

**JOB SATISFACTION AMONG DENTAL
SURGEONS
IN MANDALAY REGION**

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B.D.S

for the Degree of Master of Public Health (MPH)

University of Public Health, Yangon

2019

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**Thesis submitted to
the Postgraduate Academic Board of Studies
University of Public Health, Yangon
as the partial fulfillment of the requirements
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This thesis has been approved by the Board of Examiners.

Chief Examiner

Examiner (1)

Examiner (2)

ACKNOWLEDGEMENT

Firstly, I would like to express my heartfelt gratitude to Professor Dr. Hla Hla Win (Rector, University of Public Health, Yangon) for giving me the opportunity to conduct this study.

I am greatly indebted and special thanks go to Professor Dr. Kyawt San Lwin (Pro-Rector of University of Public Health and Head of Department of Health Policy and Management, University of Public Health, Yangon) for her kind advice and guidance through elective program and thesis preparation. I also have to extend my heartfelt thanks to my supervisor, Dr. Le Thandar Soe (Lecturer, Department of Nutrition and Food Safety, University of Public Health) for sharing ideas and continuous guidance with wholehearted interest in completion of this study. In addition, I would like to offer my regards to all the teaching staffs of the University of Public Health for their kind support and continuous help throughout the academic year of 2019.

I am very grateful to Dr. Than Than Myint (Deputy Director General of Department of Medical Service and Department of Public Health of Mandalay region) for her kind help and support for successful data collection. I would like to express my sincere gratitude and deep appreciation to all the participants of key informant interview and in depth interview and all civil service dental surgeons in Mandalay region answered my questionnaires because this study could not have been accomplished without their involvement.

I would also like to express my genuine thanks to Daw Hnin Hayhman and Dr. Paing Khant, colleagues of our MPH 12th batch and Dr. Zar Zin Htoo , Dr. Yan Naing who helped me through my data collection process. Without their help, it would have been very difficult for me to complete my study.

Last but not least, I am also indebted and respect to my respondents, my parents, for their support and encouragement throughout MPH course.

ABSTRACT

Job satisfaction among dental surgeons is a considerable affair in current where present civil service dental surgeons have been suffering dissatisfaction on their job and junior dental surgeons are losing interests in performing civil services. The objective of the study was to explore the job satisfaction among civil service dental surgeons from medical service and public health department in Mandalay region. A cross-sectional descriptive study design with both quantitative and qualitative methods of data collection using pretested and self-administered questionnaires was carried out during October 2019. Study populations were civil service dental surgeons. Altogether 47 dental surgeons from department of medical service and 55 from public health department responded the questionnaires. The qualitative approach with 2 key informant interview and 11 in depth interview were followed after initial analysis of the quantitative data. The overall job satisfaction mean score of dental surgeons in Mandalay region found to be 3.59 out of 6. There was a significant association between age of the respondents, relationships with supervisors, relationships with co-workers, achievement of reward or recognition and job satisfaction of dental surgeons. The results illustrated that the most influencing reason for the majority of the dental surgeons to join the civil service was career development especially to become specialists. Thematic analysis from qualitative results expressed that dissatisfaction on current pay scale and government housing, limited chance for career development from both of departments. Inappropriate leadership, insufficient supporting for working condition, poor defined role and responsibility were observed from the public health department. In addition, management structure of the public health dentistry, relevant leadership, improving supply chain for working condition, guarantee of improved socio-demographic status and effective human resources management might likely to increase the job satisfaction of dental surgeons. Results could also be used to uncover ways to improve dentists' working environment, to address the policy to improve the current level of job satisfaction among dental surgeons, and to inform health care reform.

TABLE OF CONTENTS

ABSTRACT	iv
TABLE OF CONTENTS	v
LIST OF ABBREVIATIONS	vii
LIST OF TABLES	viii
LIST OF FIGURES	ix
CHAPTER (1) INTRODUCTION	1
(1.1) Background Information	1
(1.2) Problem Statement	2
(1.3) Justification	4
CHAPTER (2) LITERATURE REVIEW	6
CHAPTER (3) OBJECTIVES	18
(3.1) General Objective	18
(3.2) Specific Objectives	18
(3.3) Research Questions	18
CHAPTER (4) METHODOLOGY	19
(4.1) Study Design	19
(4.2) Study Period	19
(4.3) Study Area	19
(4.4) Study Population	19
(4.5) Sample Size Determination	19
(4.6) Sampling Procedure	19
(4.7) Data Collection Methods and Tools	20
(4.8) Data Management and Analysis	20
(4.9) Ethical Considerations	21

CHAPTER (5) FINDINGS	22
CHAPTER (6) DISCUSSION	61
CHAPTER (7) CONCLUSION	66
CHAPTER (8) RECOMMENDATION	67
REFERENCES	68
ANNEXES	70
Annex (1) Operational Definitions of Variables	70
Annex (2) Informed Consent Forms (Myanmar and English)	72
Annex (3) Questionnaires (Myanmar and English)	82
Annex (4) Distribution of respondents according to their posted departments	95
Annex (5) Grant Chart	97
Annex (6) Curriculum Vitae	98

LIST OF ABBREVIATIONS

AD	Assistant Director
AS	Assistant dental surgeon
BDS	Bachelor of Dental Surgery
DO	Dental Officer
HRH	Human Resources for Health
IDI	In-depth-interview
JCS	Junior Consultant Surgeon
KII	Key Informant Interview
MDSC	Master of Dental Science
MOHS	Ministry of Health and Sports
NGO	Non-Government Organization
SCS	Senior Consultant Surgeon
SDG	Sustainable development goals
SPSS	Statistical Package for the Social Sciences
UHC	Universal Health Coverage
WHO	World Health Organization

LIST OF TABLES

Tables	Page
Table (5.1) Distribution of respondents according to their posted departments (n=102)	21
Table (5.2) Socio-demographic Characteristics of the respondents (n= 102)	21
Table (5.3) Work related Determinants (n= 102)	24
Table (5.4) Job Satisfaction score among the respondents (n=102)	29
Table (5.5) Association between socio-demographic characteristics and job Satisfaction (n=102)	30
Table (5.6) Association between works related factors and job satisfaction (n=102)	32
Table (5.7) Characteristics of study participants in KII and IDI	35

LIST OF FIGURES

Figures

Page

Figure (5.1) The most influencing reason for you to enter the government service	27
Figure (5.2) Reasons influencing the respondents will cause resignation	28
Figure (5.3) Infrastructure and facilities needed	28
Figure (5.4) Job satisfaction level of respondents	29
Figure (5.5) Job satisfaction level of the respondents by types of departments	30
Figure (5.6) Thematic mapping of job satisfaction	37

CHAPTER (1)

INTRODUCTION

(1.1) Background Information

Job satisfaction is defined as the extent to which an employee feels self-motivated, content and satisfied with his or her job. Job satisfaction emerges when an employee feels he or she is having stability of job, career development and a comfortable balance of work life. This implies that the employee is having satisfaction at job as the work meets his or her expectations of the individual(Zigu, 2011).

From the information of Census in Myanmar 2014, there are 51.41 million population in the country. Among them 30 % of total population live in urban area and the rest are in rural area. In 2014, there was only 3695 dentists (MOH, 2014) in Myanmar. Dentist population ratio in Myanmar is 1:14,000 when in most of the industrialized countries, there is 1:2,000 dentist population ratio(“WHO | Oral health services,” 2019). So dental health workforce is below the WHO recommended standard and is not sufficient to cover the oral health services of whole population. This express the limitation of number of dental surgeons for our country and need the government policy to generate more human resources of dental health workforce.

In Myanmar, the Ministry of Health and Sports (MOHS) performs the major player as governing agency not only for provision of comprehensive health care services but also regulation of other healthcare services such as private department of medical service, private clinics, private dental clinic, NGOs, INGOs and ethnic health organizations (EHOs) including private laboratories and private pharmacy. MOHS is responsible for deploying of health personnel with the aim for delivering the quality health services through the whole population of the country. Considering the changes on demographic, epidemiological and socioeconomic trends both nationally and globally, it is essential to contract efficient and competent human resources for health for providing quality health care services to the entire population in the country(**Than-Tun-Sein, et al, 2014**).

Job Satisfaction is defined as the feeling of fulfillment or a sense of accomplishment in which an employee achieves the feeling derives from his or her job. Job satisfaction is an appraisal result that causes one to attain their job values and personal dignity or meet out their basic needs and expectations. It indicates in determining, to which extent a person likes or dislikes his or her job(Surbhi S, 2017).

When the employee realizes that his job facilitates them in achieving the needs and values, directly (by fulfilling their tasks and duties) or indirectly (by the incentives, career development and facilities obtained), his attitude towards the job and organization becomes positive. Otherwise it represents the difference between employee's expectations and the experience he or she derives from the job. The wider this gap, the more the employee suffer the dissatisfaction(Surbhi S, 2017).

In Myanmar, inadequate numbers of dental surgeons are present to cover the oral health services of entire population. Significant progress in country population has not been meeting the dental health resources and numbers of dental health professionals especially in people who are living in rural area. The dental surgeons are the vital role in performing the efficient, quality and safety of dental health services of health care system. Job satisfaction of dental surgeons is crucial in determining of quality dental health care, improvement of job performance and raising of dental health status. It is important to prevent turnover rate of dental surgeons. Increase rate of turnover and absenteeism are associated with job satisfaction. And next there is highly positive correlation between job satisfaction and organizational capacity to provide quality services and patient satisfaction.

This regular survey and monitoring the determinants on the job satisfaction of dental healthcare professionals should be regularly carried out because it is one of the major factors in human resources management for strengthening the healthcare system of our country to provide the quality dental health services, to enhance productivity of health workforce and to improve the overall dental health status of community.

(1.2) Problem Statement

On the way of Universal Health Coverage, human resource is one of the elementary issues in health system building block. Being efficient, effective, quality, fair and equally distribution of human resources is a vital role in retention of health

workers in the civil service to improve the health status of the country. Sustainably and systematically organizing the human resources of dental surgeons is essential to the awareness of community about oral problems, primary oral health care services and oral health status of the country.

Job satisfaction among dental surgeons is a considerable affair in current where present civil service dental surgeons have been suffering dissatisfied on their job and junior dental surgeons are losing interests in performing civil services. Although there are few surveys upon assessing job satisfaction among health staff in Myanmar, the number of surveys was conducted in Myanmar was relatively too lower compared to those throughout the world. More to the point, there is no study upon the job satisfaction of dental surgeons in our country. In order to achieve better service outcome, organizations of other countries usually conduct the study on job satisfaction among dental surgeons.

The problems of brain drains and attrition of dental surgeons more occur in our country in these years. It is noticeable point that there are both push and pull factors for joining civil service. When the push factors is influent over the pull factors, it may lead a serious negative consequences on human resource shortage within MOHS. It will consequentially emerge a negative impact on overall services delivery system of MOHS and if the consequences cannot be resolved in time, may effect heath status of the public and complicated social, economic and political impacts may be resulted. Devoid of adequate health workforce, road to the achieving of UHC by the year 2030 was still so far away.

Improved deployment strategies and working conditions, incentive systems, inter-professional collaboration, continuous professional development opportunities and career pathways tailored in order to enhance both capacity and motivation for improved performance are considerable important index tools for better human resource for health management towards optimization of the health workforce to accelerate progress towards UHC and the sustainable development goals. It also requires making the best possible use of limited HRH resources, and ensuring these resources are employed strategically through adoption and implementation of evidence-based health workforce policies tailored to the national health system context at all levels. (WHO, 2016).

The observed findings from this study intend to contribute the information how to inspire, how to motivate, how to manage, how to retain and how to build the

culture for listening feedback of dental surgeons from civil services and how to prohibit the dental surgeons turnover and absenteeism.

Furthermore, there is no studies of human resources of dental surgeons in Myanmar compared to other areas of study although the retention of civil services dental surgeons is one of the problems of health workforce in strengthening health system. This study could be the initial step for further nationwide development to identify more information and underlying events for higher human resources management system in MOHS.

(1.3) Justification

It is important to study whether dental surgeons are satisfied or dissatisfied, committed or not committed in their civil services because it had been proven that dental surgeons who were much more satisfied would more likely to show positive thoughts, feelings, and actions towards their jobs (Puriene et al., 2007). As a consequence, it would increase their career commitment. Also it is essential to study the relationship between job satisfaction and career commitment because this might lead a huge benefit equally to civil services dental surgeons, MOHS and oral health status of community.

Weakness in human resource management for dental surgeons could lead to more attrition of them and brain drain. Dental surgeons who were committed with their career might take pride in considering himself and would have positive attitude on their jobs. And if this satisfaction factors such as good working conditions, good interpersonal relationships, good supervision by supervisors, better policies and administration, better pay and security, reward, achievement, recognition and career development would be given to dental surgeons by MOHS, this would be beneficial for civil service dental surgeons. If this study shows that job satisfaction and work related factors are correlated, MOHS would only need to address these factors and that is job satisfaction to enhance both capacity and motivation for performance improvement of dental surgeons. This is the considerable important point for human resource for health to optimize the activities of preventive dentistry towards promoting the oral health status of community.

Moreover, there is no study upon assessing the job satisfaction of dental surgeons in our country to stay in civil service work. Mandalay region was purposely

chosen to get enough sample size because it has highest numbers of civil service dental surgeons than other states and regions except Yangon region.

Out of that, when MOHS had divided into department of medical service and department of public health in 2014, there were two categories of dental surgeons who were working in department of medical service setting and public health setting such as school health. These two departments could have different provision of resources, working conditions and job description. This study would like to find out the frustrations and job dissatisfaction of the dental surgeons in the civil service whether medical service or public health and would like to suggest corrective measures for promoting job satisfaction and retention of dental surgeons in civil service.

CHAPTER (2)

LITERATURE REVIEW

(2.1)Definition of job satisfaction

Job satisfaction is defined as the extent to which an employee feels self-motivated, content and satisfied with his or her job. Job satisfaction emerges when an employee feels he or she is having stability of job, career development and a comfortable balance of work life. This implies that the employee is having satisfaction at job as the work meets his or her expectations of the individual(Zigu, 2011). Job Satisfaction is defined as the feeling of fulfillment or a sense of accomplishment in which an employee achieves the feeling derives from his or her job. Job satisfaction is appraisal result that causes one to attain their job values and personal dignity or meet out their basic needs and expectations. It indicates in determining, to which extent a person likes or dislikes his or her job.(Surbhi S, 2017)

Job satisfaction was expressed varies definition from person, to person also even for person from time to time. And an evaluation, of the job and the environment surrounding, the job by the employee".In general It is also can be defined as; employee feelings, about has the job. Generally, job satisfaction can be defined as "the difference between the amounts of rewards workers, receive and the amount they believe they should receive". Job satisfaction has been defined and measured both as a global concept with multiple dimension or facts. In general, overall job satisfaction has been defined as a function of the perceived relationship between what one wants from ones job and what one perceived it as offering.(Locke, 1969)

(2.2)Importance of job satisfaction

Job satisfaction of dental surgeons has been linked to many variables, including dropout, turnover, absenteeism, productivity, etc. It is prominent because a person's commitment, belief and attitude may impact his or her behavior and performance.

Benefits of job satisfaction among dental surgeons are;

- Reduce Turnover.
- Increased Productivity.
- Increased Patient Satisfaction.

- Reduce In-service Absenteeism.
- Supports to Earn Higher Revenues.
- Satisfied In-services Desire to Handle Pressure

Researches which have concluded about job satisfaction had concluded that there was a significant relationship between satisfaction of job and performance of the dental surgeons. There were two basic aspects of satisfaction and performance, and they were inverted to each other. Some assumes that satisfaction directs to performance, while another assumes performance directs to satisfaction.

In event, we say if someone is happy with their job they will show performance better, but to be satisfied, they have to show performance in their job to achieve that satisfaction. Higher Job Satisfaction brings more productivity, low employee turnover, decrease absenteeism and supports to create better working environment, faster and sustainable development.

Turnover can become one of the highest costs lead to the human resources management. Maintaining dental surgeons support to create preferable environment, and helps it easier to recruit quality capability and saves cost. Someone is more tendency to be rapidly seeking for other work when they suffer less satisfaction; whereas, someone who is satisfied with their work is low likely to do job searching.

Regardless of job title and salary grade, civil service who describe high job satisfaction tend to obtain higher productivity. When a person is happy with their job, they concentrate well and they give attention to their works. They are likely to see themselves accountable and responsible for getting the department goals which makes them happy. When one of the team member displays higher productivity, it is reasonable for other team members to try to raise productivity at the desired level.

If the civil service dental surgeons are satisfied with their job then they can give better performance and we know that the results of services are dependent on the basis of the given service of the dental surgeons. If results are increased, automatically it will lead to increase health status. When civil service dental surgeons feel MOHS has their best interests at heart, they often support its missions and work hard to achieve its objectives. In the situation, job satisfaction and the level of retention of that civil service was increased. It is reasonable that satisfied workers

may miss work due to illness or personal matters, while unsatisfied workers are more likely to take “mental health” days.

When workers are satisfied with their jobs they may be more able to attend work whenever they have a cold; however, when they are dissatisfied with their job, they are more likely to call in ill whenever they are well enough to attend work. If there is no amount of motivation or training would support, unless and until individuals develop a feeling of retention and loyalty towards their organizations.

Workers waste half of their time struggling with their counterparts or dealing issues with them. Satisfied workers are the happy workers who willingly support their fellow workers and collaborate with the organizations still during emergency situations. Their organizations comes first for them, everything else later. They do not go to work just for money because they really consider for their organizations and trust in its objectives and goals. Rather than wasting their time in gossiping and staying around what they believe in doing productive job eventually benefit for the organizations. They gain pride in representing their organizations and have to work hard to assure more revenues for the organizations. Workers who are joyful with their jobs participate willingly in training programs and are ambitious to learn new technologies, software which would conditionally support them in their professional career. Satisfied workers accept challenges and deal although in the worst of circumstances. Worker satisfaction is of utmost importance for workers to remain happy and also drive their level best(“<https://iedunote.com/importance-job-satisfaction,”> 2017).

Satisfied workers are the ones who are loyal towards their organizations and attach to it still in the worst situations. They do not work out of any coercion because they aim of taking their organizations to a new level. Workers need to be passionate towards their job and passion comes only when workers are satisfied with their work and organizations.(Zigu, 2011)

(2.3) Determinants of job satisfaction

Workers spend most of their time in organizations. So, a number of work related factors determine job satisfaction of the workers. Organizations can raise job satisfaction by formulating and implementing the work related factors. The work related determinants of job satisfaction may be salary, working conditions, nature of

work, organizational level, job content, career development, opportunities for promotion, work team and leadership style(Francise, 2012).

Salary is the amount of award employee expects from the work. It is an equipment of fulfilling the needs. Everyone expects to obtain a commensurate award. The salary should be reasonable, equitable and fair. A feeling of equitable and fair recognition leads to job dissatisfaction.

The nature of work has significant association with the job satisfaction. Jobs involving skills, abilities, challenges, intelligence and reasonable scope for freedom cause the workers satisfied on the job. A feeling of boredom, poor job description, failures and frustration cause job dissatisfaction.

Workings conditions are important to motivate the workers. Good workings conditions provide sense of security, comfort and encouragement. Weakness in working conditions give a situation that health is in hazard.

Job content involves the factors such as appreciation, responsibility, improvement, achievement etc. Jobs containing diversity of tasks and less repeated lead to greater job satisfaction. Jobs with poor content delivers job dissatisfaction. High level jobs are seen as dignity, authority, esteemed and opportunity for self-control. Workers doing at higher level jobs leads to greater job satisfaction than the lower level jobs.

Opportunities for promotion is a reward in the life. Promotion gives more salary, accountability, authority, freedom and status. So, opportunities for promotion decide the level of satisfaction to the workers. Group existence in organizations is a common happening. It is a natural phenomenon of human to relate with others. This characteristic leads to formation of work groups at the job. Isolated workers unlike their works. The work group exerts an incredible influence on the satisfaction of dental surgeons. Satisfaction of an individual depends on the relationship with the team members, group cohesiveness, group dynamics and his own desire for affiliation.

Styles of leadership also determines the level satisfaction on the job. Democratic style of leadership promotes job satisfaction. Democratic leaders enhance friendship, mutual respect and warmth relationships among the workers. On the other side, workers working under authoritarian leadership style deliberate low level of job

satisfaction. Job satisfaction associates with the psychological factors. Therefore, personal factors determine the job satisfaction of the workers(Francise, 2012).

Personal determinants that influence the job satisfaction might be personality, age, education and gender differences. Individual psychological factors determine the personality. Conditions like attitudes, perception and learning determine the psychological situations. So, these conditions establish the satisfaction of individuals. Age is an important determinant of job satisfaction. Younger age workers with higher strength levels are more likely to get more satisfied. When workers grow older, ambition levels increase. If they are unable to obtain their ambition fulfilled, they suffer dissatisfied. Level of education supports an opportunity for developing one's personality. It promotes individual wisdom and process of evaluation. High educated workers have persistence, rationality, logical and thinking power. So, they can read the situation and positively appraise it. The gender and race of the workers determine job satisfaction. Women are more likely to be satisfied than men although they are worked in small jobs(Francise, 2012).

(2.4) Theory of job satisfaction

Relating with job satisfaction, there are theories which have explored about it from the different points of views. Among them, I would like to present Herzberg's motivation theory based on two types of factors. These factors are dissatisfy (maintenance or hygiene) and satisfiers (motivational). Dissatisfied factors include organizational policy and management, wage, supervision, working environment, interpersonal relationships, status, safe and security, and personal life. But, dissatisfies are not motivators. The satisfiers are motivators and so that associated with job content. They include the factors like reward, achievement, recognition, challenges, development, responsibility and improvement in the job. Their presence produces sense of satisfaction(Hassard and Teoh, 2013).

Quality of supervision, salary, physical working conditions, company policies, relationship with others and job security are called the maintenance factors. Their existence will not motivate workers, but they must be present. Indeed, they support an almost neutral perception among the workers of an organization, but their absence or withdrawal causes dissatisfaction. Opportunities for promotion, opportunities for personal development, appreciation, responsibilities and authority are called motivation factors. Satisfiers or intrinsic or (motivational) factors, such as

development, recognition, responsibility, and success seem to be associated with job satisfaction. Dissatisfied workers tended to mention hygiene or extrinsic (maintenance) factors, such as supervision, salary, organization policies, and working conditions. The counterpart of satisfaction is not dissatisfaction. Removing dissatisfying factors from a job does not necessarily happen the satisfaction of job(Hassard and Teoh, 2013).

Job dissatisfaction factors are independent and different from job satisfaction factors. Leaders who eradicate job dissatisfaction factors may not cause about motivation. When hygiene factors are suitable, workers will not be satisfied; neither will they be dissatisfied. To motivate people, emphasize intrinsic factors rewarding that are related to the work itself or to impacts directly de from it.

(2.5) Role of Government

The Ministry of Health and Sports is the major player in the health sector as a governing agency, besides it is also a provider of comprehensive health care. However, many key players played increasing roles with the evolving political and administrative circumstances. Before user charges were introduced as a cost sharing in 1993, the government used to be the main source of financing, with provision of services virtually free. Since then the main source of finance came from household out-of-pocket payment. The health system comprises a pluralistic mix of public and private systems both in financing and provision. The Department of Health, one of the seven departments of MOHS, is the service provider and also takes the regulatory functions of the Ministry in protecting and promoting the health of the country's population. The National Health Plan remains an integral part of the comprehensive national development plan. The government has started to bring forward to introduce formal social protection in the country and MOHS is in the process of piloting and introducing some community-based and demand-side approaches as interim measures while the Social Protection System is in the developmental stage. Human resources for health are limited, although the recruitment of doctors, nurses and midwives have been expanding since the early 1990s, but have not yet reached the indicative benchmark of 2.28 doctor, nurse and midwife per 1000 population(Than-Tun-Sein, et al, 2014).

Firstly, training more staff is necessary in many countries, given that more than 100 countries lack enough professional health workers if the ILO's access deficit

indicator is used to set the threshold for density per 1000 population(WHO, 2019). However, increasing the numbers is not enough to provide culturally appropriate, acceptable care to communities and to address the effective coverage gap. Expanding the supply, participation and availability of health workers also involves making informed decisions about the selection process of trainees, the location, content and mode of training, and the development of appropriate skills for individual staff and effective skill mix across multidisciplinary teams. “More staff” only becomes “better staff” when there is sufficient and targeted funding to make secure the right investment in the development of competencies and skills over the longer term.

Second, recruiting more staff is often necessary but not sufficient to improve access for underserved communities. Ensuring availability also requires planning to promote the accessibility, acceptability and quality dimensions – ensuring appropriate distribution of geographic and sector combined with financial and non-financial incentives to direct and retain staff where they are most required and to motivate them to be responsive and productive(WHO, 2019).

“More staff” only becomes “better care” when effective and strategic local management and an enabling “positive practice” environment are supported by context specific, evidence-based, responsive and fully funded HRH policies that are notified by labor market analysis and relate to defined community needs(WHO, 2019).

Thirdly, only by addressing deep-rooted health system constrictions – health workforce limitations being prominent among them – will countries be able to achieve their health objectives. Doing so will require sustainable investments, including consideration of recurrent cost budgets for staffing, continuous education, and incentives, and a policy focus over a longer period. There is a risk, however, that systemic HRH challenges will take second place to “quick wins” or “vertical” programs (e.g. immunization or single-disease control initiatives). This is a governance issue for global health; it requires international solidarity to recognize and act on the available evidence. There are no effective shortcuts for decision-makers: without strategic policies and funding to achieve a skilled and motivated workforce, other investments in the health system will not give the expected outcomes or may even be wasted. Investment in other key elements of the health system will also be necessary, as even the most motivated and skilled health worker needs essential

supplies, equipment, infrastructure and financing mechanisms to provide quality care(WHO, 2019).

(2.6)Related studies on job satisfaction

The study was conducted in Lithuania at 2007 not only to investigate the level of overall job satisfaction among Lithuanian dentists but also explore the satisfaction with different work environmental factors and their affect to overall job satisfaction. Reduction of working hours, work organization, overall job management, and work environment satisfaction with income, professional evaluation and appreciation which realizes one's capabilities and talents had positive impacts on job satisfaction. Negative impacts on job satisfaction are social security, personal time, time for family, low income and work load. The researchers of this study had concluded that Lithuanian dentists experienced high level of overall job satisfaction. Postgraduate studies, not limited possibility ways for professional development has most positive impact for dentists' overall job satisfaction(Puriene et al., 2007).

In Australia, the study was designed to measure job satisfaction among registered clinical dental surgeons in order to explore issues which may influence retention and recruitment of dental surgeons in clinical practice in 2005. The most three satisfaction factors reported by dental surgeons were the autonomy, relationships with colleagues and resources dimensions. The dimension of autonomy defined the independence of action which included dealing with outside reviewers, having power into important decisions and treating patients according to own best clinical judgment. The relationships with colleagues associated with job satisfaction in relationships to other dental surgeons both personally and in the culture of practice setting. The dimension of resources measured job satisfaction with the facilities and material were used for clinical practice. The less satisfaction points were compensation and administrative responsibilities. The compensation was assessed by items relating to satisfaction with total remuneration package, at the same time administrative responsibilities addressed satisfaction with paperwork requirements and the amount of administrative work to be done. This study was concluded that offering dental surgeon's competitive pay, potential to achieve personal growth, flexible hours and defined career pathways are important issues to recruit and retain the dental surgeons in Australia. (Luzzi et al., 2005)

The job satisfaction study of early and midcareer dental surgeons in China working in Beijing's large, metropolitan dental school was conducted in 2017. The goals of this study were to investigate the level and distribution of job satisfaction among early and mid-career Chinese dental surgeons working in the public department of medical service, to identify differences in satisfaction related with demographic and practice included 170 dental surgeons (64-male, 106 female).

The questionnaires included 38 instrument items describing in the Chinese Dentist satisfaction surveys also gathered information about the demographic and practice characteristics of the subjects, including gender, date of birth, hometown (rural or urban area), highest education, specialty training status, years of practice, and working hours per week. The work environment factors included perception of staff, income, professional relations, professional time, and delivery of care, patient relations, personal time, professional environment, respect, and stress. Professional relations, helpful staff, and respect were the most satisfied factors, although lack of personal time, low income, and heavy stress were the least satisfied factors. Overall job satisfaction showed a high correlation with respect, delivery of care, income, and patient relations. The study was concluded that the issues such as policies defining the standard of dental care and increasing dental surgeons' income need to be made; strategies improving respectful working environment and reducing stress should be addressed to improve the job satisfaction.(Cui et al., 2017)

This cross-sectional study was designed among 66 registered dentists in Srikakulam, India to measure the level and distribution of job satisfaction of registered dental practitioners and to explore the factors associated with it in 2015. . The questionnaire consists of six parts which are socio demographic data, in relation to staff, income, professional relations, professional time and overall job satisfaction among the dental practitioners. The most satisfying aspect was income and the least satisfying aspect was staff. Overall satisfaction increased with age. Male practitioners showed less satisfaction with staff, income, and overall satisfaction and more satisfaction in professional relations and time. Job satisfaction was found to be more in practitioners with postgraduate qualification. This study suggested that patient relations, perception of income, personal time, and staff are the important factors for job satisfaction among dentists. (Kaipa et al., 2015)

In Myanmar, there was no study explored the job satisfaction among dental surgeons.

A study was conducted about job satisfaction of faculty members of medical and medical allied universities in Mandalay region. Job satisfaction levels were 49.51% satisfied, 37.75% mixed and 12.75% dissatisfied. There was association between job satisfaction and sex, ownership of housing, marital status, spouse occupation, number of children, rank and duration of service. There was also association between salary, income expenditure balance, type of job, recognition and over workload and job satisfaction.(Thae-Thae-han-Htwe, 2016)

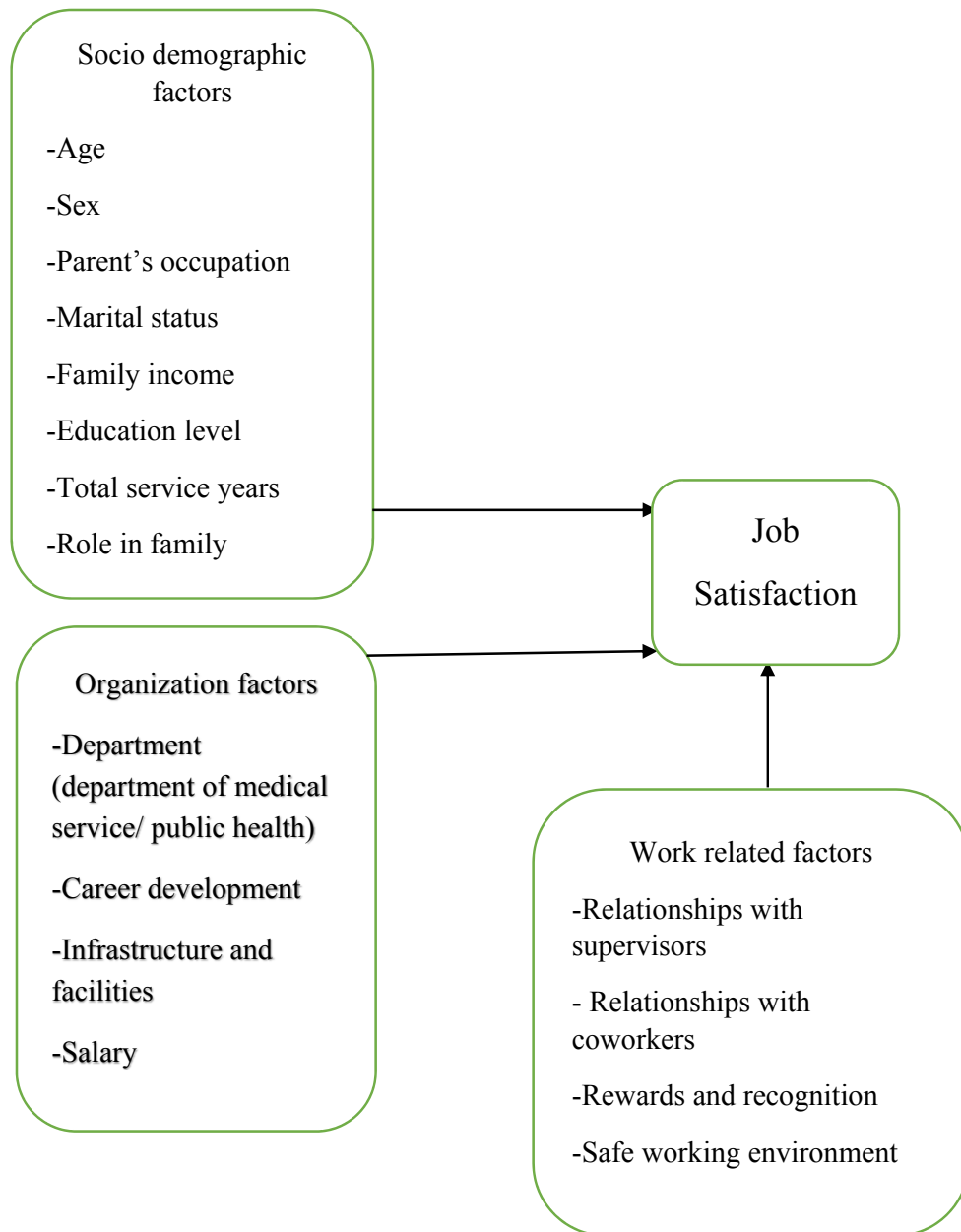
A cross sectional study was carried out among medical doctors in Hinthada district to assess the job satisfaction in 2016. Among 82 medical doctors, 54.9% had job satisfaction and 45.1% were dissatisfied. There was association between job satisfaction and age, sex, education, rank, total service years, family income and service years in current department. There was on association between marital status, presence of children, current department, spouse occupation, income expenditure imbalance, and type of housing, native and job satisfaction. The factors such as willingness of attend next degree and willingness to transfer were not associated with job satisfaction. Low salary, over workload, prolong working hours, non-professional tasks, no recreation time, community complaints, no safety and security in work, transfer policy and promotion policy were major dissatisfaction factors. The participants satisfied about career development, career enjoyment, good relationship, community participation, freedom to decide work and giving health education, touring and performing health services within community.(Kyaw-Moe-Tun, 2016)

A study which was conducted in 2017 assessed perception on working for civil service, job satisfaction and future career commitment among assistant surgeons in teaching department of medical service of University of Medicine 1, in Yangon. The results showed that only 3.4% of the respondents were satisfied with their jobs meanwhile 43% of the respondents were dissatisfied. Over half of the respondents (53.7%) were neither satisfied nor dissatisfied (ambivalent) concerned with job satisfaction. There was no statistically significant association between socio-demographic characteristics and job satisfaction except income. There are significant associations between work-related factors such as type of department of medical service, number of 24/ night duties, bed occupancy status, working relationships,

satisfaction on clinical training and job satisfaction status. There is a significant association between job satisfaction status of the respondents and their career commitment on the civil service.(Saw-Win-Htike, 2017)

There are many variables in assessing job satisfaction. From the studies above: it was formed to be different issues in some international references, the reasons for job satisfaction, some for low salary and high work load, some for lack of autonomy in dental surgeons. By reviewing literature I found a lot of influencing factors that determine the job satisfaction of dental surgeons in civil service. By exploring relevant factors, this study might give enlightenment in making civil service dental surgeons to be satisfied with their jobs in future.

Conceptual Framework



CHAPTER (3)

OBJECTIVES

(3.1) General Objective

To explore the job satisfaction among in service dental surgeons in Mandalay region

(3.2) Specific Objectives

1. To find out the level of job satisfaction by types of the department among dental surgeons in Mandalay region
2. To determine the factors influencing job satisfaction among dental surgeons in Mandalay region
3. To explore the underlying reasons for job satisfaction of dental surgeons in Mandalay region

(3.3) Research Questions

1. Are the dental surgeons satisfied with their job?
2. Which factors influence job satisfaction among dental surgeons?
3. What are the underlying reasons of job satisfaction?

CHAPTER (4)

METHODOLOGY

(4.1) Study Design

A cross-sectional descriptive study was carried out with both quantitative and qualitative methods (mixed method).

(4.2) Study Period

The study was carried out from September to December 2019.

(4.3) Study Area

The study was conducted in civil service dental surgeons who were assigned in Mandalay region.

(4.4) Study Population

Dental surgeons from Mandalay region who had been in the civil service for at least six months and give informed consent were included.

(4.5) Sample Size Determination

All dental surgeons from Mandalay region who had been in the civil service for at least six months and give informed consent were included.

(4.6) Sampling Procedure

Mandalay region was purposely selected because it has 23 townships and 7 districts to get enough sample size and it had the highest dental surgeons than other states and regions except Yangon region.

The respondents for in depth interview were selected according to the dimension such as gender, service years, marital status, between public health department and department of medical service, between graduated and post graduated. The respondents for key informant interview were selected one from assistant director from public health department and one from junior consultant dental surgeons or senior consultant surgeons.

(4.7) Data Collection Methods and Tools

Data was collected by using pre-tested structured self-administered questionnaires. Before data collection, pretest was done among dental surgeons in Yangon General Department of medical service to clarify the interpretation. The words used in questionnaires were carefully revised to be relevant. Questionnaires included the following sections.

1. Part One - Socio demographic characteristics and work related factors of respondents
2. Part Two - Job satisfaction survey according to 6 point Likert scale

The survey question was adapted from job satisfaction survey, Department of Psychology, University of South Florida (Spector, 1994). Level of job satisfaction was classified according to scoring of the job satisfaction survey.

For the qualitative data, IDI and KII was conducted according to guidelines. Each session of IDI and KII lasted between half to one hour. The researcher acted as both an interviewer and note taker during interviewing.

(4.8) Data Management and Analysis

After data collection, daily checking of the data was done for completeness and consistencies. Data was systematically collected and entered into SPSS version 22. For continuous data, mean and standard deviation was calculated and expressed in frequency and percentages for categorical data.

Scoring for job satisfaction was given, summed up and categorized into satisfied, ambivalent and dissatisfied according to Spector job satisfaction survey guideline and scorings.

The negatively worded items should be reverse scored. Below are the reversals for the original item score in the left column and reversed item score in the right. The rightmost values should be substituted for the leftmost. This can also be accomplished by subtracting the original values for the internal items from 7. Negatively worded items are 2, 4, 6, 8, 10, 12, 14, 16, 18, 19, 21, 23, 24, 26, 29, 31, 32, 34, and 36.

For the 36-item total, possible scores range from 36 to 216. And the ranges are -

- 36 to 144 for dissatisfaction
- 145 to 216 for satisfaction

Association between socio-demographic and work related factors and job satisfaction was tested by Fisher's exact test.

For qualitative study,

In depth interview with assistant dental surgeons and key informant interview with Assistant Director , Junior Consultant Surgeon and representatives was conducted after the quantitative study to explore the participant' opinion on job satisfaction. The interview guide was developed based on systematic review of previous relevant studies on this particular area and also consultation with respective professionals to be able to understand the gap around this issue.

(4.9) Ethical Considerations

The objective of this study was explained to each respondent and only those who gave informed consent to participate in this study were included in the study. Confidentiality and privacy is strictly maintained. Qualitative participants were also asked for permission to record the interview before IDI and KII. The recordings were kept under strict confidentiality. Ethical approval was obtained from the Institutional Review Board of University of Public Health, Yangon (UPH-IRB-2019/MPH/36).

CHAPTER (5)

FINDINGS

(5.1) Socio-demographic characteristics of the respondents

Table (5.1) Distribution of respondents according to their posted department of medical service/ department (n=102)

Townships	Frequency	Percentage (%)
Department of medical service/Public Health		
Department of medical service	45	44.1
Public Health Departments	57	55.9

Table (5.2) Socio-demographic Characteristics of the respondents (n= 102)

Characteristics	Frequency	Percentage
Age		
25 and less	8	7.8
26 to 30	47	46.1
31 and above	47	46.1
Gender		
Male	70	68.6
Female	32	31.4
Marital Status		
Single	54	52.9
Married	48	47.1

**Table (5.2) Socio-demographic Characteristics of the respondents (n= 102)
(cont.)**

Characteristics	Frequency	Percentage
Type of residence		
Government housing	37	36.3
Own house	49	48
Rented	16	15.7
Father's occupation		
Government	8	7.8
Non-government	48	47.1
Dependent	6	5.9
Retired	21	20.6
Passed away	19	18.6
Mother's occupation		
Government	8	7.9
Non-government	26	25.5
Dependent	41	40.2
Retired	22	21.6
Passed away	5	4.9
Spouse occupation(n=48)		
Government	23	22.5
Own business	10	9.8
Company staff	4	3.9
Dependent	10	9.8
Education Status		
BDS	90	88.
MDSC	11	10.8
Diploma	1	1.0

**Table (5.2) Socio-demographic Characteristics of the respondents (n= 102)
(cont.)**

Characteristics	Frequency	Percentage
Role in Family		
Breadwinner	36	35.3
Not breadwinner	66	64.7
Extra earning jobs		
None	33	32
General Practice	57	55.9
Family business	5	4.9
Own business	7	6.9
Monthly Income		
275,000	4	4.4
278,000 to 500,000	52	57.1
Above 500,000	35	38.5
Rank		
AS/DO	92	90.2
JCS/AD	6	5.9
SCS	4	3.9

AS/DO - Assistant dental surgeon/ Dental Officer

JCS/ AD - Junior Consultant Surgeon/ Assistant Director

SCS - Senior Consultant Surgeon

BDS - Bachelor of Dental Surgery

MDSC - Master of Dental Science

Each groups of the respondents of age 26 to 30 and above 30 were 46.1%. The least was the group of under 26 had only 8 (7.8%) of the total respondents. The male respondents consisted 68.6% and female consisted of 31.4%. The findings stated that 52.9% of the respondents were single and the rest were married. Among the respondents, only 36.3% stayed in government housing and 48%. Only 15.7% were living in rented houses. Majority of the fathers' occupations of the respondents (47.1%) were from non-government sector and the 40.2% of mothers were dependent. Only 7.8% in fathers and in mothers were government servants. Spouse had 22.5% of

government servants and which is the most populated group. Most of the respondents 88.2% were bachelor degree and only 10.8% were post graduated. The breadwinner were 36% of the respondents. More than half of respondents (55.9%) had general practice as extra earning job. The respondents 57.1% had between 278,000 and 500,000 kyats. Only 4% had 278,000 kyats per month. Majority of the respondents 92 % were assistant dental surgeons of dental officer level. Only 5.9% and 3.9% were assistant director and senior consultant surgeons.

(5.2) Work related Factors

Table (5.3) Work related Factors (n= 102)

Items	Frequency	Percentage
Service years		
1 to 5 years	78	76.5
Above 5 year	24	23.5
Most influencing reason for joining government service		
Own interest	45	44.6
Image/ Prestige	3	3.0
Outside influences (parents, family and friends)	14	13.9
Career development as master degree	39	38.7
Desire to resign		
Yes	11	10.8
No	91	89.2

Table (5.3) Work related Determinants (n= 102) (cont.)

Items	Frequency	Percentage
Having balance workload		
Yes	82	80.4
No	20	19.6
Interpersonal relationships with supervisors		
good	39	38.2
fair	62	60.8
not good	1	1
Interpersonal relationships with co-workers		
good	61	59.8
fair	40	39.2
not good	1	1
Having recognition from your department		
By money or any material	2	2
Giving authority	22	22.2
Recognition speech	39	39.4
No recognition	36	36.4
Having permission of causal leave easily		
Permit easily	82	80.4
Never Permit easily	20	19.6

Table (5.3) Work related Determinants (n= 102) (cont.)

Items	Frequency	Percentage
Plan to transfer		
Yes	27	26.5
No	75	73.5
Plan to study for further degree		
Yes	77	75.5
No	25	24.5
Current department is native town		
Yes	38	37.3
No	64	62.7
Satisfaction of current working infrastructure and facilities		
Satisfied	60	58.8
Dissatisfied	42	41.2
Having safe working condition		
Yes	87	86.1
No	15	14.9

Among the respondents, 78(76.5%) had 1 to 5 service year and 24(23.5%) had over 5 service years. Nearly half of the respondents 44.1% were from department of medical service and 55.9% from the public health department. Most of the respondents 89.2% did not want to resign from the job. Majority of the respondents 82% had balance workload between work and home. Among the respondents 60.8% had fair relationship with their supervisors and 38.2% had good relationship. Among the respondents 59.8% had good relationship with their supervisors and 39.2% had fair relationship. The findings expressed that 36.4 % of the respondents did not receive recognition from their supervisors 39.4% received recognition from their supervisors. Most of the respondents 80.4% had balance of the workload between work and home and the rest 19.6% did not have. Most of the respondents 80.4% were

permitted easily of causal leave in urgent condition and the rest 19.6% did not have. Most of the respondents 73.5% had plan to study for further degree and 24.5% did not have. Among the respondents 62.7% were assigned in native town and 37.3% were not. Among the respondents 41.2% had not satisfied current working infrastructure and facilities. The findings expressed that 86.1 % of the respondents mentioned that their working condition were safe and security.

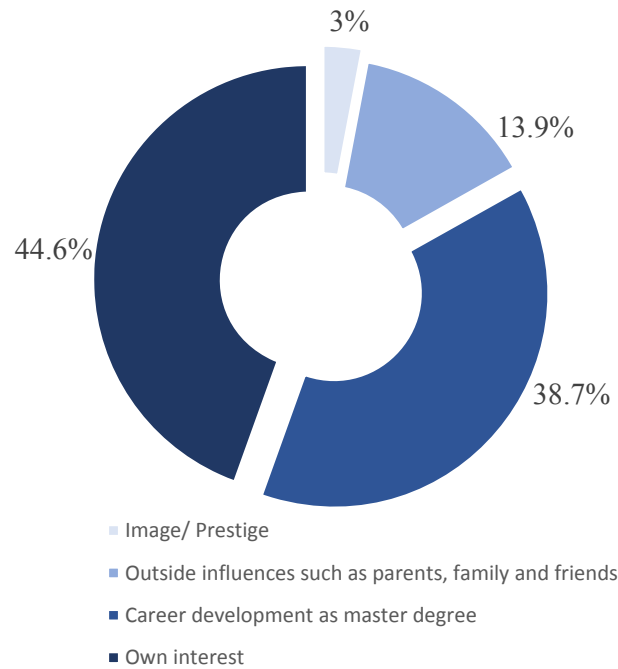


Figure (5.1) The most influencing reason for joining the government service

Most of the respondents 44.6% described that reason to enter the government service was their own interest and 38.7% said due to the career development. Outside influences was the reason for 13.9% of the respondents and 3% of respondents for prestige.

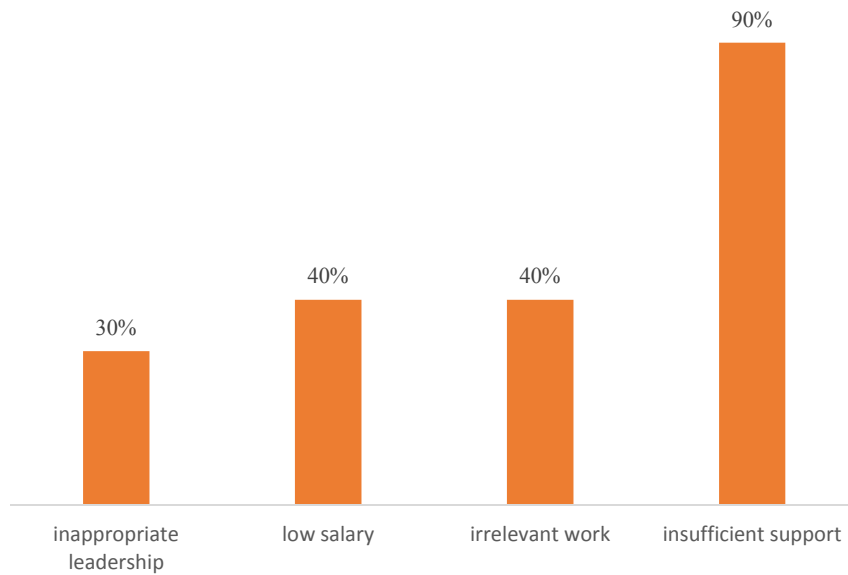


Figure (5.2) Reasons for desires to resign

The respondents mentioned that if they quitted from government service, the reasons were inappropriate leadership, low salary, irrelevant work and insufficient. The insufficient support was 90% of the reasons of the quit. Low salary, irrelevant work were 40% of the reasons and inappropriate leadership was 30%.

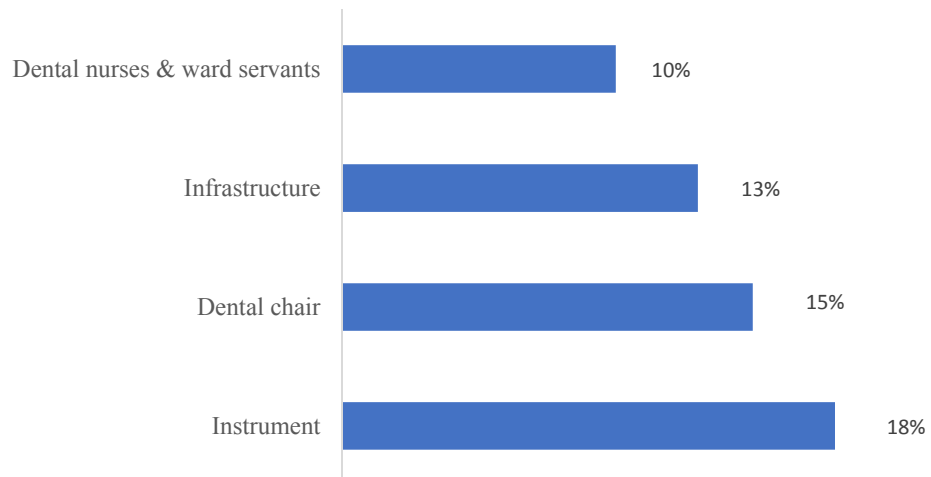


Figure (5.3) Infrastructure and facilities needed

The requirements to perform the dental procedure which were dental nurses, ward servants, infrastructure such as dental clinic, office room, dental chair, instruments and materials. The instruments was stated 18% and it was the most suggested factor. Dental chair, infrastructure and dental nurses were described 15%, 13% and 10% respectively.

(5.3) Job Satisfaction among the respondents

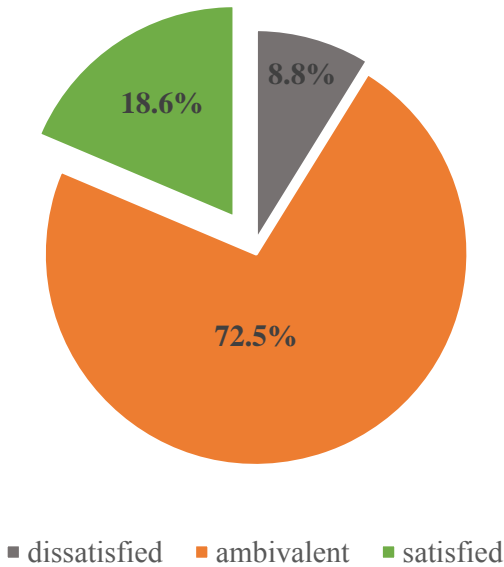


Figure (5.4) Job satisfaction level of the respondents

Majority of the respondents 72.5% were ambivalent with their jobs meanwhile 18.6% of the respondents were satisfied and 8.8% were dissatisfied concerned with their jobs.

Table (5.4) Job Satisfaction score among the respondents (n=102)

	Department of medical service (n=45)	Public health department (n=57)
Mean job satisfaction score	130.09	128.67
Minimum score	61	160
Maximum score	101	151

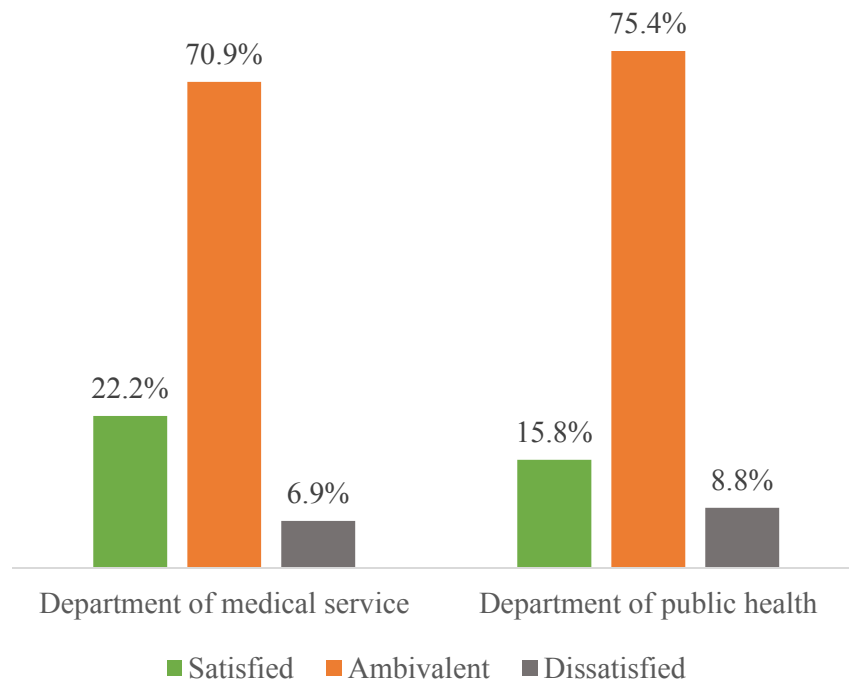


Figure (5.5) Job satisfaction level of the respondents by types of departments

Among the respondents from the medical service, 22.2% said that satisfied with their jobs, 70.9% were ambivalent and 6.9% were dissatisfied concerned with their jobs. Meanwhile only 15.8% of the respondents were satisfied with their jobs, 75.4% of the respondents were neither satisfied nor dissatisfied (ambivalent) concerned with their jobs and 8.8% were dissatisfied among public health dental surgeons.

(5.4) Association between variables and job satisfaction

Table (5.5) Association between socio-demographic characteristics and job Satisfaction (n=102)

	Job satisfaction status			<i>P</i> value
	No (%)			
	Satisfied	Ambivalent	Dissatisfied	
Age				
25 and less	2(25.0)	4(50.0)	2(25.0)	
25 to 30	7(14.9)	39(83.0)	1(2.1)	0.05**
31 and above	10(21.3)	31(66.0)	6(12.8)	

Gender				
Male	15(21.4)	51(72.9)	4(5.7)	0.184
Female	4(12.5)	23(71.9)	5(15.6)	
Marital Status				
Unmarried	10(18.5)	39(72.2)	5(9.3)	1.00*
Married	9(18.8)	35(72.9)	4(8.3)	
Type of residence				
Government Housing	5(13.5)	27(73.0)	5(13.5)	0.338
Own house/ Rented	14(21.5)	47(72.3)	4(6.2)	
Father's occupation				
Government	2(25.0)	4(50.0)	2(25.0)	0.132*
Others	17(18.1)	70(74.5)	7(7.4)	
Mother's occupation				
Government	1(14.3)	5(71.4)	1(14.3)	0.809*
Others	18(18.9)	69(72.6)	8(8.4)	
Spouse occupation(n=47)				
Government	5(21.7)	16(69.6)	2(8.7)	0.891*
Others	4(16.7)	18(75.0)	2(8.3)	
Education Status				
BDS	17(18.9)	65(72.2)	8(8.9)	1.00*
MDSC/ Diploma	2(16.7)	9(75.0)	1(8.3)	
Role in Family				
Breadwinner	8(22.2)	25(69.4)	3(8.3)	0.79
Not breadwinner	11(16.7)	49(74.2)	6(9.1)	
Extra earning jobs				
None	4(12.1)	27(23.9)	2(6.1)	0.39
General Practice/ Other business	15(21.7)	47(68.1)	7(10.1)	
Monthly Income				
275,000 to 500,000	12(21.4)	39(69.6)	5(8.9)	0.371*
Above 500,000	4(11.4)	29(82.9)	2(5.7)	

Rank				
AS/DO	17(18.5)	67(72.8)	8(8.7)	0.876*
JCS/AD	1(16.7)	4(66.7)	1(16.7)	
SCS	1(25.0)	3(75.0)	0	

*Fisher exact value

**Fisher exact value $p < 0.05$

There was no statistically significant association between socio-demographic characteristics and job satisfaction except age of the respondents was significantly associated with job satisfaction.

Table (5.6) Association between works related factors and job satisfaction (n=102)

	Job satisfaction status			<i>P</i> value
	No (%)			
	Satisfied	Ambivalent	Dissatisfied	
Service years				
1 to 5 years	15(19.2)	56(71.8)	7(9.0)	1.00*
Above 5 year	4(16.7)	18(75.0)	2(8.3)	
Most influencing reason to join government service				
Own interest	13(28.9)	28(62.2)	4(28.9)	0.414*
Image/Prestige	0	3(100)	0	
Outside influences	1(7.1)	12(85.7)	1(7.1)	
Career development	5(12.8)	31(79.5)	3(7.7)	
Current departments				
Department of medical service	10(22.2)	31(68.9)	4(8.9)	0.717
Public health department	9(15.8)	43(75.4)	5(15.8)	

Desire to resign				
Yes	0	10(90.9)	1(9.1)	0.252*
No	19(20.9)	64(70.3)	8(8.8)	
Interpersonal relationships with supervisors.				
Good/friendly	14(35.9)	24(61.5)	1(2.6)	
fair/acceptable	5(8.1)	49(79.0)	8(12.9)	0.002**
not good	0	1(100)	0	
Interpersonal relationships with co-workers.				
Good/friendly	17(27.9)	41(67.2)	3(4.9)	
fair/acceptable	2(5.0)	32(80.0)	6(15)	0.01**
not good	0	1(100)	0	
Recognition from department				
Recognition	16(25.4)	44(69.8)	3(4.8)	0.02**
No recognition	3(7.3)	30(76.9)	6(15.4)	
Having balance workload				
Yes	16(19.5)	59(72.0)	7(8.5)	1.000*
No	3(15.0)	15(75.0)	2(10)	
Having permission of causal leave easily				
Permit easily	18(18.2)	72(72.7)	9(9.1)	0.622*
Never permit easily	1(33.3)	2(66.7)	0	
Plan to transfer				
Yes	5(18.5)	20(74.1)	2(7.4)	0.953
No	14(18.7)	54(72.0)	7(9.3)	

Plan to study for further degree				
Yes	13(16.9)	58(75.3)	6(7.8)	0.542*
No	6(24.0)	16(64.0)	3(12.0)	
Current department is native town				
Yes	8(21.1)	27(71.1)	3(7.9)	0.874
No	11(17.2)	47(73.4)	6(9.4)	
Satisfaction of current working infrastructure and facilities				
Satisfied	13(21.7)	41(68.3)	6(10.0)	0.52
Dissatisfied	6(14.3)	33(78.6)	3(7.1)	
Having safe working condition				
Yes	17(19.5)	62(71.3)	8(9.2)	0.701*
No	2(14.3)	12(85.7)	0	

*Fisher exact value

**Fisher exact value $p < 0.05$

There are significant associations between work-related factors such as relationship with supervisors, relationship with coworkers, reward or recognition from the department and job satisfaction status.

(5.6) Qualitative findings on job satisfaction of civil service dental surgeons

Table (5.7) Characteristics of study participants in KII and IDI

No	Age	Gender	Department	Service Years	Remark
1	50	Male	Public Health	20 years	KII 1
2	59	Male	Medical Service	32 years	KII 2
3	26	Male	Public Health	1 year 10 months	IDI 1
4	26	Male	Medical Service	3 years	IDI 2
5	26	Male	Public Health	2 years 7 months	IDI 3
6	30	Male	Medical Service	3 years	IDI 4
7	32	Male	Public Health	2 years 10 months	IDI 5
8	27	Male	Public Health	2 years	IDI 6
9	25	Female	Public Health	1 year 9 months	IDI 7
10	35	Female	Medical Service	7 years	IDI 8
11	27	Female	Public Health	2 years 7 months	IDI 9
12	28	Female	Public Health	3 years	IDI 10
13	25	Female	Medical Service	1 year 11 months	IDI 11

Age of the participants ranged from 25 to 59 years with the mean age of 32.7 years. All participants were single except one who was married. Civil service dental surgeons from both medical services and public health department of Mandalay

region were recruited in this study. Mean duration of service was 6.4 years with the minimum of 1 year and maximum of 32 years.

The main themes of the job satisfaction from the interview are

1. Role and responsibilities
2. Opinion with regards to job satisfaction
3. Reasons for quitting and retaining in in-service
4. Suggestions to improve job satisfaction of dental surgeons

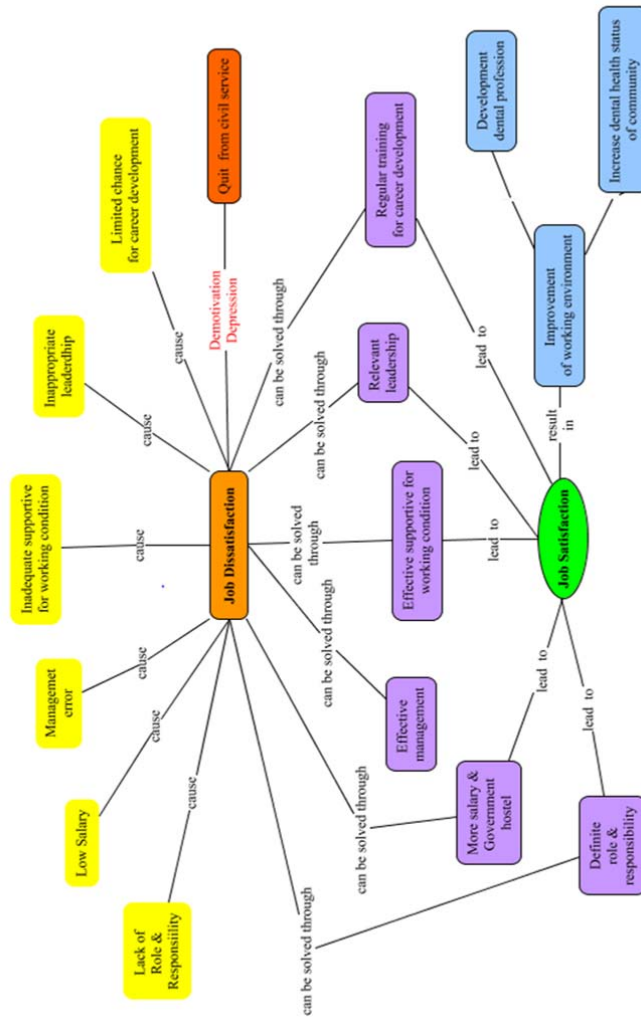


Figure (5.6) Thematic mapping of job satisfaction

Theme (1) Role and responsibilities

All of the participants from medical service department said that they are assigned in the OPD dental ward and they had to provide treatment to the patients who come to OPD. One of the participants had finished post graduate training and she said she had to deal with some specialized cases concerned with her subjects rather than minor cases. On the other hand, in public health department, dental surgeons mentioned they were firstly assigned in this post and they had not been oriented concerned with their role and responsibilities. So they felt frustrated with their work and unclear job description. As a public health dental surgeon, they didn't receive any instructions from supervisors. They expressed their feeling associated with not having role and responsibilities in their work.

“အဆင်မ ပြေတဲ့ဟာက ပေါ့နော် ခုနကပြောသလို Job Description မရှိဘူးလို့၊ ကိုယ့်ဘာသာ ရှာလုပ်ရတယ်။ အဲကျတော့ ကိုယ်အစွမ်းအစရှိသလောက် လုပ်လို့ရ တယ်ဆို ပေမယ့် တိကျတဲ့ လမ်းညွှန်ချက်လေးရှိရင်၊ တိကျတဲ့ plan လေးရှိရင် ပိုကောင်း တာပေါ့ နော်။ (ပိုပြီးထိထိ ရောက်ရောက်လုပ်နိုင်မယ်) ခုကျအဲ့လိုမျိုးမရှိတော့ ကိုယ့် ဘာသာလုပ် နေရတော့ ကိုယ့်ကိုကိုယ်လဲအားမရဘူး။ ထိရောက်အောင် လုပ်ပေးနိုင်တယ်လို့လဲ မခံစားရဘူး။”

“It is not quite ok without precise job description. I have to do all the things on my own. Although it is a good thing, it would be more effective if there is a precise guideline or plan. Now, I don't feel like my efforts are not that effective.....”

(Dental surgeon from department of public health)

One participant said that he has to deal with both clinical side and public health. He was satisfied with the work and results of his job from clinical but not in public health. He assumed that jobs done in public health were not effective for public. He had no support team to do his tasks for effective preventive measures.

“ “ပက” ဘက်မှာ တော့ ကျွန်တော်လုပ်တဲ့အတိုင်းတာ သိပ်ပြီး effective ဖြစ်တယ်လို့ ကျွန်တော် မထင်ဘူး။ ပြီးရင် ကျွန်တော်မှာ team မရှိဘူး။ ကျွန်တော်ကို support လုပ်ပေးမယ့် သူမရှိဘူး။ ရောက်တဲ့နေရာ sub centre က ဆရာမတွေက ဝိုင်းကူ လုပ်တယ်။ သီးသန့် team မရှိဘူး။ “ပက” ဘက်မှာ အဆင်ပြေတယ်လို့ မထင်ဘူး။ ခင်ရှင်းရှင်ပြောရရင် တနှစ်တခါ တာဝန်ကျေ for show လုပ်ရတယ်။ ကျောင်းတွေမှာ တွေ့တဲ့အရာ အကုန်လုံးကိုလဲ cover ဘယ်လိုမှမပေးနိုင်ဘူး။ ကလေးသွားနှုတ် တယ် ပေါ့။ အဲ့တာလောက်ပဲ လုပ်နေရတယ်။ တကယ် prevention ဖြစ်တဲ့ preventive measure တွေကို ကောင်းကောင်း လုပ်မပေးနိုင်ဘူး။”

“I think I could not do much in the field of public health. As I have no team or support for my work, I have to ask for help from midwives and LHV's from the sub centres I went. To be frankly, our work is just yearly for show. We could only provide services like extraction of deciduous teeth but not cover for the effective preventive measures.”

(Dental surgeon from department of public health)

One of the participants voiced that dental surgeons from public health performed the jobs which were not concerned with dental surgeons such as attending ceremony and meeting. Although they were assigned at officer level, they were not provided even with furniture like desk and table.

“တချို့မြို့နယ်တွေမှာ “ပက”အတွက် နေရာမရှိဘူး၊ clinic မရှိဘူး။ အလုပ်လဲ မပေး နိုင်ဘူး၊ အလုပ်မပေးနိုင်တဲ့ ဒီ dental surgeons တွေက dentalနဲ့ပတ်သက်တဲ့ အလုပ် တွေမလုပ်ရဘူးဗျ။ dental နဲ့မပတ်သက်တဲ့ အလုပ်တွေကို လုပ်ရတယ်။ ပွဲတွေ တက်ရ တယ်။ အစည်းအဝေးတွေ တက်ရတယ်။ ဒါမျိုးတွေကြုံရတယ်။ ဦးစီးအရာရှိ level မှာ ရုံးခန်း

ပေးဖို့ရာမပြောနဲ့ စားပွဲတလုံးတောင်ပေးဖို့အတွက် အခက်အခဲရှိတယ်။ ပြော
တယ်။ အမှန်တော့ ပေးဖို့အခက်အခဲရှိတာမဟုတ်ဘူး မပေးချင်တာ။”

*“In some townships, there is no infrastructure for public health like
clinic room. The dental surgeons have to work chaos like attending
ceremonies and meetings that are not the job for them. They could not
provide office room for officer level. To be truth, they have no
willingness to provide even one table.”*

(Dental surgeon from department of public health)

Theme (2) Opinions regarding on job satisfaction

(2.a) Management

Almost all of the participants from public health equally mentioned that they had not been instructed with precise policy to them what should they do, which supplies they would be provided. Townships public health activities were different from each other. They had been working with their own perspective without having uniform guidelines from the ministry. Also in the school health activities, the ministry didn't fully support them concerned with the treatment procedure and preventive measures for the school children. In Medical service, the participants moderately satisfied with their management in dental ward.

One participants pointed that in service dental surgeons from public health department have no guidelines, producer and instructions from ministry. They had to work on their own.

“ပက”ကို ရောက်သွားတဲ့ DS ဟာ အစိုးရအလုပ်ထဲကို ရောက်ပါပြီ ဆိုတာနဲ့
ဘာ တွေ၊ ဘာတွေလုပ်ရမယ်ဆိုတဲ့ ကျွန်တော်တို့ guidelines တွေမရှိဘူး၊
မူဘောင် တွေမရှိဘူး၊ အကုန်လုံးဟာ အဆင်ပြေသလိုပဲ လုပ်နေကြတယ်။”

“There is no precise guidelines or policies for dental surgeons in public health department. We have to work depending on the situation.”

(Dental surgeon from department of public health)

A dentist from public health expressed that the ministry assigned nearly 300 dental surgeons to the public health departments in all townships. But the ministry had not exactly instructed about their role and responsibilities. There was no target set for dentistry field like which targets must be achieved within a specified timeframe.

“ကမဝ အနေနဲ့ Public Health Dental Surgeon သုံးရာလောက်ထည့်လိုက်တယ် ကျွန်တော်တို့မှာ ဖွဲ့စည်းပုံပြည့်အောင် Dental Surgeon တွေခန့်လိုက်တယ်။ ဒါပေမယ့် ဖွဲ့စည်းပုံမှာပါတဲ့ Role and Responsibility ကိုသေချာတိကျ ထည့်မပေးလိုက်ဘူး။ ပြောရမယ်ဆို ကိုယ့်ဘာသာ အဆင်ပြေသလိုသာ လုပ်ကြဆိုတဲ့ သဘောမျိုးဖြစ်နေတယ်။ ဘာ vision မှ မရှိဘူး။ ချမှတ်ထားတဲ့ မူဝါဒ မရှိဘူး။ ကိုယ်နဲ့ သင့်တင့်လျောက်ပတ်တယ်။ ထင်တာတော့ လုပ်နေကြတာပဲ။ ဒါပေမယ့် ဝန်ကြီးဌာနရဲ့ ဦးတည်ချက်၊ ရည်မှန်းချက် မရှိဘူး မရှိပဲနဲ့လုပ်နေတဲ့အတွက် ယောင်ဝါးဝါးပဲ။”

“About 300 dental surgeons were added to fill up the organization structure, but there is no precise role and responsibility for them and we have to work according to the situation. As there is no organization’s vision or policy, we are in the middle of nowhere although we are doing our best.”

(Dental surgeon from department of public health)

“Dental အတွက်ဆိုရင် Dental အတွက် Budget ကို သတ်သတ်ခွဲချပေးသင့်တယ်။ အခုက TMO က ကိုင်ထားတာဆိုတော့

သူတို့က Dental နဲ့ ပတ်သက်တဲ့ ကိစ္စတွေ မသိ ဘူးဆိုတော့ ပစ္စည်းမှာတာတွေဘာတွေမှာ အခက်အခဲရှိတယ်။ Maintenance လုပ်ဖို့က အစပေါ့။ Maintenance မလုပ်ပဲ ပျက်ရင်အသစ်ဝယ်ဆိုတော့ နိုင်ငံတော်ဘဏ္ဍာကို ဖြုန်း တီးနေတာပဲ ကိုယ့်ပစ္စည်းမဟုတ်ဘူးလေ။ ကိုယ့်ပစ္စည်းမဟုတ်သလို သုံးနေကြတာ။”

“There should be a separate budget line for dental care. Right now, TMO took the authority for the budget and as they are not familiar with the dental procedures, it is quite difficult for them to purchase the instruments and materials, even for maintenance procedure. They just buy the new ones without even doing maintenance and that is wasting of our national budget.”

(Dental surgeon from department of medical service)

(2.b) Leadership

Some participants described that their supervisors were TMO in the townships, also above TMO was District medical officer and both of them were not dental surgeons. And their superiors, state and region medical officers were not dental surgeons as well. The ones who supervised the dental surgeons in every steps of flow chart in administration were not dental surgeons. There was only one director in dentistry who was outside the flow chart of administrative level in public health. There should be more dental surgeons in every administrative level to provide effective guidelines, instructions and feedbacks to the dental officers in all townships who would understand the nature of work of dentistry. On the side of medical services, the two participants described management system of their ward was fair. The supervisors gave the authority to them for the treatment decision and made good interaction with all assistance dental surgeons.

“သူတို့သည် dental နဲ့ ပတ်သက်ပြီး ဘာမှမသိဘူး။ တချို့ဆို မင်းတို့ သွား ရောဂါ ဒီလောက်အရေးကြီးပါဘူး ဆိုပြီး ဖြစ် တယ်။ အဲ့တော့ dental ဘက်ကာ Leadership မှာ ကောင်းကောင်းကြီးလဲလုပ်မပေးနိုင်ဘူး။ supply

လုပ်ရမယ့် အရာလို့လဲ မထင်ဘူး။ ကျနော်တို့အနေနဲ့ ပြောရမယ်ဆိုရင် အဓိကကတော့ အဲအဆင့်တွေ မှာ dental နဲ့ ဆိုင်တဲ့ AD လူမျိုးတွေ ရှိမယ်ဆိုရင် Leadership ကောင်းကောင်းရှိလိမ့်မယ်။ ကိုယ် Field နဲ့ကိုသွားပြီး အပေါ်ကနေ control ပေးလုပ်ပေးနေမယ်ဆိုရင် supply တော် တော်ကောင်းလာမယ်ထင်တယ်။ ခုပုံစံအတိုင်းဆိုရင် Leadership ကတော့ သိပ်အဆင်မပြော ဘူး ဆရာ မြို့နယ်အဆင့် မဟုတ်တောင်၊ ခရအဆင့်၊ တိုင်းအဆင့်လောက်ကနေပြီးတော့ အုပ်ချုပ်ပြီး Leadership ကောင်းကောင်း လုပ်ပေးသွားမယ်ဆိုရင် dental အနေအဆင်ခြေသွားမယ်ပေါ့။”

“They don’t know much about dental health and they even said that oral health was not that important. So there is no one who can lead for the dental healthcare like supplying materials. If there were some dental surgeons at AD level in at least distinct and regional level, they can lead and improve our dental field.”

(Dental surgeon from department of public health)

One of the KII mentioned that attitude of senior consultant surgeons and junior consultants is also critical matter in working condition. They should be the good leader who have responsibility to take care of and to protect the juniors. To create the healthy working environment, both of the attitudes of superiors and juniors were important.

“SCS တို့ JC တို့ရဲ့ သဘောထားလည်း အရေးကြီးတယ်။ ကိုယ်ရဲ့အငယ်တွေအပေါ် ခေါင်းဆောင်ပီပီသသ စောင့်ရှောက်ပေးဖို့ အရေးကြီး တယ်။ လုပ်ငန်းဆို အဆင်ပြေ ဖို့ဆိုရင် အကြီးတွေရဲ့ attitude ရော အငယ်တွေရဲ့ attitude ရော သဟဇာတဖြစ်ဖို့တော့ လိုမယ်။ ကိုယ့်အငယ်တွေကို ကိုယ့်ဘာသာ ကာကွယ်ပေးနိုင်ရမယ်။”

“The attitude of SCS and JC is quite important. As good leaders, they should protect their juniors. It is important for both juniors and seniors to go along very well.”

(Dental surgeon from department of medical service)

(2.c) Working condition

Nearly all participants illustrated that they do not have enough instruments and human resources such as dental nurses and ward servants for the needed treatment during community tour and school health activities. When they went for touring, the department did not provide for transportation, they had to arrange transportation themselves. One participant mentioned that he had to use his own money to buy the needed instruments to run the treatment procedure.

A participant said that she could not do as much as she could in her work because of human resource shortage. If possible, she wanted to give full coverage of dental health to all villages in her assigned township.

One IDI respondent from medical services expressed that TMO did not support basic materials to treat the patients. TMO gave excuse on the lack of patient flow but actually, patient flow was scanty because of insufficiency of basic materials.

“အဲ့ဒါဆိုတော့ Patient က Flow မရှိလို့မလို့ ဝယ်မပေးတော့ အဲ့ဒါသံသရာလည်နေတာ Patient Flow မရှိလို့မဟုတ်ဘူး။ တကယ်တမ်း ကျတော့ သူတို့ supply မပေးလို့မလို့ Basic လေးတောင်မှ မရဘူးဆိုပြီး Patient ကလဲ ပြန်သွားရော အဲ့ဒါဆိုတော့ သူတို့ကလဲ အဲ့ဒါကို ပြန်ထောက်ပြီးတော့ သူတို့သာ Basic ကိုပဲ လုံလောက်အောင် Supply ပေးထားတယ်ဆိုရင် Patient ကလဲ လည်ပတ်နေမှာပဲလေ။”

“It is a vicious cycle between no patient flow and no supply for materials. Patients went back as we could not provide basic service and they are making excuse for this. If only they provide all the materials and instruments sufficiently, there would also be patient flow.”

(Dental surgeon from department of medical service)

One KII respondent said that the department of medical service just gave the budget to repair the instrument but not for purchase. So he arranged to buy needed instruments and materials for serving better treatment by asking donation from patients.

“Instrument တွေဟာ အဟောင်းပဲပြင်လို့ရတယ်။ စက်အသစ်ဝယ်မပေးနိုင်ဘူး။ ပျက် ရင်တော့ ပြင်လို့ရတယ်။ ပြင်ဆင်ခ ပြန်ပေးတယ်။ အဲ့တော့ အသစ်ဝယ်ရမယ့် ကိစ္စတွေ ကျတော့ ဘာလုပ်ရလဲဆိုတော့ လာတဲ့လူနာတွေဆီက donation ကောက်တယ်။ အဲ့က ရတာတွေ စုပြီးတော့ treatment ပေးဖို့ instrument တွေကျ နိုင်ငံတော်ကနေရော၊ ဆေးရုံ ကရောဘာ support မှမရဘူး။ dental chair ရတာပဲရှိတယ်။”

“We have to use the old instruments by repairing them. We could not afford to buy new ones. But we get back the charges for repairing them. Therefore, we have to collect donation fund from the patients to buy instruments for treatment. We only got dental chair form the ministry, nothing else.”

(Dental surgeon from department of medical service)

One participant described that he had too much workload to provide coverage of dental health for the villages’ schools.

““ပက”ဘက်မှာဆိုရင်တော့ လူမရှိဘူးဗျ။ Dental surgeon တယောက် တည်းဖြစ်နေ တာပေါ့။ တမြို့နယ်လုံးကို ခြုံငုံပြီး အလုပ်လုပ်ဖို့ရာအတွက်ဟာ ဒီတယောက်တည်းနဲ့ အဆင်မပြေဘူး။”

ကျောင်းကျန်းမာရာသီဆိုလဲ ကျွန်တော်အနေနဲ့ ဒီမြို့ပေါ်မှာပဲ အလုပ် လုပ်နိုင်တယ်။ နယ်ကျောင်းတွေကို မဆင်းနိုင်တော့ဘူး။ ကျောင်းတွေ ကလဲ များတယ်၊ တယောက်တည်းဆို တော့ workload ပိတာပေါ့နော်။”

“There is no sufficient human resources for public health, except for only one dental surgeon. I could not cover for the whole township all by myself. During the school health season, I could only work in urban schools and could not go to rural areas. There is so much workload as there are many schools.”

(Dental surgeon from department of public health)

(2.d) Salary

All of the participants complained about their low salary. Most of the participants said the salary should be at least 5 lakhs per month and some wanted between 5 lakhs and 10 lakhs. And all desired government accommodations because they could not afford the wage to rent house out of their salary. One participant from KII said one of assistant dentist ran own clinic and other take support from rich parents because they could not survive with salary alone.

One participant mentioned that officers from other ministries obtained accommodation government housing, despite of their ministry didn't provide housing even in same level.

“လက်ရှိရနေတဲ့ လစာကတော့နည်းတယ်။ နည်းတယ်ဆိုတာ ဝန်ထမ်းချင်းတူတူ တောင် တချို့ဌာနတွေက နေစရာအိမ်ရတယ်။ ခုဟာကနေစရာလဲ မပေးနိုင်ဘူးဆိုတော့ အဆင်မပြေဘူး။ တခြားဌာနတွေမှာ ဦးစီး အရာရှိ level ဆိုနေစရာရှိတယ်။ ဒီမှာက မရှိဘူး။ အဲ့တော့ ရတဲ့လစာနဲ့ကတော့ မလုံ လောက်ဘူးပေါ့။”

“The current salary is quite low and even among the government staff, some departments provide accommodation and it is not ok if there is no provided accommodation. Other departments could provide

accommodation for officer level, not like here. So, the salary is not enough”.

(Dental surgeon from department of public health)

One participant from department of medical service said that she would not serve in own clinic, if the salary was enough. She wanted to serve with her time, strength and mental power in the department of medical service but government financing system could not provide that salary.

“အမသဘောအရဆိုရင် တကယ်လို့သာ ဆေးရုံကလစာကောင်းကောင်းပေးထားတယ်ဆိုရင်အမကအပြင်အလုပ်မလုပ်ချင်ဘူး၊ဆေးရုံကိုပဲတိုးတက်အောင်ပေါ့နော်၊ ဆေးရုံ မှာပဲ အချိန်တွေပေး၊ အားတွေကို၊ ခွန်အားတွေကိုရော၊ စိတ်ခွန်အားတွေရော အကုန် ပေးပီး တော့မှ အဲ့လိုလုပ်ချင်တာ။ အဲ့လိုဆိုရင်တော့ လစာလေးကိုကောင်းချင်တာပေါ့။ လစာမကောင်းတာ ဘယ်သူ့အပြစ်၊ ဘယ်သူ့အပြစ်ရယ်လို့တော့ မဟုတ်ဘူး။ ဒါ နိုင်ငံတော်ရဲ့ အခြေအနေအရပေါ့။”

“From my point of view, if the department of medical service could provide us with good salary, I would not work other private part-time job. I will devote all my time and effort for the improvement of the department of medical service. But we could not blame anyone for such a low salary. We have to accept the situation of our country.”

(Dental surgeon from department of medical service)

(2.e) Career choice

Most of the participants decided to join civil service due to the desire to attend M.D.Sc training. Some gave reasons which were the influence of their parents. Others had entered because of pride and self-interest of in service life regardless of salary. One explained that she could not afford to established clinic so she joined.

A participant had desire which she didn't want to talk about fees with the patients. In service life, she was not necessary to talk about money between the relationships with the patients. She was fond of these feelings with neglect of money during providing treatment.

“လူနာတွေ ကလဲ ပိုက်ဆံ သိပ်မတတ်နိုင်ကြတော့လေ။ တကယ်ကို ဆေးကုရတဲ့ Feeling ပေါ့။ ပိုက်ဆံရှာတဲ့ Feeling မဟုတ်ဘူး။ Treatment ပေးနေရတာပေါ့ အဲ့တာကို သဘောကျတယ်။ ဒီမှာကျတော့ အမတို့က လစာရတယ်။ အဲ 280000 လေးကပေး တဲ့သူကသပ်သပ်။ ဒီလူနာတွေက ပေးတာလဲမဟုတ်ဘူး၊ အဲ့တော့ ဒီလူနာ တွေနဲ့ ကိုယ်နဲ့ ကြားမှာ ပိုက်ဆံနဲ့ပတ်သက်ပြီး relationship မရှိဘူးပေါ့။ အဲ့တာမျိုးကို သဘောကျ တာ။”

“I like the feeling of providing treatment for those unaffordable patients, not hunting for money. Here we get salary from the government, not from the patients. So there is no financial relationship between patients and me. I like that.”

(Dental surgeon from department of medical service)

“အလုပ်ဝင်ဖြစ်တဲ့အကြောင်းကတော့ ကိုယ်ဟာနဲ့ကိုယ် အများကြီးပဲ service ပေးနိုင် မယ်ပေါ့။ အများကြီးပဲ လုပ်နိုင်မယ်ပေါ့ အဲ့လိုထင်တာ ပြီးကျတော့ MSC ပေါ့ PG လဲတက်မယ်။ အဲ့လိုမျိုးနဲ့ ဝင်ဖြစ်တာ။”

“My reason for joining the civil service is that I believe I could work for the sake of others. And I have a plan to attend MSc.”

(Dental surgeon from department of medical service)

(2.f) Career development

Almost all of the participants said that they aimed to sit for M.D.Sc exam but the amount of selected persons is very scanty. They desired to increase the number of post graduate students selected for each year. They also requested to conduct the training programs in state and region or Nay Pyi Taw for the professional development every quarterly or annually.

One pointed out that there should be discussion or trainings to contribute information, for if they could not attend M.D.Sc, there were no career development.

“တတိုင်းလုံးမှာရှိတဲ့ သွားဆရာတွေကို စုပြီးတော့ ဆွေးနွေးတာမျိုးဖြစ်ဖြစ်၊ training လိုဟာမျိုး အဲတာမျိုးလေတွေတော့ ရှိသင့်တယ်ရှင်။ တစ်လတစ်ခါဖြစ်ဖြစ်။ in service တယောက်အနေနဲ့ ဘာ training မှ မရဘူးရှင်။ တကယ်လို့သာ MSC ဆက်မတက်ရင် တဘာ career development မှ မရှိဘူးရှင်။”

“There should be a training or continuous dental education by organizing all the dental surgeons at least once a month. If not, some did not get about the information and got no training. Attending MSc is the only option for our career development.”

(Dental surgeon from department of public health)

General practitioners had advantage to attend the trainings from abroad. It cost around 50 lakhs to 100 lakhs. In service dentists couldn't afford fees and had not enough time to attend these trainings. This might lead to great gap between general practitioners and in services. The ministry should arrange these trainings for in service to develop dentistry field.

“အပြင်ကလူတွေ အားသာတာကတော့ ခုအပြင်မှာ training တွေပေါ့၊ နိုင်ငံခြားကနေ လာတယ်။ သိန်း (၅၀) (၁၀၀) ပေးတက်ရတယ်။ ဒီပညာရပ်ကလဲ lifelong learning လေ။ အဲ့တော့ in service ကလူငယ်တွေက အချိန်အရရော၊ ငွေအရရော အဲတာတွေ

လိုက်မတတ်နိုင်ဘူး။ အဲ့ကြတော့ အချိန်ကျရင် ဒါကကွာဟသွားနိုင်တယ်။ in service က လူငယ်တွေက တက်ချင်ကြတယ်။ အဲလိုတက်နိုင်ဖို့တွက် အစိုးရက ဒါတွေထောက်ပံ့ ပေးသင့်တယ်။”

“The pros for those who are not government staff is that they can afford to attend some foreign training which cost for around 50 lakh to 100 lakh. As this is lifelong learning, there would be great difference between them and the in-service dental surgeons who could not invest their time and money in this. Government should do some planning for them.”

(Dental surgeon from department of medical service)

The ministry should also arrange trainings for specialists. When the specialists had developed, the professional of dentistry would be developed.

“ဗဟိုကနေပြီးတော့မှ အမတို့ specialist တွေအတွက်ဆိုပြီးတော့ သီးသန့်ချည်းလုပ်ပေး တာမျိုးတော့ ဘယ်မှာမှ မရှိသေးဘူး။ အဲ့လိုလုပ်ပေးနိုင်ရင်တော့ ပိုကောင်းတာပေါ့။ အမ တို့ density မှာလေ specialist တိုးတက်မှ ဖြစ်မှာလေ။”

“It would be better if the central department provides training for specialists. We need to try for the improvement of dental specialist area.”

(Dental surgeon from department of medical service)

(2.g) Relationship with supervisors, colleagues and patients

Most of the participants expressed that they have good relationship with supervisors, colleagues and patients. A few participants said they had relationship problems with their supervisors and other staff in their working environment.

There was also communication gap between the supervisors and dental surgeons.

“TMO နဲ့ကျ အဆက်အဆံကို မရှိဘူးဖြစ်နေတယ်။ အဆင်ပြေတယ်လဲ မဟုတ်ဘူး။ အဆင်မပြေဘူးလဲ မဟုတ်ဘူးပေါ့။ Communication gap ဖြစ်နေတော့ပေါ့။”

“I don’t have any communication with TMO. It is just the communication gap between us, not like we are not getting along very well.”

(Dental surgeon from department of public health)

Negotiation is a key factor in relation between supervisors, colleagues and patients. Everybody had their own perspectives and there might be little misunderstandings between relationships. But negotiation might resolve these problems.

There were problems with the supervisors in their department of medical service but had good relation with community.

“Relation က အကြီးဆုံးကလွဲပြီး ကျန်တဲ့သူတွေအားလုံးနဲ့ အဆင်ပြေတယ်။ Community နဲ့ကလဲ အဆင်ပြေတယ်။ ဘာမှပြဿနာမရှိဘူး။ လူနာနဲ့ပြဿနာတက် တာ မျိုးလဲမရှိဘူး။ ကျနော်က ကြည့်ပေးလို့ရရင် ကြည့်ပေးလိုက်တယ်။”

“There is no relationship problem in working environment except with the supervisor (TMO). I can communicate very well with the community/ patients because I don’t have any hesitation if there is something I could do for them.”

(Dental surgeon from department of medical service)

One participant expressed that he had relationship difficulties in working environment of his township. The leader of township could not handle well with the relationships problems between staff in his department.

“ဆေးရုံမှာက သူများမြို့နယ်တွေနဲ့ယှဉ်ရင် တော်တော်လေးကို အဆင်မပြေဘူး။ အကုန်လုံးကို တယောက်နဲ့တယောက်စောင့်ကြည့်နေတဲ့

ပုံစံမျိုးခြေလှမ်း ဘယ်သူမှား မလဲ။ စောင့်ကြည့်မှုတွေ ရှိလာတယ်။ TMO ကလဲ အဲ့တာတွေကို သိတယ်။ သိတဲ့ အတွက်သူကလဲ တခုခုဆုံးဖြတ်ရတော့မယ် ခြေနေဆို အရမ်းချီတုံ့ချတုံ့ ဖြစ်တယ်။ အောက်ကလဲ အုပ်စုဖွဲ့ပြီးနေတယ်။ မှားရင်တိုက်ခိုက် တယ်။ အဲ့တွက် အဆင်မပြေဘူး။”

“Compared with other department of medical service, the relationship situation among the staff in our department of medical service is quite fragile and everyone watches each other’s step. TMO understands that situation very well, but he could not handle this problem very well. He could not decide what to do every time something came up as there are grouping and attacking each other.”

(Dental surgeon from department of public health)

(2.h) Family support

Most of the participants described that they could not support their family with in-service salary. They could only afford little financial support for their parents like once or twice a year during traditional festivals. One could support his parents regularly from the income of his own clinic. Another took financial support back from her parents during the shortage of money.

They had only enough income for the expenditure of themselves.

“ကိုယ့်မိသားစုအတွက် အထောက်အပံ့ကတော့ ဘာမှမပေးနိုင်ဘူး လခကလဲ တကိုယ ရည်စာ အတွက်ပဲ အဆင်ပြေတာ စာရေးသောက်ရေးနဲ့ဆို ဘယ်လောက်မှ မကျန်ဘူး ငွေရေးကြေးရေးကော ကျန်းမာရေးအတွက်ကော ထောက်ပံ့နိုင်မှု ဘာမှမရှိဘူး။”

“I could not support my family both financially and for their health. The salary is just enough for my personal expenditure.”

(Dental surgeon from department of public health)

Theme (3) Reasons for quitting and retaining in service

(3.a) Reasons for quitting

The participants mentioned different facts that might be the reasons if they resign the job. Some expressed salary was the main reason for quitting. Some pointed that they were not instructed by proper guidelines and provided with necessary support in their working condition. They would quit if they suffered from depression for no career development and lost their ability in the limited working condition. Renting the house due to the lack of the government housing might also be one of the factors to quit from in service.

Absence of proper job description, supportive factors, and human resources might be the factors for quitting.

“Job Description တိတိကျကျလဲမရှိဘူး။ ဝန်ထမ်းဘာညာ ဖွဲ့စည်းပုံကလဲ ဒီထက် တိုးတက်မလာဘူး Support တွေ Guideline တွေမရှိဘူး တိုးတက်ဖို့ လမ်းကြောင်း လဲမရှိဘူးဆိုရင် နောက်တစ်နှစ် နှစ်နှစ်လောက်နေရင် ထွက်ဖို့အစီအစဉ်ရှိပါတယ်။”

“I would resign within one or two years if the working condition is still like this; no job description, no well-planned department structure, no support, and no guideline.”

(Dental surgeon from department of public health)

He frustrated on his role in working condition. If neither money nor pride could be received from in service, he would quit.

“အဓိကအကြောင်းရင်းက ကိုယ့်ရဲ့ role မရှိတော့တာရယ်။ ကိုယ့်ရဲ့ လုပ်ပြနိုင်တဲ့ အလုပ်တွေကိုအလေးမထားတော့တာရယ်။ ကိုယ့်ကိုကိုယ် တန်ဖိုးမရှိဘူးလို့ထင်လာတယ်။ပီးဒီလခနဲ့လဲရပ်တည်ဖို့အဆင်မပြေတော့ဘူး ။ အဲ့တော့ ကျွန်တော်တို့က ငွေရေး ကြေးရေးအရ

အဆင်ပြေနေရင်သော်လည်းကောင်း၊ ဂုဏ်သိက္ခာအရ အဆင်ပြေနေရင်
သော်လည်းကောင်း အဆင်ပြေရင်တော့ နေဖြစ်မှာပေါ့။
ငွေရေးကြေးရေးအရရော၊ ဂုဏ်သိက္ခာအရရော အဆင်မပြေလာဘူး ဆိုရင်
ကျွန်တော်အတွက် ဘာမှမက်နေ စရာမရှိတော့ဘူး။”

“The main reason to resign is that there is no role for a dental surgeon and they don’t appreciate our effort. So, I feel like I’m useless. Also, we could not survive with such a low salary. Therefore, we would still work if there is something that can motivate us in terms of prestige or money. If not, there is nothing valuable for us.”

(Dental surgeon from department of public health)

(3.b) Reasons for retaining

The participants responded different perception about the reasons for retaining. One expect good leader with negotiation skills to be able to retain in the job. He have requested to transfer next post in which he expected open-minded supervisors who might have habit of negotiation. One wanted to provide primary dental health care to the community as she could.

“ဒီမြို့နယ်မှာ လူ 1000 ရှိရင် ကိုယ်ဟာ 500 လောက်ပဲဖြစ်ဖြစ် HE
ပေးနိုင်မယ်၊ Treatment ပေးနိုင်မယ်ဆိုတဲ့ ရည်ရွယ်ချက်နဲ့ ဒီအလုပ်မှာ
ဆက်ရှိနေတာပေါ့။ အဓိက ကတော့ primary health care ပေးချင်လို့ရင့်။”

“If there were 1000 population in this township, I could provide HE and treatment for about at least half of them. This is the reason why I am still here. The main reason is I would like to provide primary health care.”

(Dental surgeon from department of public health)

Theme (4) Suggestions to improve job satisfaction

Most of the participants suggested that management of supporting system of dental instruments and materials are essential things. The provider firstly should ask for the required materials list from each townships. The lists might be varied from one township to another. And the provider should understand the nature of dental instruments and materials.

“Supporting ပေါ့နော်။ dental instrument တွေ ထောက်ပံ့ပေးမှုပေါ့။ ခုတော့ ထောက် တော့ ထောက်ပံ့တယ်။ ထောက်ပံ့တာနဲ့ လိုအပ်ချက်က ၅၀ ရာခိုင်နှုန်း လောက်ပဲ ကိုက်ညီတာပေါ့။ လိုအပ်တာကို သေချာသိပြီး ထောက်ပံ့တာမျိုးပေါ့နော်။ အဲ့တာ ရှိသင့်တယ်။”

“Although they are providing some dental instruments, only 50% of them are appropriate to use. They should provide what we really need.”

(Dental surgeon from department of medical service)

Assistant director posts of dental surgeons should be assigned above the townships level.

The dental surgeons from public health desired responsible person who can provide instructions and feedbacks for dental performance. If there were AD above townships level, they will understand the situation and nature of working condition and from them reported to TMO and DMO. This would lead to the sound leadership system.

“ပကမှာက အပေါ်ကို လစဉ် Report တင်နေတာပဲရှိတယ်။ အဲအတွက် ဘာမှတ် ချက်မှလဲ ပြန်မလာဘူး။ ပကမှာက အပေါ်က ခိုင်းတာဘာမှ မရှိဘူး။ ပက (Dental) ကို တာဝန်ခံ ထားတဲ့သူကလဲ ဘယ်သူမှန်းမသိဘူး။ ကျွန်တော်ထင်တာတော့ ပြည်သူ့ ကျန်းမာမှာ Dental Department မရှိဘူးလို့မြင်တယ်။ Dental Department ကိုတာဝန်ခံထားတဲ့သူ မရှိဘူး။ အနည်းဆုံး တိုင်း မှာ AD ရှိတယ်။ AD ကနေ ကျနော်တို့ကို ဘာမှ Command

မပေးနိုင်ဘူး။ AD ရဲ့အထက်မှာ Dental ကို တာဝန်ခံထားတဲ့သူ မရှိဘူးလို့ မြင်တယ်။”

“We send monthly work-done report to central but don’t get any feedback on this. We don’t know who is responsible for department. In fact, I don’t think there is no dental department or in-charge in public health. Although there is one AD at distinct level, he doesn’t have any authority to give commands. I think AD is the highest rank in dental department”

(Dental surgeon from department of public health)

Public health dental job has many tasks to contribute dental health knowledge and dental associated diseases to the community. The community still needed to advocate the basic dental practice, correct tooth brushing method which is critical and fundamental factor for the prevention of dental diseases.

“Community Care အနေနဲ့ဆို တကယ်တမ်းလုပ်ပေးစရာတွေက အများကြီး အရင် ခေတ်ကတည်းက လူတွေက တောက်လျှောက်မသိကြဘူး၊ သွားတိုက်နည်းစနစ်မှန်ဆို တာကလေ ပြောတော့သာ သွားသေချာတိုက်၊ သွားသေချာတိုက်ပြောနေကြတာ။တကယ်တမ်းကတကယ်ကိုစနစ်တကျတိုက်ပြီး တကယ်ကို သိတတ်တဲ့သူက အရမ်းကိုနည်းတယ်။ အဲ့ကြောင့် ကျွန်တော်တို့က ပြင်နိုင်တဲ့ကလေးတွေစပြင်မယ်ဆိုပြီး ပြင်တာ။ တကယ်တမ်းလူကြီးတွေမှာကိုက အများကြီးလိုအပ်သေးတယ်။”

“There are so much to do to improve the community dental care. Since the past, awareness on dental health among the community is quite low and there are very few people who actually know the correct tooth brushing method. Therefore, we have to start with the children although we also need to do much for the adults.”

(Dental surgeon from department of public health)

They advised that long term plan which contains targets, visions and missions for basic essential treatment preventive programs should be established.

“Target တွေအဆင့်ဆင့်ထားရမယ်။ နှစ်ရှည် စီမံကိန်းဆွဲရမယ်။ ဘယ်နှစ်မှာ ဘာကိုလုပ်မယ်။ ဘယ်နှစ်မှာဘာကို target ထားမယ်။ ပထမ (၃)နှစ်မှာ HE ပေးမယ်။ ပေးရင်းနဲ့အတူ basic essential treatment တွေပေးမယ်။ ဒုတိယ သုံးနှစ်ရောက်သွား တဲ့အခါ prevention ကို ပိုအဓိကထားပြီး ဦးစားပေးလုပ်မယ်။ ပြီးရင် တဆင့်ထပ်တိုး လာမယ်။ ဒါမျိုးတွေပေါ့နော်။ ဒါတွေလုပ်ချင်ပါတယ်။”

“We should have a strategic plan for long-term in which all the goals and yearly targets should be set, like we will provide HE services and other basic essential treatment for the first three years. We will emphasize more on the preventive care for the second three years and like this.”

(Dental surgeon from department of public health)

Nowadays the expensive trainings are continuously emerged. General practitioner could afford that but in service had barriers in both financial and time. The gap of these situation might be broadened. So ministry should increase the number of master students and the community become more dependent on government department of medical service.

“ခုနောက်ပိုင်း အပြင်မှာ ပိုက်ဆံပေးတက်လို့ရတဲ့ training တွေအများကြီးပေါ်လာ တယ်ပေါ့နော်။ အဲ့တော့ GP သမားတွေဟာ ပိုက်ဆံပေးတက်နိုင်တယ်။ ဝန်ထမ်းတွေ ကျတော့ ပိုက်ဆံအရရော၊ အချိန်အရရော အဲလိုတွေ မတတ်နိုင်ဘူး။ အဲ့တော့ GP သမား တွေနဲ့ ဝန်ထမ်းတွေကြားမှာ gap ကကြီးလာတယ်။ အဲ့လိုဆိုတော့ MSc ကို အရေ

အတွက်တိုးပြီး ခေါ်လိုက်တာက အကောင်းဆုံးပဲ။ အစိုးရကိုယ်၌လဲ တက်ကိုတက်ရမယ် ဆိုတာမျိုးတွေ လုပ်ပေးရမှာ။”

“These days, there are so many expensive training courses which are affordable for general practitioners but government staff could not afford in terms of money and time that would create a big knowledge gap between them. Therefore, the best solution for this is to increase the number of MSc students. Government should also plan such trainings for career development.”

(Dental surgeon from department of medical service)

They did not expect travel allowance and medical benefit like NGO, INGO. They only desired more salary than now they got and the government housing.

“NGO တွေလို ခရီးသွားလာခွင့်တို့ ကျန်းမာရေး ထောက်ပံ့ကြေးတို့ အဲ့လောက်ထိတော့ မမှန်းပါဘူးပေါ့နော်။ အမှန်တော့ အဲ့လောက်ထိမှန်းရကောင်းမှန်းကို မသိတာ။ အမတို့ ဟာ အဲ့လိုမျိုး incentives တွေ မခံစားဖူးတော့လေ။ ဘယ်လိုပြောရမလဲ ချောကလက်ကို မစားဖူးတော့ ချောကလက် အရသာကို မသိဘူးပြောရမှာပေါ့။ ပြီးအမတို့က အစိုးရ ဝန်ထမ်းမှာ အဲလိုအခွင့်အရေး ဆိုတာ ယောင်လို့တောင် မပေးဖူးဘူး။”

“We don’t expect very much like travel allowance and medical benefit allowed for NGO staff. To be truth, we even didn’t know that the rights we should have. How to say... one who has never had chocolate does not know the taste of it. And we government staff never get that entitlement.”

(Dental surgeon from department of medical service)

One voiced that the role in the job is important matter to get job satisfaction. If the ministry established the definite role for public health dental surgeons, they would keep away from the demotivation in their job regardless of salary and M.D.Sc matter.

“ “ပက” မှာ သူ့ရဲ့ role နဲ့ responsibility ရှိရမယ်။ လုပ်ပိုင်ခွင့်လေးတွေ ပေးသင့်တယ်။ role လေးကို တင်ပေးသင့်တယ်။ သူ role လေးသူရရင် အလုပ်မှာပျော်တာပေါ့။ လုပ်သလောက် အကျိုးမဖြစ်ထွန်းဘူး။ အသိမှတ်မပြုခံရဘူး ဆိုတော် ပါပြီး။ ငါ့ဖာသာအပြင်မှာပဲ လုပ်စားမယ်ဆိုပြီးဖြစ်လာတယ်။ အဲ့စိတ်တွေဝင်လာမှာ ကြောက်တယ်။ training တွေကောင်းကောင်းမွန်မွန်ပေးမယ်။ အဲ့လိုမျိုးသာဆို သူ့ဟာသူ MSc အောင်အောင် မအောင်အောင်၊ လခနည်းနည်း အလုပ်မှာ ပျော်ရွှင်နေ မယ်လို့ထင် တယ်။ ခုဝင်လာတဲ့ သူတွေက လူငယ်တော်တော်များများ ဖြစ် နေတဲ့အတွက် သူတို့လို ချင်တာ အဲ့ဒါပဲ။”

“If there is no precise role and responsibility in public health department and any kind of reward like appreciation for our effort, we will become disappointed and think of other job opportunities like general practitioner. I am really afraid of such thoughts. If there were training for continuing education, we as young active people would be satisfied in our work even with low salary and not passing MSc entrance exam.”

(Dental surgeon from department of public health)

CHAPTER (6)

DISCUSSION

This was the first study exploring about the level of job satisfaction among civil service dental surgeons in Mandalay region. The initial goal of the study is to inquire the level of job satisfaction of dental surgeons from medical services and public health department according to the types of departments. There were 47 dental surgeons from medical service and 55 dental surgeons from public health department in Mandalay region. The mean job satisfaction score of dental surgeons from public health department was lower than the dental surgeons from medical services. The diversity and differences of management system, leadership style, nature of work and working environment could be occurred and analysed between these two types of departments. Age of the respondents, relationship with supervisors, relationships with co-workers and reward or recognition from the working environment were significantly associated with job satisfaction of civil service dental surgeons.

The mean total score of the job satisfaction was 3.59 out of 6 likert scale. Compared with the study conducted in Lithuanian, the present study showed lower job satisfaction mean score(Puriene et al., 2007). In this study, mean score of job satisfaction of dental surgeons was low compared with study conducted in China(Cui et al., 2017). This findings was also lower than the study conducted in Srikakulam, India(Kaipa et al., 2015). This might be due to the different sample design, different sample size and the difference of private and public dental surgeons.

In the study conducted in Lithuanian, the findings showed that increasing age has a significant positive impact on dental surgeons' overall job satisfaction(Puriene et al., 2007). In also this study, age is significant associated with job satisfaction. But in the study of South Korea, age is not associated with job satisfaction(Jeong et al., 2006).

Two studies carried out in China and India indicated that female had higher job satisfaction than male dental surgeons(Cui et al., 2017b)(Kaipa et al., 2015). But other study conducted in United Kingdom(Gilmour J et al, 2005). Reported that male dentists had more job satisfaction than female dentists. In this study, mean score of male dentists was higher than female, age is not significant factor for job satisfaction.

The mean score of job satisfaction between unmarried and married dentists is nearly equal so marital status was not influenced the job satisfaction. In study conducted in Srikakulam, India, overall satisfaction was higher in those practitioners who were married when compared to those who are unmarried and the difference was found to be significant(Kaipa et al., 2015). The job satisfaction score of dental surgeons who lived at own house was higher than the score of dental surgeons lived in government housing and rented house. But there is no significantly association between types of residence and job satisfaction. The mean job satisfaction score of dental surgeons whose father's occupation was government service and dependent was lower than the dental surgeons whose father's occupation was self-employed. The mean job satisfaction score of dental surgeons whose mother's occupation was government service was lowest among the other groups. Among the dental surgeons who had married, score of dental surgeons who spouse was dependent occurred as the lowest score compared with any other types of occupation. However father, mother and spouse's occupation was not significantly influenced the job satisfaction.

One study in Srikakulam, India overall satisfaction was compared between qualifications, it was found that those who had postgraduate qualification had a higher mean level of overall satisfaction when compared to those who did not have a postgraduate degree(Kaipa et al., 2015). There was no statistical significance in satisfaction between those with postgraduate qualification and those without. In also this study, the dental surgeons who had postgraduate qualification had a higher mean level of overall satisfaction when compared to those who did not have a postgraduate degree. But there was no statistical significance between these groups. In qualitative findings of these study, majority of the respondents expressed that to get the postgraduate qualification was the main reasons to enter the civil service. In a study done in a teaching department of medical service in 2012, over half of the respondents also stated the career development was the main reason for them to enter the civil service("May-Thewl-Hla-Shwe," 2012).

There was little score difference between the dental surgeons of breadwinner and non-breadwinner. In the study conducted seven teaching department of medical service under university of medicine (1), the respondents who had extra earning job was significantly associated with job satisfaction("Saw-Win-Htike," 2017). Also in this study, the dental surgeons who had own business was higher job satisfaction

score than who worked general practice and did not have extra earning job. But there was no statistical significance in satisfaction between them. According to the qualitative findings, majority of the respondents could not support their family because they barely stand with just salary. One respondent voiced that he supported his family due to the income from the general practice. Two respondents were being provided financial support from their family. One participant from department of medical service commented on salary that she wouldn't serve own clinic, if the salary was satisfied. She wanted to serve with her time, strength and mental power in the department of medical service but there was financial difficulties of country.

Dental surgeons who were senior consultant surgeons were observed higher satisfaction levels when compared to those of assistant director or junior consultant surgeons and assistant dental surgeons or dental officer. However statistically significant was not occurred between the job satisfaction and rank of the participants.

In this study, the job satisfaction mean between 1 to 5 service years and more than 5 years were nearly equal. Job satisfaction was not depend on service years of the respondents. One study in India pointed that dental practitioners who had clinical experience between 1 and 5 years were found to have higher satisfaction levels when compared to those having an experience of more than 5 years. However, there was no significant difference in satisfaction levels regarding clinical experience(Kaipa et al., 2015).

Among the reasons to enter civil service, the score of the participants who entered the civil service due to the career development obtained the highest scores than the respondents due to the outside influence, image and own interest. From the point of view of statistics, the reasons was not association with job satisfaction. In two studies of teaching department of medical service in Yangon, career development was the main reason for entering civil service("May-Thewl-Hla-Shwe," 2012) ("Saw-Win-Htike," 2017).The findings from the qualitative approach also described that almost all of the respondents aimed to attempt entrance of master degree. Both of the KII pointed out that most of the juniors had the goals for post-graduation nowadays.

The satisfaction score from the public health dental surgeons was low when compare to these scores from department of medical service. Reasons of low satisfied factors in public health sector were explored in qualitative findings. These reasons

were uncertain role and responsibility, management error, inappropriate leadership and insufficient supporting in working condition. Public health dental surgeons were limited in their ability to offer services and treatments. But there was no significantly associated between job satisfaction and types of departments. In a study conducted in Australia, comparing aspects of job satisfaction among private and public dentists, public dentists reported lower mean scores for four of the 10 dimensions of job satisfaction, namely autonomy, resources, relationships with patients and compensation(Luzzi et al., 2005).

. In the aspect of relationship with supervisors, dental surgeons who had good relationship with their supervisors were satisfied more than who had fair and poor relationship. There was statistically significant between relationships with supervisors and job satisfaction. In qualitative study, some respondents mentioned that relationships problems and communication gap with their supervisors and other staffs in their working environment. And then in the aspect of relationship with co-workers, dental surgeons who had good relationship with their co-workers were satisfied more than who had fair and poor relationship. There was also statistically significant between relationships with supervisors and job satisfaction. A study performed in Australia described that the relationships with colleagues dimension measured satisfaction with relationships with other dentists both personally and in the practice setting.(Luzzi et al., 2005)

The mean satisfaction score among dental surgeons who received recognition was higher when compared to those who had not received recognition. Therefore there was statistically significant of job satisfaction concerned with recognition. In study conducted in India, higher job satisfaction score was influenced by recognition from working environment(Jain et al., 2008). Another study in China, reward and recognition is one of the significant factors for satisfaction(Cui et al., 2017).

The satisfaction score was not differ concerned with workload, transfer and safety working environment. But in a study was conducted in teaching department of medical service in Yangon, over workload and safety working environments were statistically significant associated with job satisfaction(“Saw-Win-Htike,” 2017). The satisfaction score was occurred difference in the factors such as permit causal leave,

further study and native town. However these was no statistically associated with job satisfaction.

The mean job satisfaction score was lower in dental surgeons who dissatisfied with infrastructure and material compared to who satisfied with infrastructure and material. But there was no significantly association. In qualitative study, almost all of the participants illustrated that they have no enough instruments and materials for the needed treatment during community tour and school health activities. So they suffered demotivation for prohibiting in their ability to offer services and treatments. But a study was conducted in Australia expressed that resources dimension of facilities and materials was one of the most satisfaction factors(Luzzi et al., 2005).

Strengths

1. This study applied mixed methods of quantitative and qualitative study.
2. The findings in this study would want to address to the authorities related to the level of job satisfaction of dental surgeons from medical services and public health department and the observed data could be used for improving dental services and dental health status of community.
3. This study expressed the hardships, desires and struggles of dental surgeons in real working situation and stated considerable factors for effective human resource management.

Limitation

1. The study was done in Mandalay region so the perception on job satisfaction might be varied in other state and regions.

CHAPTER (7)

CONCLUSION

The job satisfaction level of dental surgeons serving as civil services from medical service and public health department was low in Mandalay region. Salary, promotion, relationships with supervisors, relationships with co-workers and recognition were least satisfied factors. Besides these factors, lack of role, inappropriate leadership, weakness in management, insufficiency of supportive working condition, lack of training for career development were found out in qualitative approach.

The job satisfaction level of dental surgeons from the public health department was lower than the dental surgeons from medical service. Both of the dental surgeons from two departments had the same problems concerned with salary, family support and career development. But the dental surgeons from the public health department had faced many difficulties in the job such as role and responsibility, leadership, management and working condition were observed in both quantitative and qualitative findings.

CHAPTER (8)

RECOMMENDATIONS

1. The leadership set-up should be reconsidered in the dentistry. The dental surgeons should be in the senior posts of MOHS managing the effective process of treatment and preventive measure activities and the supply chain of dental instruments and materials thus promoting dental health activities and services.
2. The management structure of the public health dentistry should be revised for the improvement of working condition of the dental procedure and to increase the awareness and the status of the oral health of the community.
3. Dental teams including dental nurses, dental assistants and workers who would help dental surgeons should be setup for public health dental activities.
4. Career development is the critical factor for the improvement of dental profession. Reforming the rules and regulations concerned with the post graduated exam to select more post graduated students with the intention of specialist development. Furthermore sustainable and regular training should be conducted according to the state and region and at the central level.

REFERENCES

- Cui, X., Dunning, D., An, N., 2017a. Satisfaction among early and mid-career dentists in a metropolitan dental hospital in China. *J. Healthc. Leadersh.* Volume 9, 35–45. <https://doi.org/10.2147/JHL.S137071>
- Cui, X., Dunning, D., An, N., 2017b. Satisfaction among early and mid-career dentists in a metropolitan dental hospital in China. *J. Healthc. Leadersh.* Volume 9, 35–45. <https://doi.org/10.2147/JHL.S137071>
- Francise, 2012. Determinants of Job Satisfaction [WWW Document]. URL <https://www.mbaknol.com/human-resource-management/determinants-of-job-satisfaction/> (accessed 9.12.19).
- Gilmour J et al, 2005. An assessment of career satisfaction among a group of general dental practitioners in Staffordshire. - PubMed - NCBI [WWW Document]. URL <https://www.ncbi.nlm.nih.gov/pubmed/15951785> (accessed 11.22.19).
- Hassard and Teoh, 2013. Two-Factor Theory of Motivation - Hygiene and Motivational Factor [WWW Document]. iEduNote.com. URL <https://iedunote.com/two-factor-theory> (accessed 9.18.19).
- <https://iedunote.com/importance-job-satisfaction> [WWW Document], 2017. . iEduNote.com. URL <https://iedunote.com/importance-job-satisfaction> (accessed 12.15.19).
- Jain, M., Mathur, A., Joshi, S., Goklani, P., Kothari, B., Prabu, D., Kulkarni, S., 2008. Job Satisfaction Assessment Among Dentists And Dental Auxiliaries In India 8.
- Jeong, S.-H., Chung, J.-K., Choi, Y.-H., Sohn, W., Song, K.-B., 2006. Factors related to job satisfaction among South Korean dentists. *Community Dent. Oral Epidemiol.* 34, 460–466. <https://doi.org/10.1111/j.1600-0528.2006.00297.x>
- Kaipa, S., Pydi, S.K., Krishna Kumar, R.V.S., Srinivasulu, G., Darsi, V.R.K., Sode, M., 2015. Career satisfaction among dental practitioners in Srikakulam, India. *J. Int. Soc. Prev. Community Dent.* 5, 40–46. <https://doi.org/10.4103/2231-0762.151976>
- Kyaw-Moe-Tun, 2016.
- Locke, E., 1969. What is Job Satisfaction? *Organ. Behav. Hum. Perform.* 4, 309–336. [https://doi.org/10.1016/0030-5073\(69\)90013-0](https://doi.org/10.1016/0030-5073(69)90013-0)
- Luzzi, L., Spencer, A., Jones, K., Teusner, D., 2005. Job satisfaction of registered dental practitioners. *Aust. Dent. J.* 8.
- May-Thewl-Hla-Shwe, 2012.
- Puriene, A., Petrauskiene, J., Janulyte, V., Balciuniene, I., 2007. Factors related to job satisfaction among Lithuanian dentists 9, 5.
- Saw-Win-Htike, 2017.
- Surbhi S, 2017. Job Satisfaction [WWW Document]. *Bus. Jarg.* URL <https://businessjargons.com/job-satisfaction.html> (accessed 9.8.19).
- Thae-Thae-han-Htwe, 2016.
- Than-Tun-Sein, et al, 2014. Myanmar Health System Review. World Health Organization.
- WHO, 2019. WHO | Human resources for health and universal health coverage: fostering equity and effective coverage [WWW Document]. URL <http://origin.who.int/bulletin/volumes/91/11/13-118729/en/> (accessed 9.13.19).

WHO | Oral health services [WWW Document], 2019. . WHO. URL http://www.who.int/oral_health/action/services/en/ (accessed 9.8.19).

Zigu, 2011. Job Satisfaction Definition | Human Resources (HR) Dictionary [WWW Document]. MBA Skool-StudyLearnShare. URL <https://www.mbaskool.com/business-concepts/human-resources-hr-terms/4394-job-satisfaction.html> (accessed 9.11.19).

ANNEXES

Annex (1) Operational Definitions of Variables

No	Name	Operation definition	Measurement scale
1.	Age	Age at last birthday (completed age)	Ratio
2.	Gender	Acquired identity for male or female	Nominal
3.	Father' occupation	Current Occupation of Father	Nominal
4.	Mother' occupation	Current Occupation of Mother	Nominal
5.	Spouse' occupation	Current Occupation of Spouse	Nominal
6.	Marital status	Married or not	Nominal
7.	Family' income	Approximated monthly income of the family	Ratio
8.	Role in family	Dental surgeon who support their family with the money he/she earns	Nominal
9.	Extra earing job	Another work other than public department of medical service and health department such as general practice, own business or others	Nominal
10.	Monthly income	Approximately total monthly income	Ratio
11.	Salary	Fixed compensation paid regularly for services	Ratio
12.	Reward/ Recognition	Appreciation by words or with objects from working environment because of working hard and success	Nominal
13.	Department of medical service or public health	Current working department	Nominal
14.	Service year	Total year of service they served	
15.	Relationship	Interpersonal relationships between superiors, colleagues, juniors and other	Nominal

		non-doctor health workers	
16.	Job Satisfaction	<p>Satisfaction of current job assessed by 6 point Likert Scale</p> <p>Scoring system is as follow, 36 to 108 -----Dissatisfaction 109 to 144-----Ambivalent 145 to 216-----Satisfaction</p> <p>The survey questions covers 9 portions including pay, promotion, supervision, benefits, rewards, operation conditions, co-workers, nature of work and communication</p>	Ordinal
17.	Safe working environment	Perception towards their safety and protection when under threats in hostile situations	Nominal
18.	Infrastructure	The basic needs such as buildings, transport, water and power and supplies	Nominal
19.	Facilities	The equipment, basic health staff and drug necessary for dental health services	Nominal

Annex (2) Informed Consent Forms (Myanmar and English)

သုတေသနကျင့်ဝတ်နှင့်ကျွမ်းကျင်မှုပိုင်းဆိုင်ရာဆန်းစစ်သုံးသပ်ရေးဘုတ်အဖွဲ့

ပြည်သူ့ကျန်းမာရေးတက္ကသိုလ်၊ရန်ကုန်

ကျန်းမာရေးနှင့်အားကစားဝန်ကြီးဌာန

ပြည်ထောင်စုသမ္မတမြန်မာနိုင်ငံတော်

(မြန်မာဘာသာပြန်ဆိုချက်)

ဤသဘောတူခွင့်ပြုလွှာသည်မန္တလေးတိုင်းဒေသကြီးအတွင်းရှိ မြို့နယ်အားလုံးတွင် နိုင်ငံ့ဝန်ထမ်းအဖြစ် တာဝန်ထမ်းဆောင်နေသော သွားဆရာဝန်များ၏ အလုပ်အပေါ် စိတ်ကျေနပ်မှုအခြေအနေ လေ့လာဆန်းစစ်ခြင်း သုတေသနစီမံချက်တွင် ပါဝင်ရန် ဖိတ်ခေါ်အပ်ပါသည်။

အဓိကသုတေသီအမည် : ဒေါက်တာအောင်မြင့်လွင်

အဖွဲ့အစည်းအမည် : ပြည်သူ့ကျန်းမာရေးတက္ကသိုလ်၊ ရန်ကုန်။

ထောက်ပံ့ပေးသော အဖွဲ့အစည်းအမည် :

သုတေသနခေါင်းစဉ် : မန္တလေးတိုင်းဒေသကြီးအတွင်းရှိ မြို့နယ် အားလုံးတွင် နိုင်ငံ့ဝန်ထမ်းအဖြစ် တာဝန် ထမ်းဆောင် နေသော သွားဆရာဝန်များ၏ အလုပ်အပေါ် စိတ်ကျေနပ်မှု အခြေအနေ လေ့လာဆန်းစစ်ခြင်း

အပိုင်း(၁) သုတေသနနှင့်ပတ်သတ်သည့် အကြောင်းအရာများ မိတ်ဆက်ခြင်း

ကျွန်တော်သည်ပြည်သူ့ကျန်းမာရေးတက္ကသိုလ်(ရန်ကုန်)တွင်ဘွဲ့လွန်သင်တန်းတက်
ရောက်နေသော ဘွဲ့လွန်သင်တန်းကျောင်းသား ဖြစ်ပါသည်။
“မန္တလေးတိုင်းဒေသကြီးအတွင်းရှိ မြို့နယ်အားလုံးတွင် နိုင်ငံ့ဝန်ထမ်းအဖြစ်
တာဝန်ထမ်းဆောင်နေသော သွားဆရာဝန်များ၏ အလုပ်အပေါ် စိတ်ကျေနပ်မှုအခြေအနေ
လေ့လာဆန်းစစ်ခြင်း” သုတေသနကို ပြုလုပ်နေပါသည်။ သင့်ကို သုတေသနတွင် ပါဝင်ရန်
ဖိတ်ခေါ်အပ်ပါသည်။ သုတေသနကို နားမလည်သော စကားရပ်များ ရှိပါက ကျွန်ုပ်
(သို့မဟုတ်) သုတေသနတွင် ပါဝင်သော ဝန်ထမ်းတစ်ဦးဦးအား အချိန်မရွေးမေးမြန်းနိုင်
ပါသည်။

သုတေသန၏ရည်ရွယ်ချက်

ပြည်သူ့ကျန်းမာရေးမဟာဘွဲ့သင်တန်း၏ လိုအပ်ချက်အရ ဤသုတေသနကို
ပြုလုပ်ပါသည်။ ဤသုတေသနသည် “မန္တလေးတိုင်းဒေသကြီးအတွင်းရှိ မြို့နယ်အားလုံးတွင်
နိုင်ငံ့ဝန်ထမ်းအဖြစ် တာဝန်ထမ်းဆောင်နေသော သွားဆရာဝန်များ၏ အလုပ်အပေါ်
စိတ်ကျေနပ်မှုအခြေအနေ လေ့လာဆန်းစစ်ခြင်း” အား လေ့လာမည်ဖြစ်ပါသည်။
ဤသုတေသန၏ ရလဒ်များသည် သင့်လျော်သော လေ့လာဆန်းစစ်မှု တစ်ခုကို
လုပ်ဆောင်နိုင်ပြီး နိုင်ငံ့ဝန်ထမ်း သွားဆရာဝန်များ၏ လုပ်ငန်းခွင် စိတ်ကျေနပ်မှုအခြေအနေ
တိုးတက်ကောင်းမွန်လာအောင် လုပ်ဆောင်ရာတွင် အထောက်အကူ ပြုမည် ဖြစ်ပါသည်။

သုတေသနဆောင်ရွက်ပုံအမျိုးအစား

မန္တလေးတိုင်းဒေသကြီးအတွင်းရှိ နိုင်ငံ့ဝန်ထမ်း သွားဆရာဝန်များကို အဓိကထား လေ့လာမည် ဖြစ်ပါ သည်။ မေးခွန်းလွှာတွင် အပိုင်း(၃)ပိုင်းပါဝင်မည်ဖြစ်ပြီး၊ ဖြေဆိုသူများ၏ ကိုယ်ရေးအချက်အလက်များ၊ လုပ်ငန်းခွင်အတွင်း လွှမ်းမိုးနေသော အချက်များနှင့် လက်ရှိအလုပ်အပေါ် စိတ်ကျေနပ်မှု အခြေအနေ စသည်တို့ကို မေးခွန်းလွှာပုံစံဖြင့် မိနစ်(၂၀)ခန့် ဖြေဆိုရမည် ဖြစ်ပါသည်။

သုတေသနတွင်ပါဝင်မည့်ပုဂ္ဂိုလ်များရွေးချယ်ခြင်း

ဤသုတေသနတွင်ပါဝင်ရန် သင့်ကိုဖိတ်ခေါ်ပါသည်။ သင်သည် မန္တလေးတိုင်းဒေသကြီးအတွင်း တာဝန်ထမ်းဆောင်နေသော နိုင်ငံ့ဝန်ထမ်း သွားဆရာဝန် တစ်ဦးဖြစ်သဖြင့် ဤသုတေသနတွင် ပါဝင်ရန် ဖိတ်ခေါ်ခြင်း ဖြစ်ပါသည်။

မိမိဆန္ဒအလျောက်သုတေသနတွင်ပါဝင်ခြင်း

ဤသုတေသနတွင်ပါဝင်ခြင်းမှာသင်၏လွတ်လပ်သောသဘောဆန္ဒအလျောက်သာ ဖြစ်သည်။အကယ်၍ ပါဝင်လိုခြင်းမရှိပါလျှင် သင့်ကို မည်သို့မျှ ထိခိုက်စေမည် မဟုတ်ပါ။

ဤသုတေသနလုပ်ငန်းမှ အချိန်မရွေး အကြောင်းပြချက် မရှိဘဲ နှုတ်ထွက်ခွင့် ရှိပြီး ဤသို့ နှုတ်ထွက်ပါကလည်း သင့်ကို မည်သို့မျှ ထိခိုက်စေမည် မဟုတ်ပါ။

သုတေသနလုပ်ငန်းလုပ်ဆောင်ချက်အဆင့်ဆင့်

အချိန်ကြာမြင့်မှု

ဤသုတေသနပြုလုပ်ရန် သင့်အနေဖြင့် မိနစ်နှစ်ဆယ်ခန့် အချိန်ပေးရမည် ဖြစ်ပါသည်။

ထိခိုက်နိုင်မှုနှင့် ကိုယ်စိတ်အနှောင့်အယှက်ဖြစ်စေခြင်းများ

မေးခွန်းများဖြေဆိုရာတွင် သင့်အနေဖြင့် လျှို့ဝှက်ထားလိုသော အကြောင်းအချက် အလက်များ အခါအားလျော်စွာ ပါရှိပါသည်။ သင့်အတွက် ဖြေဆိုရန် အခက်အခဲရှိသော အကြောင်းအရာများလည်း ပါဝင်နိုင်ပါသည်။ သို့သော် ကျွန်ုပ်အနေဖြင့် သင့်အတွက် အခက်အခဲဖြစ်စေရန် မရည်ရွယ်ပါ။

အကျိုးကျေးဇူးများ

ဤသုတေသနတွင်ပါဝင်ခြင်းဖြင့်သင့်တွင်လက်တွေ့ချက်ခြင်းအကျိုးသက်ရောက်မှုမ ရှိသော်လည်းလူမှုအသိုင်းအဝန်းတစ်ခုလုံးအကျိုးသက်ရောက်မည်ဖြစ်ကာသက်ဆိုင်ရာလူမှု အဖွဲ့အစည်းများ၊ ကျန်းမာရေးနှင့်အားကစားဝန်ကြီးဌာန၊ အစိုးရတစ်ရပ်လုံးအပေါ်တွင် အကျိုးသက်ရောက်မည် ဖြစ်ပါသည်။ ဤသုတေသနမှ တွေ့ရှိချက်များကို အခြေခံ၍ နိုင်ငံ့ဝန်ထမ်း သွားဆရာဝန်များ၏ လုပ်ငန်းခွင်ဆိုင်ရာ စိတ်ကျေနပ်မှုရှိခြင်းအခြေအနေ လက်ရှိအနေအထားထက် ပိုမိုတိုးတက်ကောင်းမွန်လာရန် ပြုပြင်ဆောင်ရွက်ရာတွင် အထောက်အကူဖြစ်ပါသည်။

ကျေးဇူးတုံ့ပြန်မှု

သုတေသနလုပ်ငန်းတွင် သင်အချိန်ပေးပါဝင်ဖြေကြားမှုကို အသိအမှတ်ပြုပါသည်။ သင်၏ပူးပေါင်းပါဝင်မှုအတွက်ငွေသား(သို့)ပစ္စည်းများကိုကျေးဇူးတုံ့ပြန်မှုအနေဖြင့်ပေးအပ်မည်မဟုတ်ပါ။

အချက်အလက်များကိုလျှို့ဝှက်ထားရှိမှု

ဤသုတေသန စီမံချက်မှ ရရှိသော သတင်းအချက်အလက်များကို လျှို့ဝှက်ထားပါမည်။ သင်နှင့်ပတ်သက်သော အချက်အလက်များကို သုတေသနပြုလုပ်သူမှလွဲ၍ မည်သူတစ်ဦးတစ်ယောက်မျှ ကြည့်ပိုင်ခွင့်မရှိပါ။ သင်၏နာမည်အစား နံပါတ်စနစ်ဖြင့်

အချက်အလက်များကို သိမ်းဆည်းထားမည်။ သုတေသနပြုလုပ်သူများသာလျှင် သင်၏ နံပါတ်ကိုသိရှိပြီး သေချာစွာ သော့ခတ်သိမ်းဆည်းထားမည်ဖြစ်သည်။

သုတေသနရလဒ်များကိုဖြန့်ဝေမှု

ဤသုတေသနအဖြေများကို သုတေသနတွင် ပါဝင်သူအား ပြန်လည် အသိပေးမည် ဖြစ်ပါသည်။ အခြားစိတ်ဝင်စားသောသူများ လေ့လာနိုင်ရန်အတွက် သုတေသနစာတမ်း ထုတ်ဝေခြင်းတွင် အသုံး ပြုမည်ဖြစ်ပါသည်။

ဆက်သွယ်နိုင်မည့်ပုဂ္ဂိုလ်

အကယ်၍ သင်၌မေးစရာ မေးခွန်းများရှိပါက အချိန်မရွေးမေးမြန်းနိုင်ပါသည်။ မေးမြန်းလိုပါက ကျွန်တော် ဒေါက်တာအောင်မြင့်လွင် (ဖုန်းနံပါတ် ၀၉၄၀၂၅၂၄၁၃၁) ကို ဆက်သွယ်မေးမြန်းနိုင်ပါသည်။

ဤအဆိုပြုချက်သည် သုတေသနကျင့်ဝတ်နှင့် ကျွမ်းကျင်မှုပိုင်းဆိုင်ရာ ဆန်းစစ်သုံးသပ်ရေး ဘုတ်အဖွဲ့၊ ပြည်သူ့ ကျန်းမာရေး တက္ကသိုလ်၊ ရန်ကုန်၏ ဆန်းစစ် သဘောတူ အတည်ပြုချက်ရပြီး ဖြစ်ပါသည်။ အကယ်၍ သင်သည် ကော်မတီနှင့်ပတ်သက်၍ သိရှိလိုသည်များရှိပါက အတွင်းရေးမှူး (ကော်မတီ) ပြည်သူ့ကျန်းမာရေး တက္ကသိုလ်၊ ရန်ကုန်၊ အမှတ်(၂၄၆)၊ မြို့မကျောင်းလမ်း၊ လမ်းမတော်မြို့နယ်၊ ရန်ကုန်၊ စာတိုက် သေတ္တာအမှတ်(၁၁၁၃၁)၊ ဖုန်း၊ ၀၁-၃၉၅၂၁၃၊ ၀၁-၃၉၅၂၁၄၊ လိုင်းခွဲ (၂၀)/ လိုင်းခွဲ (၂၆) သို့ ရုံးချိန် အတွင်း ဆက်သွယ်နိုင်ပါသည်။

အပိုင်း(၂) သဘောတူညီချက်

ကျွန်ုပ်သည် “မန္တလေးတိုင်းဒေသကြီးအတွင်းရှိ မြို့နယ်အားလုံးတွင် နိုင်ငံ့ဝန်ထမ်းအဖြစ် တာဝန်ထမ်းဆောင်နေသော သွားဆရာဝန်များ၏ အလုပ်အပေါ် စိတ်ကျေနပ်မှုအခြေအနေ လေ့လာဆန်းစစ်ခြင်း” သုတေသနတွင် ပါဝင်ရန် ဖိတ်ခေါ်ခြင်းခံခဲ့ရပါသည်။

သုတေသနပြုလုပ်သူသည် “မန္တလေးတိုင်းဒေသကြီးအတွင်းရှိ မြို့နယ်အားလုံးတွင် နိုင်ငံ့ဝန်ထမ်းအဖြစ် တာဝန်ထမ်းဆောင်နေသော သွားဆရာဝန်များ၏ အလုပ်အပေါ် စိတ်ကျေနပ်မှုအခြေအနေ လေ့လာဆန်းစစ်ခြင်း”ကို သုတေသနပြုလုပ်မည် ဖြစ်ကြောင်း သိရှိနားလည်ပြီး ဖြစ်ပါသည်။ ဤသုတေသနတွင် ပါဝင်ပါက ကျွန်ုပ်အနေဖြင့် မေးခွန်းလွှာကို မိနစ်(၂၀)ခန့် ဖြေဆိုရမည်ဖြစ်ကြောင်း သိရှိပြီး ဖြစ်ပါသည်။ ကျွန်ုပ်တွင် မည်သည့် အန္တရာယ်မျှမရှိ ကြောင်းကိုလည်း သိရှိနားလည်ပြီး ဖြစ်ပါသည်။ သုတေသနပြုလုပ်သူနှင့်ဆက်သွယ်ရန် လိပ်စာ၊ ဖုန်းနံပါတ်များကိုလည်း သိရှိပြီးဖြစ်ပါသည်။

ကျွန်ုပ်သည် ရှေ့မှအချက်အလက်များကို ဖတ်ရှုပြီးဖြစ်သည်။ (သို့မဟုတ်) ကျွန်ုပ်အား ဖတ်ပြုပြီး ဖြစ်သည်။ ကျွန်ုပ်တွင် မေးခွန်းမေးပိုင်ခွင့်နှင့် ထိုမေးခွန်းများကို ကျွန်ုပ်ကျေနပ်သည်အထိ ဖြေကြားပြီးဖြစ်သည်။ ကျွန်ုပ်သည် သုတေသနတွင် မိမိဆန္ဒအလျောက်ပါဝင်ရန် သဘောတူပါသည်။ ဤသုတေသနလုပ်ငန်းများမှ အချိန်မရွေးနှုတ်ထွက်ခွင့်ရှိပြီး ယင်းသို့နှုတ်ထွက်ခြင်းကြောင့် ကျွန်ုပ် အပေါ် မည်သို့မျှထိခိုက်ခြင်းမရှိကြောင်း နားလည်ပြီးဖြစ်ပါသည်။

ပါဝင်သူအမည်
ပါဝင်မည့်သူလက်မှတ်
နေ့စွဲ (ရက်၊ လ၊ နှစ်)

သုတေသီ၏အမည်

သုတေသီ၏လက်မှတ်

နေ့စွဲ (ရက်၊ လ၊ နှစ်)

ဤသဘောတူခွင့်ပြုလွှာမိတ္တူတစ်စောင်ကို သုတေသနတွင် ပါဝင်မည့်သူအား

ပေးအပ်ပြီးဖြစ်သည်။

..... (သုတေသီ/ သုတေသီလက်ထောက်)

Annex (2) Informed consent form (English and Myanmar)

Institutional Review Board

University of Public Health, Yangon (UPH-IRB)

Ministry of Health and Sports

Republic of Union of Myanmar

Informed Consent Form

Name of Principle Investigator - Dr. Aung Myint Lwin
Name of Organization - University of Public Health, Yangon
Title of the Study - Job Satisfaction among Dental Surgeons
in Mandalay Region

PART (A)

1. Introduction

I am a post graduate students from University of Public Health, Yangon. This study is being conducted with in-service dental surgeons in all of the townships in Mandalay region. I would like to give you information and invite you to be part of this research.

2. Purpose of the research

To fulfil the Master of Public Health requirements, I am now conducting this research as part of the curriculum. The aim of the research is to assess the factors influencing the job satisfaction among dental surgeons and to explore the underlying reasons of job satisfaction. The resulted information and data can be used to address the policy for human resource management of dental surgeons.

3. Types of research intervention

In this research, self-administered questionnaire for quantitative aspect, KII and IDI for qualitative aspect was used as the data collection tools.

4. Participant Selection

You are being invited to take part in this research because you are in service dental surgeons working in Mandalay region.

5. Voluntary Participation

Your participation in this research is entirely voluntary. It is your choice whether to participate or not. You can withdraw from this study and stop participating during the process even if you agreed earlier.

6. Procedure

We are requesting you to help us to identify factors influencing job satisfaction of dental surgeons. If you agree to participate, data collection was conducted by self-administered using structured questionnaires and it will take about 20 minutes. You do not have to answer any question or take part in the discussion if you feel the issues are too personal or if talking about them makes you uncomfortable. The information recorded is confidential, and no one else except investigators will have access to the information documented in your questionnaires.

7. Risks and Discomforts

There was little risk by participating in this research. You may feel uncomfortable while answering the questions but as the questionnaires was asked privately and it is less likely to happen. However, if you feel uncomfortable at any time during answering, you can stop answering and quit from your participation.

8. Benefits

Participating in this research will not directly benefit to you but it is likely to help us find the answer to the research question. There may not be any benefit to the society at this stage of the research; the findings of the study will contribute to implement policies for human resources management of dental surgeons.

9. Incentives

You will not be provided any incentives to take part in the research.

10. Confidentiality

I will not be sharing information about you to anyone outside of the research. The information collected from this research project was kept private. Any information about you will have a number on it instead of your name. Only the researcher will know what your number is.

11. Sharing the Results

The research knowledge was shared publicly through seminar or published so that professionals of interest or health care program implementers or policy makers are able to learn and apply as necessary. Anyhow the confidential information will not be shared.

12. Right to refuse or withdraw

You do not have to take part in this research if you do not wish to do so, and choosing not to participate will not affect your rights and advantages in any way. You

may stop participating in the answering the questions at any time that you wish without being affected.

13. Who to Contact

If there are any questions before, during and after the study, you can directly contact the investigator Dr.Aung Myint Lwin via mobile phone 09-402524131.

This proposal has been reviewed and approved by Institutional Review Board, University of Public Health, Yangon, (IRB-UPH) which is a committee whose task is to make sure that research participants are protected from harm. If you wish to find out more about the Committee, contact the secretary of the committee at University of Public Health, Yangon, No. 246, Myoma Kyaung Street, Latha township, Yangon, 11131. Office Phone +95 1395213, +95 1395214 ext: 23/25.

Part (B)

Consent form

I have been invited to participate in research about “Job Satisfaction among Dental Surgeons in Mandalay Region”.

I have been informed clearly about this study. I understand that I am one of the in-service dental surgeon in Mandalay region and I am eligible to participate in this study. I have been informed that the risks are minimal. I am aware that there may be no benefit to me personally. I consent voluntarily to be a participant in this study and understand that I have the right to withdraw from the research at any time without in any way affecting my future.

Name of participant
Signature of participant
Date
(day/ month/ year)

Name of researcher
Signature of researcher
Date
(day/ month/ year)

Annex (3) Questionnaires (Myanmar and English)

ID -----

No need to write down your name.

Please choose only one answer for multiple-choice questions

Part One. Questions about Socio-demographic Characteristics and Work-related Determinants

Part one. Socio-demographic Characteristics		
No	Items	
1.	Age (completed year) ပြည့်ပြီး အသက်	
2.	Gender (ကျား/မ) Male (ကျား) Female (မ)	
3.	Marital status (အိမ်ထောင်ရေးအခြေအနေ) Unmarried (လူလွတ်) Married (အိမ်ထောင်သည်) Divorced (အိမ်ထောင်ကွဲ) Widowed (မုဆိုးဖို/မုဆိုးမ)	
4.	Type of current residence (လက်ရှိ နေထိုင်ရာ နေအိမ်အမျိုးအစား) Government Housing (ဝန်ထမ်းအဆောင်/ ဝန်ထမ်းအိမ်ရာ) Own House (ကိုယ်ပိုင်အိမ်/ မိသားစုပိုင်အိမ်) Rented (အိမ်ငှား/ ပြင်ပအဆောင်)	

5.	Permanent address (အမြဲတမ်း နေရပ်လိပ်စာ - မြို့နယ်နှင့် တိုင်း/ပြည်နယ်) <hr/> <hr/>	
6.	Family members မိသားစုဝင် အရေအတွက် ----- ယောက်	
7.	Father's occupation (ဖခင်အလုပ်အကိုင်) Government (အစိုးရဝန်ထမ်း) Non-government (အစိုးရမဟုတ်သော ဝန်ထမ်း) Self-employed (ကိုယ်ပိုင်လုပ်ငန်း) Dependent (မှီခို) Retired (ပင်စင်စား) Passed away (ကွယ်လွန်)	
8.	Mother's occupation (မိခင်အလုပ်အကိုင်) Government (အစိုးရဝန်ထမ်း) Non-government (အစိုးရမဟုတ်သော ဝန်ထမ်း) Self-employed (ကိုယ်ပိုင်လုပ်ငန်း) Dependent (မှီခို) Retired (ပင်စင်စား) Passed away (ကွယ်လွန်)	
9.	Spouse occupation (အိမ်ထောင်ဖက် အလုပ်အကိုင်) Government (အစိုးရ ဝန်ထမ်း) Own business (ကိုယ်ပိုင်လုပ်ငန်း) Company staff (ကုမ္ပဏီဝန်ထမ်း) Dependent (မှီခို) Others (အခြား)	

10.	Education Status BDS MDSC PHD Diploma Others	
11.	Role in Family (Breadwinner (မိသားစုတွင် အဓိက ဝင်ငွေရှာဖွေသူ) Not Breadwinner (အဓိက ဝင်ငွေရှာဖွေသူ မဟုတ်)	
12.	Extra earning jobs (အခြားဝင်ငွေရသော အလုပ်) None (မရှိ) General Practice (အပြင်ဆေးခန်း) Family business (မိသားစု လုပ်ငန်း) Own business (ကိုယ်ပိုင် လုပ်ငန်း)	
13.	Monthly Income (လစဉ် ဝင်ငွေ)	
14.	Rank (ရာထူး) AS/MO JCS/AD SCS	

Part two. Work related determinants		
No.	Items	
15.	Service years (လုပ်သက်)	
16.	<p>Which of the following is the most influencing reason for you to enter the government service? (Please choose only one answer)</p> <p>သင့်အနေဖြင့် အဘယ်ကြောင့် အစိုးရအလုပ်ကို ဝင်ရန် ရွေးချယ်ခဲ့ပါသလဲ။</p> <p>Own interest (စိတ်ပါဝင်စားသောကြောင့်)</p> <p>Image/ Prestige (ဂုဏ်ပကာသနကြောင့်)</p> <p>Outside influences such as parents, family and friends (မိဘ တိုက်တွန်းမှု၊ အခြားသူတို့၏ လွှမ်းမိုးမှု)</p> <p>Career development as master degree (ဘွဲ့လွန်တက်ခွင့်/ အခြားသော အခွင့်အရေးကြောင့်)</p> <p>Others (အခြား) If present, mention it</p>	
17.	<p>Current department of medical service/ departments</p> <p>လက်ရှိတာဝန် ထမ်းဆောင်နေသော ဌာန</p>	
18.	<p>Do you want to resign from work due to displeasure of work?</p> <p>လုပ်ငန်းခွင်အဆင်မပြေမှုများကြောင့် အလုပ်ထွက်ရန် ဆန္ဒရှိသည်။</p> <p>Yes</p> <p>No</p>	
19.	<p>If YES please give your reason</p> <p>အလုပ်ထွက်ရန် ဆန္ဒရှိသည်ဆိုပါက အကြောင်းပြချက်ကို ပြောပါ။</p>	

20.	<p>To which type of job do you want to change after resignation? အလုပ်ထွက်ပြီးပါက မည်သည့်အလုပ်ကို ပြောင်းလဲလုပ်ကိုင်လိုပါသနည်း။</p> <p>General practice (ကိုယ်ပိုင်ဆေးခန်း) Own business (ကိုယ်ပိုင် လုပ်ငန်း) Company (ကုမ္ပဏီ) Others (အခြား)</p>	
21.	<p>The interpersonal relationships with supervisors. လုပ်ငန်းခွင်အတွင်း အထက်လူကြီးနှင့် လုပ်ငန်းခွင် ဆက်ဆံရေးအပေါ် သင်၏ အမြင်</p> <p>Good/friendly ရင်းနှီးနှေးထွေးကောင်းမွန်ပါသည် fair/acceptable ပုံမှန်ဆက်ဆံရေး ဖြစ်ပါသည် not good အဆင်မပြေပါ</p>	
22.	<p>The interpersonal relationships with coworkers. လုပ်ငန်းခွင်အတွင်း လုပ်ဖော်ကိုင်ဖက်များနှင့် လုပ်ငန်းခွင်ဆက်ဆံရေးအပေါ် သင်၏ အမြင်</p> <p>Good/friendly ရင်းနှီးနှေးထွေးကောင်းမွန်ပါသည် fair/acceptable ပုံမှန်ဆက်ဆံရေး ဖြစ်ပါသည် not good အဆင်မပြေပါ</p>	
23.	<p>Have you got rewards/ recognition from your department? သင်၏ ဌာနမှ အသိအမှတ်ပြုမှု၊ ဆုချီးမြှင့်မှု ရပါသလား။</p> <p>By money or any material ငွေကြေး/ အခြားပစ္စည်း</p> <p>Giving authority လုပ်ပိုင်ခွင့် ပေးခြင်း</p> <p>Recognition speech ချီးကျူးစကားပြောခြင်း</p>	

	No recognition အသိအမှတ် မပြုပါ	
24.	Do you have balance workload between work and home? အိမ်အလုပ်နှင့် ရုံးအလုပ် မျှတစွာ အချိန်ပေးနိုင်ပါသလား။ Yes No	
25.	Do you ever had have permission of causal leave easily in urgent condition? သင် အရေးပေါ်ကိစ္စ အမှန်တကယ် ရှိခဲ့လျှင် အုပ်ချုပ်သူမှ အလွယ်တကူ ခွင့်ခံစားခွင့် ပေးပါသလား။ Permit easily အလွယ်တကူ ပေးပါသည် Never permit easily အလွယ်တကူ မပေးပါ	
26.	Do you have plan to transfer? ပြောင်းရွှေ့တာဝန်ထမ်းဆောင်ရန် အစီအစဉ် ရှိပါသလား။ Yes No	
27.	Do you have plan to study for further degree? ဘွဲ့လွန်ဆက်တက်ရန် အစီအစဉ် ရှိပါသလား။ Yes No	
28.	Is current department / department of medical service your native? ယခုတာဝန်ကျနေသော နေရာသည် သင်၏ ဇာတိ ဟုတ်ပါသလား။ Yes No	

29.	<p>In general, your opinion on satisfaction of current working infrastructure and facilities (drug & equipment).</p> <p>လက်ရှိအလုပ်တွင် ရှိသော အခြေခံအဆောက်အအုံနှင့် အထောက်အကူပစ္စည်းများအပေါ် သင်၏ ယေဘုယျသဘောထားအမြင်</p> <p>Satisfied (ကျေနပ်သည်)</p> <p>Dissatisfied (မကျေနပ်ပါ)</p>	
30.	<p>If not satisfied, please describe needed infrastructure and facilities</p> <p>ကျေနပ်မှုမရှိပါက လိုအပ်သော အခြေခံ အဆောက်အအုံနှင့် အထောက်အကူ ပစ္စည်းများကို ဖော်ပြပါ</p>	
31.	<p>Do you think your working environment is safety?</p> <p>သင်၏ လုပ်ငန်းခွင် ပတ်ဝန်းကျင်သည် လုံခြုံစိတ်ချရသည်ဟု ခံစားရပါသလား.</p> <p>Yes</p> <p>No</p>	

Part two. Evaluation of job satisfaction

ကျေးဇူးပြု၍ သင်၏ ထင်မြင်ချက်အပေါ် အနီးစပ်ဆုံး ပြနိုင်မည့် ဂဏန်းအား ဝိုင်းပေးပါ။

	<p align="center">PLEASE CIRCLE THE ONE NUMBER FOR EACH QUESTION THAT COMES CLOSEST TO REFLECTING YOUR OPINION ABOUT IT.</p>	<p align="center"> Disagree very much Disagree moderately Disagree slightly Agree slightly Agree moderately Agree very much </p>
1	<p>I feel I am being paid a fair amount for the work I do. ကျွန်ုပ်သည် လက်ရှိအလုပ်နှင့်ဆီလျော်သော လစာရရှိသည်ဟု ထင်ပါသည်။</p>	<p align="center">1 2 3 4 5 6</p>
2	<p>There is really too little chance for promotion on my job. ကျွန်ုပ်၏အလုပ်တွင် ရာထူးတိုးရန်အခွင့်အလမ်း အလွန်နည်းပါးပါသည်။</p>	<p align="center">1 2 3 4 5 6</p>
3	<p>My supervisor is quite competent in doing his/her job. မိမိ၏လက်ရှိ ကြီးကြပ်သူတာဝန်ခံ ဆရာဝန်ကြီးသည် သူ၏လုပ်ငန်းတာဝန်များကို လုပ်ဆောင်ရာတွင် အတော်အရည်အချင်းရှိသောသူ ဖြစ်ပါသည်။</p>	<p align="center">1 2 3 4 5 6</p>
4	<p>I am not satisfied with the benefits I receive. လက်ရှိအလုပ်မှ ရရှိနေသော အကျိုးအမြတ်တို့ကို အားရကျေနပ်မှု မရှိပါ။</p>	<p align="center">1 2 3 4 5 6</p>
5	<p>When I do a good job, I receive the recognition for it that I should receive. Case/Procedure တစ်ခုကို ကောင်းမွန်စွာ လုပ်နိုင်ပါက အကြီးများထံမှ ထိုက်သင့်သော</p>	<p align="center">1 2 3 4 5 6</p>

	ချီးကျူးအသိအမှတ်ပြုမှု ရရှိသည်။	
6	Many of our rules and procedures make doing a good job difficult. စည်းမျဉ်းကန့်သတ်ချက်တချို့မှာ ကုသရေးအပိုင်းတွင် ခက်ခဲနှောင့်နှေးမှုတချို့ကို ဖြစ်စေနိုင်ပါသည်။	1 2 3 4 5 6
7	I like the people I work with. လက်ရှိလုပ်ငန်းခွင်မှ လုပ်ဖော်ကိုင်ဖက်များ (ဆရာဝန်၊ သူနာပြု၊ အခြားအဆင့်) ကို သဘောကျနှစ်သက်ပါသည်။	1 2 3 4 5 6
8	I sometimes feel my job is meaningless. တခါတရံတွင် လက်ရှိအလုပ်ကို လုပ်နေရသည်မှာ အဓိပ္ပာယ်မရှိဟု ခံစားရပါသည်။	1 2 3 4 5 6
9	Communications seem good within this organization. မိမိတို့လုပ်ငန်းခွင်အတွင်း ကျန်းမာရေးဝန်ထမ်းများအကြား ဆက်ဆံရေးသည် ကောင်းမွန်သည်ဟု ယူဆရပါသည်။	1 2 3 4 5 6
10	Raises are too few and far between. လစာတိုးမြှင့်နှုန်းမှာ အလွန်နည်း၍ စောင့်ရသည့်ကာလမှာလည်း ကြာသည်ဟု ထင်ပါသည်။	1 2 3 4 5 6
11	Those who do well on the job stand a fair chance of being promoted. ပိုမိုထူးချွန်စွာ လုပ်ကိုင်နိုင်ပါက ရာထူးတိုးရန် ပိုအခွင့်အရေးရှိသည်ဟု ထင်ပါသည်။	1 2 3 4 5 6
12	My supervisor is unfair to me.	1 2 3 4 5 6

	တာဝန်ခံဆရာဝန်ကြီးသည် ကျွန်ုပ်အပေါ် အများနည်းတူ မျှတစွာ မဆက်ဆံပါ။	
13	The benefits we receive are as good as most other organizations offer. လက်ရှိအလုပ်မှ မိမိရရှိနေသော အကျိုးအမြတ်များသည် အစိုးရမဟုတ်သော ပြင်ပပုဂ္ဂလိကဆေးရုံများ၊ NGO နှင့် ဆေးကုမ္ပဏီများတွင် လုပ်ဖြစ်ပါက ရရှိနိုင်သော အကျိုးအမြတ်များနှင့် အတူတူနီးပါး ကောင်းမွန်သည်ဟု ထင်မြင်မိပါသည်။	1 2 3 4 5 6
14	I do not feel that the work I do is appreciated. ကျွန်ုပ်လုပ်နေသောအလုပ်အပေါ် ချီးကျူးအသိအမှတ်ပြုသည်ဟု မခံစားရပါ။	1 2 3 4 5 6
15	My efforts to do a good job are seldom blocked by red tape. မလိုလားအပ်သော လုပ်ထုံးလုပ်နည်း ကြိုးနီစနစ်များကြောင့် လုပ်ငန်းလုပ်ဆောင်ရာတွင် အခက်အခဲများနှင့် ကြုံတွေ့နေရသည် ဖြစ်ပါသည်။	1 2 3 4 5 6
16	I find I have to work harder at my job because of the incompetence of people I work with. မိမိ၏လုပ်ဖော်ကိုင်ဖက်များ၏ လုပ်ငန်းကျွမ်းကျင်မှု မရှိသောကြောင့် မိမိအနေဖြင့် လုပ်ငန်းခွင်တွင် ပိုမို ကြိုးစားလုပ်ကိုင်နေရသည်ဟု ထင်ပါသည်။	1 2 3 4 5 6
17	I like doing the things I do at work. မိမိလုပ်ဆောင်နေရသော အလုပ်များအပေါ် သဘောကျနှစ်သက်မိပါသည်။	1 2 3 4 5 6

18	<p>The goals of this organization are not clear to me.</p> <p>ဝန်ကြီးဌာန၏ ရည်မှန်းချက်ပန်းတိုင်များသည် မိမိအမြင်တွင် ရှင်းလင်းမှုမရှိပါ။</p>	1 2 3 4 5 6
19	<p>I feel unappreciated by the organization when I think about what they pay me.</p> <p>လက်ရှိရနေသော လစာအကြောင်းကို စဉ်းစားမိပါက မိမိတို့ အပေါ် သက်ဆိုင်ရာ အစိုးရ/ ဝန်ကြီးဌာနမှ တန်ဖိုးထား အသိအမှတ်ပြုခြင်းမရှိဟု ခံစားရပါသည်။</p>	1 2 3 4 5 6
20	<p>People get ahead as fast here as they do in other places.</p> <p>လက်ရှိလုပ်ငန်းခွင်တွင် မိမိသည် training/skill/procedure များ လုပ်ခွင့်တို့ကို တခြားနေရာများနှင့် ယှဉ်ပါက ပိုမိုလျင်မြန်စွာ ရရှိပါသည်။</p>	1 2 3 4 5 6
21	<p>My supervisor shows too little interest in the feelings of subordinates.</p> <p>ကြီးကြပ်သူတာဝန်ခံ ဆရာဝန်ကြီးသည် လက်အောက် ငယ်သားများ၏ စိတ်ခံစားမှုနှင့် မကျေလည်မှုများအပေါ် စိတ်ဝင်စားမှု အလွန်နည်းပါးပါသည်။</p>	1 2 3 4 5 6
22	<p>The benefit package we have is equitable.</p> <p>မိမိတို့တာဝန်ကျနေသော လုပ်ငန်းခွင်တွင် လက်ရှိလုပ်ငန်းခွင်မှ ရရှိသော အကျိုးအမြတ်များကို တစ်ဦးနှင့်တစ်ဦး သာတူညီမျှစွာ ရရှိသည်ဟု ထင်ပါသည်။</p>	1 2 3 4 5 6
23	<p>There are few rewards for those who work here.</p>	1 2 3 4 5 6

	မိမိတို့ လုပ်ငန်းခွင်တွင် မိမိတို့အနေဖြင့် လုပ်ပိုင်ခွင့်နည်းပါးသည်ဟု ထင်ပါသည်။	
24	I have too much to do at work. အလွန်များပြားသော အလုပ်များကို လုပ်နေရသဖြင့် အလုပ်ဝန်ပီသည့် ဒဏ်ကို ခံစားနေရပါသည်။	1 2 3 4 5 6
25	I enjoy my coworkers. လုပ်ဖော်ကိုင်ဖက်များနှင့် အလုပ်လုပ်ရသည်မှာ အဆင်ပြေကောင်းမွန်ပါသည်။	1 2 3 4 5 6
26	I often feel that I do not know what is going on with the organization. မိမိတို့ ဆေးရုံ/ဌာနအတွင်း မည်သည့်ကိစ္စရပ်များ ဖြစ်ပေါ်နေသည်ကို မသိတော့ပါဟူ၍ပင် ရံဖန်ရံခါ ခံစားမိပါသည်။	1 2 3 4 5 6
27	I feel a sense of pride in doing my job. ယခုလက်ရှိအလုပ်သည် ဂုဏ်သိက္ခာရှိသည်ဟု ခံစားရပါသည်။	1 2 3 4 5 6
28	I feel satisfied with my chances for salary increases. လစာတိုးမြှင့်ပေးခြင်းခံရနိုင်သည့် အခွင့်အလမ်းများ အတွက် ကျေနပ်မိပါသည်။	1 2 3 4 5 6
29	There are benefits we do not have which we should have. လက်ရှိအလုပ်မှ မိမိတို့ ရသင့်သည်ဟု ယူဆသော အကျိုးအမြတ်များ (လစာ၊ ပညာနှင့် အခြားအခွင့်အရေးများ) ကို မရရှိပါ။	1 2 3 4 5 6
30	I like my supervisor. မိမိ၏ လက်ရှိကြီးကြပ်သူ တာဝန်ခံ	1 2 3 4 5 6

	ဆရာဝန်ကြီး၏ လုပ်ဆောင်မှုများအပေါ် သဘောကျ နှစ်သက်မိပါသည်။	
31	I have too much paperwork. ရုံးစာလုပ်ငန်းများ (စာရွက်စာတမ်းဖြည့်ရခြင်း) အလွန်များသည်ဟု ထင်ပါသည်။	1 2 3 4 5 6
32	I don't feel my efforts are rewarded the way they should be. မိမိကြိုးစားအားထုတ်မှုနှင့် ထိုက်တန်သော အကျိုးခံစားခွင့် ရရှိသည်ဟု မခံစားရပါ။	1 2 3 4 5 6
33	I am satisfied with my chances for promotion. မိမိ၏ ရာထူးတိုးမြှင့်ခံနိုင်ရမည့် အခွင့်အလမ်းများအတွက် ကျေနပ်မိပါသည်။	1 2 3 4 5 6
34	There is too much bickering and fighting at work. လုပ်ငန်းခွင်အတွင်း အသေးအဖွဲ့ကိစ္စများဖြင့် အပြန်အလှန် တိုက်ခိုက်ပြောဆိုမှုများ အလွန်များပြားနေသည်ဟု ထင်ပါသည်။	1 2 3 4 5 6
35	My job is enjoyable. လက်ရှိဝန်ထမ်းဆရာဝန်ဘဝမှာ နှစ်သက်ကျေနပ်ဖို့ ကောင်းပါသည်။	1 2 3 4 5 6
36	Work assignments are not fully explained. မိမိလုပ်ရမည့် အလုပ်များအတွက် ကျွန်ုပ်၏ တာဝန်ခံ အကြီးအကဲထံမှ လုံလောက်သော ရှင်းလင်းသင်ပြ လမ်းညွှန်ပေးမှုများကို မရရှိပါ။	1 2 3 4 5 6

Annex (4) Distribution of respondents according to their posted departments

Township/District	Department of Medical Service	Department of Public Health
Mandalay Region	-	2
Mandalay District	-	2
Aung Myay Tharzan Tsp	-	2
Chan Mya Thar Si Tsp	-	2
Pyi Gyi TaGon Tsp	-	2
Patheingyi Tsp	-	2
Amarapura Tsp	-	2
Mahar Aung Myay Tsp	-	2
Chan Aye Thar Zan Tsp	-	1
Pyin Oo Lwin Tsp	4	4
Kyauk Se Tsp	4	3
Meikhtilar Tsp	5	2
Yameithin Tsp	1	2
Nyaung Oo Tsp	5	2
Kyauk Pa Daung Tsp	2	1
Wun Dwin Tsp	1	2
Moe Gok Tsp	-	1
Thabeik Kyin Tsp	-	1
Sint Guu Tsp	1	1
Madaya Tsp	1	2
Tada Oo Tsp	1	2
Nga Zon Tsp	1	1
Sint Kai Tsp	1	2
Myit Thar Tsp	1	2
Ma Hlaing Tsp	1	2
Pyaw Bwe Tsp	1	2
MyinGyan Tsp	3	3
Taung Tha Tsp	-	-

Thar Zi Tsp	1	2
Nwar Htoo Gyi Tsp	-	1
Mandalay general hospital	10	-
Mandalay 300 bedded hospitals	3	-

Annex (5) Grant Chart

Tentative starting and expected completion date

Proposal starting date - 1 September, 2018

Expected date of completion - 4 week of September

Tentative period of duration - 16 weeks

Month	September				October				November				December			
Week	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Protocol preparation	*	*														
Protocol Defend			*													
Pilot study Preparation for data collection				*												
Data collection					*	*	*									
Data entry and analysis								*	*	*	*					
Thesis Preparation												*				
Submission of Thesis (Draft)													*			
Thesis defend														*		
Correction and Submission of Thesis															*	*

Annex (6) Curriculum Vitae

Name	-	Dr. Aung Myint Lwin
Date of Birth	-	3.3.1991
Gender	-	Male
NRC No.	-	9/AMaZA (N) 023062
Nationality	-	Myanmar
Religion	-	Buddha
Marital Status	-	Single
Academic Qualification	-	B.D.S
Designation	-	Officer (Dental Health), Sint Gu Township Public Health Department
Contact No	-	09402524131
Address	-	19 street, 87 -88 street, Aung Myae Thar San Township, Mandalay
Research Experience	-	Perception and usage of pre-packed food products label information among the housewives in Pathein Township