will be asked open-ended question about your work experience in the polyclinic you work.

**Risks and benefits:** The study does not have any potentially risks. No personal information will be gathered or used in the data analysis. We ensure the security of all collected anonymous information. Only the research team will have access to the information. All audio recordings will be erased immediately after the data analysis is complete. You may skip any questions that you don't want to answer or that make you feel uncomfortable. You can withdraw from the interview at any time.

Although direct benefits to you are unlikely, but identifying key drivers of job satisfaction and dissatisfaction will help to improve satisfaction level among polyclinic employers and overall improve health outcomes.

The information you share with us will be kept in confidentiality. Any data shared or published from this research will be aggregated from all participants, meaning it will be reported for the group as a whole, not for individuals.

Volunteer participation:

- Your participation in this study is entirely voluntary
- You are free to withdraw at any time, even partway through the interview, for any reason
- If you choose to withdraw, there will be no negative consequences for you
- If you decide to stop, we will ask how you would like us to handle the data collected so far
- Options include returning the data to you, destroying it, or using what has been collected up to that point
- You may skip any questions you don't wish to answer and still remain part of the study

If you have any questions about this study or would like more information you can call or email primary investigator Ainara Oraltayeva +7 (707) 859 1996. Also, you can contact the research advisor of this project Dr. Kuanysh Yergaliyev (email: kuanysh.yergaliyev@nu.edu.kz).

This study has been reviewed and cleared by the NUSOM Research Ethics Committee. If you have concerns or questions about your rights as a participant or about the way the study is conducted, you may contact: Nazarbayev University School of Medicine Research Ethics Committee, E-mail: nusom-rec@nu.edu.kz.

Consent questions:

- Would you like more details or have any questions?
- Do you confirm that you fully understand the objectives, methods, risks, and benefits of this study?
- Do you consent to have this interview audio recorded?
- Do you agree to take part in this study, understanding that you can withdraw at any time without any consequence?

### **Ауызша келісім формасы**

Құрметті қатысушы,

Сіздерді «Медициналық қызметкерлердің поликлиникадағы жұмыспен қанағаттанушылығын арттыру: Негізгі жұмыспен қанағаттану және қанағаттанбау факторларын және жұмыс тиімділігін жақсарту мақсатындағы әлеуметтік шараларды бағалау» атты зерттеу жобасына қатысуға шақырамыз. Бұл зерттеу сапалық зерттеу әдістеріне бағытталған. Зерттеудің мақсаты – поликлиникалардағы медициналық қызметкерлердің жұмысқа қанағаттану деңгейін зерттеу, қанағаттанушылық пен қанағаттанбаушылықтың негізгі факторларын анықтау, сондай-ақ қанағаттанушылықты арттыру және медициналық ұйымдардағы жалпы еңбек тиімділігін жақсарту мақсатындағы әлеуметтік шаралардың стратегияларын бағалау.

Сұхбат шамамен 40-60 минут уақытты алатын болады. Сұхбат онлайн түрде Zoom немесе Microsoft Teams арқылы, немесе сізге ыңғайлы орында, уақыт және тілде жеке

кездесіп өткізілуі мүмкін. Сұхбат диктофонға жазылады. Сізге сіздің жұмыс істейтін поликлиникадағы тәжірибеңіз туралы ашық сұрақтар қойылады.

Зерттеу ешқандай ықтимал қауіп тудырмайды. Жеке ақпарат жиналмайды және деректерді талдау кезінде қолданылмайды. Біз барлық жиналған анонимді ақпараттың қауіпсіздігін қамтамасыз етеміз. Бұл ақпаратқа тек зерттеу тобының мүшелері ғана қол жеткізе алады. Барлық аудиожазбалар деректерді талдау аяқталғаннан кейін бірден жойылады. Сіз жауап бергіңіз келмейтін немесе ыңғайсыздық тудыратын сұрақтарды өткізіп жібере аласыз. Сіз сұхбаттан кез келген уақытта шығуға құқығыңыз бар.

Зерттеудің тікелей пайдасын көрмеуіңіз мүмкін, бірақ медициналық жұмыскерлердің жұмысқа қанағаттанушылығы мен қанағаттанбаушылығының негізгі факторларын анықтау поликлиника қызметкерлерінің қанағаттанушылық деңгейін жақсартуға және жалпы денсаулық сақтау нәтижелерін арттыруға көмектеседі.

Сіз ұсынған ақпарат құпия сақталады. Бұл зерттеуден алынған барлық деректер жинақталып, барлық қатысушылардан алынған мәліметтер ретінде қолданылады, яғни ақпарат жеке тұлғаларға емес, топқа қатысты түрде беріледі.

Сіздің қатысуыңыз ерікті:

- Сіздің бұл зерттеуге қатысуыңыз толығымен ерікті
- Сіз кез келген уақытта, тіпті сұхбат барысында да, қандай да бір себеппен зерттеуден шығуға құқылысыз
- Егер сіз зерттеуден шыққыңыз келсе, оның ешқандай теріс салдары болмайды
- Егер сіз сұхбатты тоқтатуды шешсеңіз, біз сізден осы уақытқа дейін жиналған деректермен не істеу керектігін сұраймыз

- Мүмкін болатын нұсқалар: деректерді сізге қайтару, оларды жою немесе жиналған деректерді осы уақытқа дейін пайдалану
- Сіз жауап бергіңіз келмейтін немесе ыңғайсыздық тудыратын сұрақтарды өткізіп жібере аласыз және зерттеуге қатысуыңызды жалғастыра аласыз

Егер сізде осы зерттеу туралы сұрақтар болса немесе қосымша ақпарат алғыңыз келсе, негізгі зерттеуші Айнара Оралтаеваға +7 (707) 8591996 нөміріне қоңырау шалып немесе электрондық пошта арқылы жаза аласыз. Сондай-ақ, сіз жобаның ғылыми жетекшісі Доктор Куаныш Ергалиевке (электрондық пошта: [kuanysh.yergaliyev@nu.edu.kz](mailto:kuanysh.yergaliyev@nu.edu.kz)) хабарласа аласыз.

Бұл зерттеу Назарбаев Университетінің Медицина мектебінің Этикалық комитеті тарапынан қаралып, мақұлданды. Егер сізде қатысушы ретінде құқықтарыңызға немесе зерттеудің жүргізілуіне қатысты сұрақтар немесе күмәндер болса, сіз: Назарбаев Университеті Медицина мектебінің Зерттеу Этикалық комитетімен байланыса аласыз, Электрондық пошта: [nusom-rec@nu.edu.kz](mailto:nusom-rec@nu.edu.kz).

Сұрақтар келісім алу үшін:

- Қосымша сұрақтарыңыз бар ма немесе толық ақпарат алғыңыз келе ме?
- Сіз осы зерттеудің мақсаттарын, әдістерін, қауіптерін және артықшылықтарын толық түсінгеніңізді растайсыз ба?
- Сіз сұхбатты жазып алуға келісесіз бе?
- Сіз осы зерттеуге қатысуға келісесіз бе, егер сіз кез келген уақытта оған қатысудан бас тартсаңыз, оған ешқандай теріс салдар болмайтынын білесіз бе?

## Форма устного согласия

Уважаемый участник,

Приглашаем вас на участие в исследовательском проекте о “Повышение удовлетворенности работой медицинских работников в поликлиниках: Оценка ключевых факторов и социальных вмешательств для улучшения эффективности работы”. Данное исследование ориентировано на качественные исследовательские методы. Целью данного исследования является изучение уровня удовлетворенности работой среди медицинских работников в поликлиниках, выявление основных факторов удовлетворенности и неудовлетворенности, а также оценка существующих социальных стратегий вмешательства для повышения удовлетворенности и улучшения общей трудовой эффективности в медицинских организациях.

Мы приглашаем вас принять участие в интервью, которое займет около 40-60 минут вашего времени. Интервью может быть проведено онлайн через Zoom или Microsoft Teams, или очно в удобное для вас место, время и на предпочтительном языке. Интервью будет записываться. Вам будут заданы открытые вопросы о вашем опыте в поликлинике, где вы работаете.

Исследование не несет никаких потенциальных рисков. Личная информация не будет собираться и использоваться в анализе данных. Мы гарантируем безопасность всей собранной анонимной информации. Только исследовательская группа будет иметь доступ к этой информации. Все аудиозаписи будут уничтожены сразу после завершения анализа данных. Вы можете пропустить любые вопросы, на которые не хотите отвечать или которые вызывают у вас дискомфорт. Вы можете выйти из интервью в любой момент.

Возможно вы не видите здесь прямых выгод для вас, но выявление ключевых факторов удовлетворенности и неудовлетворенности работой поможет улучшить уровень удовлетворенности среди сотрудников поликлиник и в целом улучшить результаты здравоохранения.

Информация, которую вы предоставите, будет храниться в конфиденциальности. Все данные, которые будут использованы или опубликованы из данного исследования, будут агрегированы от всех участников, что означает, что информация будет представлена для группы в целом, а не для отдельных личностей.

Ваше участие добровольно:

- Ваше участие в этом исследовании является полностью добровольным
- Вы можете в любой момент прекратить участие, даже во время интервью, по любой причине
- Если вы решите выйти из исследования, для вас не будет никаких негативных последствий
- Если вы решите остановиться, мы спросим, как вы хотите, чтобы мы поступили с данными, собранными до этого момента
- Возможные варианты включают возврат данных вам, их уничтожение или использование собранных данных на текущий момент
- Вы можете пропустить любые вопросы, на которые не хотите отвечать, и при этом остаться частью исследования

Если у вас есть вопросы об этом исследовании или вы хотите получить дополнительную информацию, вы можете позвонить или написать по электронной почте главному исследователю Айнаре Оралтаевой +7 (707) 8591996. Также, вы можете обратиться к научному руководителю проекта Доктору Куанышу Ергалиеву (электронная почта: [kuanysh.yergaliyev@nu.edu.kz](mailto:kuanysh.yergaliyev@nu.edu.kz)).

Это исследование было рассмотрено и одобрено Этическим комитетом по исследованиям Школы медицины Назарбаев Университета. Если у вас есть сомнения или вопросы относительно ваших прав как участника или о процессе проведения исследования, вы можете связаться с: Этическим комитетом по исследованиям Школы медицины Назарбаев Университета, Электронная почта: nusom-rec@nu.edu.kz.

Вопросы на согласие:

- Имеются ли у вас дополнительные вопросы или желаете ли вы получить подробную информацию?
- Подтверждаете ли вы, что полностью понимаете цели, методы, риски и преимущества этого исследования?
- Даёте ли вы согласие на запись интервью?
- Согласны ли вы участвовать в этом исследовании, понимая, что можете выйти из него в любой момент без каких-либо последствий?

### Appendix 3 - Interview questions and recruitment flyer

**Table 5. The Interview guideline**

<b>Category</b>	<b>Questions</b>
<b>Hygiene Factors</b>	
Salary	Do you consider your salary fair? Does it affect your job satisfaction?  What types of compensation or benefits do you receive?
Working conditions	What conditions has your organization created to ensure job stability? What factors contribute to this?  How would you describe the work atmosphere in your organization?  What aspects of your work environment help you stay productive?
Company policy	What rules and policies exist in your organization?  How would you evaluate the corporate culture in your organization?
Supervision	How would you assess the current communication with your management?
Interpersonal relationships	How would you describe the work atmosphere in your organization?  Are there any of-work activities organized? If so, what are they? Do you find them important?
<b>Motivating Factors</b>	
Meaning of work	Which aspects of your job bring you the most satisfaction?
Responsibility and initiative	What are your career growth prospects? How does this affect your motivation?  Have you participated in any training programs or courses to enhance your qualifications?

Career growth	What are your career growth prospects? How does this affect your motivation?  Have you participated in any training programs or courses to enhance your qualifications?
Recognition and achievements	Do you receive enough recognition for your work? How does it motivate you?
Work itself	What are the main responsibilities of your position?
Work life balance	How do you balance your work and personal life? Describe a typical day in your life.

### Вопросы для интервью:

- 1) Расскажите, пожалуйста, о себе
- 2) Сколько лет опыта у вас имеется на этой позиции?
- 3) Как бы вы описали рабочую атмосферу в вашей организации?
- 4) Какие аспекты Вашей работы приносят Вам наибольшее удовлетворение?
- 5) Какие основные обязанности входят в Вашу должность?
- 6) Можете ли Вы проявлять инициативу в своей работе? Если да, то как?
- 7) Какие перспективы карьерного роста у Вас есть? Как это влияет на вашу мотивацию?
- 8) Принимали ли Вы участие в обучающих программах или курсах для повышения квалификации?
- 9) Получаете ли достаточно признание в своей работе? Как это вас мотивирует?
- 10) Считаете ли вы свою зарплату справедливой? Влияет ли она на вашу удовлетворенность работой? СКПН
- 11) Какие виды компенсации или льгот у вас есть?
- 12) Какие аспекты Вашей рабочей среды помогают вам быть продуктивным?

- 13) Какие условия созданы в Вашей организации чтобы вы чувствовали стабильность в вашей работе? Если да, то какие факторы влияют на это?
- 14) Как бы Вы оценивали текущую коммуникацию с Вашим руководством?
- 15) Проводятся ли какие-либо мероприятия вне рабочего времени? Если да, то какие? И чувствуете ли вы их важность?
- 16) Какие правила и политики существуют в Вашей организации?
- 17) Как бы вы оценивали корпоративную культуру в Вашей организации?
- 18) Как вы распределяете свое время между работой и личной жизнью? Расскажите про один день из Вашей жизни.

#### **Сұхбат үшін сұрақтар:**

1. Өзіңіз туралы айтып беріңізші.
2. Бұл қызметте қанша жылдық тәжірибеңіз бар?
3. Сіздің ұйымыңыздағы жұмыс атмосферасын қалай сипаттар едіңіз?
4. Жұмысыңыздың қандай аспектілері сізге ең үлкен қанағаттану әкеледі?
5. Сіздің лауазымыңызға қандай негізгі міндеттер кіреді?
6. Сіз өз жұмысыңызда бастамашылық көрсете аласыз ба? Егер иә болса, қалай?
7. Сізде қандай мансаптық өсу перспективалары бар? Бұл сіздің мотивацияңызға қалай әсер етеді?
8. Сіз біліктілігіңізді арттыру үшін қандай да бір оқыту бағдарламаларына немесе курстарға қатыстыңыз ба?
9. Сіз өз жұмысыңызда жеткілікті мойындау аласыз ба? Бұл сізді қалай ынталандырады?

10. Сіз өзіңіздің жалақыңызды әділ деп санайсыз ба? Бұл сіздің жұмысқа қанағаттануыңызға әсер ете ме?
11. Сізде қандай өтемақы немесе жеңілдік түрлері бар?
12. Сіздің жұмыс ортаңыздың қандай аспектілері сізге өнімді болуға көмектеседі?
13. Сіздің ұйымыңызда сіз өзіңізді жұмысыңызда тұрақтылық сезінуіңіз үшін қандай жағдайлар жасалған? Егер иә болса, бұған қандай факторлар әсер етеді?
14. Сіз өзіңіздің басшылығыңызбен қазіргі байланысты қалай бағалар едіңіз?
15. Жұмыс уақытынан тыс қандай да бір іс-шаралар өткізіледі ме? Егер иә болса, қандай? Және сіз олардың маңыздылығын сезесіз бе?
16. Сіздің ұйымыңызда қандай ережелер мен саясаттар бар?

## Recruitment flyer

<p><b>What is this study about?</b></p> <p>The aim of this study is to explore job satisfaction levels among healthcare professionals in polyclinics, identify key drivers of satisfaction and dissatisfaction, and to assess existing social intervention strategies in increasing satisfaction and improving overall job performance at healthcare organizations.</p>	<p><b>Participate in Research!</b></p>  <p><b>Nazarbayev University research team wants to know more about Enhancing Job Satisfaction Among Healthcare Professionals in Polyclinics</b></p>	<p>There are no potential risks of participating. The research is anonymous. You can skip any questions that you are not comfortable to answer or withdraw the interview process.</p> <p>Your participation in this study will help to enhance job satisfaction of healthcare professionals and improve health performance.</p> <p><b>If you decide to be a volunteer in this study, please contact the research team</b></p>
<p><b>Who can participate?</b></p> <p>Medical doctors, who have at least 6 month work experience working in public polyclinics</p>		<p><b>Our contacts:</b></p> <p><b>Ainara Oraltayeva</b> Investigator, 2nd year Master of Public Health student at Nazarbayev University School of Medicine Mobile phone: 8-707-859-19-96 Email address: ainara.oraltayeva@nu.edu.kz</p> <p><b>Dr Kuanysh Yergaliyev</b> Research Advisor, Assistant Professor of Practice in Nazarbayev University School of Medicine Email address: kuanysh.yergaliyev@nu.edu.kz</p> <p><small>Nazarbayev University Institutional Research Ethics Committee. If you have concerns or questions about our research, you may contact: Nazarbayev University Institutional Research Ethics Committee. E-mail: resethics@nu.edu.kz</small></p>

