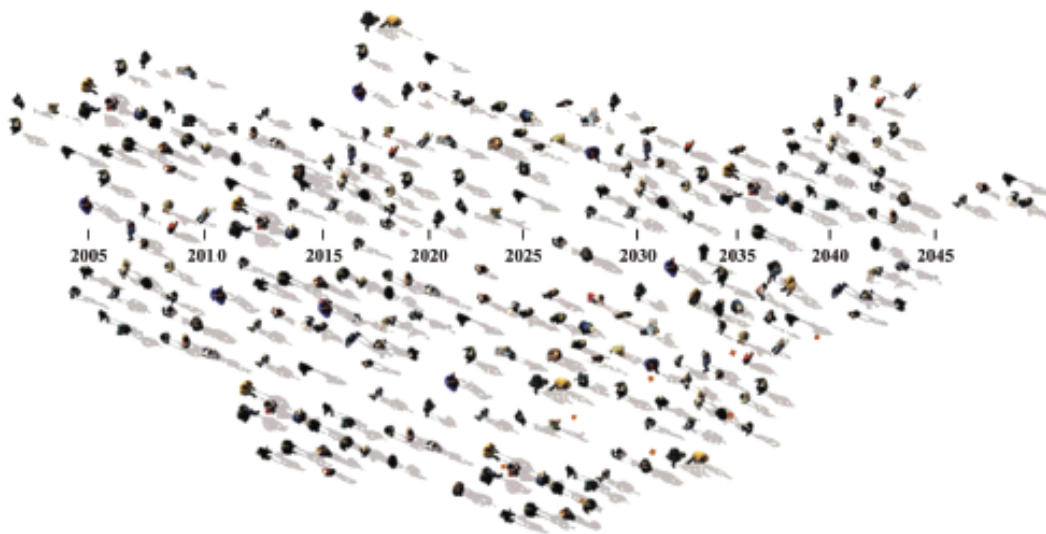


THE SOCIAL WELL BEING SURVEY OF  
MONGOLIA:  
THE SOCIAL WELL BEING OF  
DOCTORS AND HOSPITAL WORKERS.



- SOCIAL COHESION
- LIFE SATISFACTION
- DIFFERENT ASPECTS OF LIFE
- ASSESSMENT OF MEANING OF LIFE

Independent Research Institute of Mongolia (IRIM) is one of Mongolia's first organizations to promote independent research as an institutional practice. Our vision is to be the leading center of knowledge in Mongolia on development-related issues and to provide world-class independent research outcomes. We aim to promote cooperation between government, industry, and civil society and to implement programs that are innovative and responsive to the needs of the population. IRIM is a member of the International Consortium for Social Well-being Studies and the International Sociological Association.

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## INTRODUCTION

IRIM research institute is conducting “Social Well Being Survey” for the fifth year in the row, as an independent survey. The survey aims to help improve the understanding about different factors in social development and contribute to promoting evidence based decision making.

In the last two decades, more and more practical and theoretical approaches for measuring and assessing subjective well-being as part of the social well-being in the society are surfacing. Although there are significant improvements in measuring social well-being on a global level, there are still limited studies and surveys available to measure social well-being at national level on a regular basis in Mongolia. As a result of shortages in surveys and clear information regarding the social well-being in Mongolia, the government has limited ability to base its public decision making and policy development on public assessment of the social well-being in Mongolian society.

Within the framework of this survey, the team selects different social groups each year to analyze and provide explanations based on social well-being scientific approaches and research methodologies based on the collected evidence. Mongolian social well-being survey is conducted each year in different seasons in consideration of the time and cycle of the society and it is used as key comparison indicators of overall surveys. Last year in 2022, we conducted a “Social Well Being Survey for Elderly” and presented our findings to the public. This year, we have selected doctors and hospital workers as our target group for the survey. Increase of hospitalization and deaths related to COVID-19 created excessive workload and overtime of the health care professionals not only in Mongolia, but also in different countries around the world. In other words, doctors and hospital workers’ social well-being has been most affected in the last one to two years’ time.

For example, doctors and hospital workers staged a sit-in on the central square to protest to improve their work environment and remunerations in July this year. During this protest, doctors and hospital workers demanded a doubling of their salaries due to workload and difficult working environment<sup>1</sup>. However the protest did not reach its intended goal. “Survey on assessing mental health states of doctors, hospital professional and workers who are providing health care services during the pandemic”, which was conducted on September with the request of Ministry of Health, stated that about 70 percent of all doctors and health care professionals are expressing depression in relation to work related stress and 10 percent was experiencing low motivation to work <sup>2</sup>.

We believe by identifying how hospital workers and doctors see subjective well being of themselves and their society during this very economically and mentally difficult environment would help us to see the bigger picture of the health care sector in general.

This thematic survey was conducted among doctors and hospital workers in random manner from December 01, 2021 to December 10, 2021. It is important to note that workloads and work hours of the hospital workers have been quite high as the data collection phase of the survey coincided with the peak of Omicron Variant of COVID-19. The survey result was compared to the baseline data represents nationwide survey on the same topic.

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<sup>1</sup> Doctors declared that they will go on a strike (gogo.mn)

<sup>2</sup> E.Munkh: Doctors and hospital workers are showing symptoms of depression and low motivation (polit.mn)

## Research methodology

The aim is to identify the level of doctors and hospital workers' perception on social well-being, social cohesion and compare the survey results with baseline survey results conducted nation wide /hereinafter referred to as national average/.

Framework of questions for the survey for data collection was developed as of follows:

Table 1.  
Content framework of survey questionnaires

Nº	Section	Component	Number of questions
1	Information in relation to participants position and work environment (Comparative information)		12
2	General demographic information (Comparative information)	General information about survey participants	4
		General information about households	4
3	Social cohesion (main indicator)	Trust	11
4	Life well being (Comparative information)	Life satisfaction	7
		Different aspects of life	8
		Meaning of life	8

Within the framework of the survey total of 54 questions in 4 categories were asked from over 20 questions from two main categories defined the main survey results and other questions supported comparative results and provided essential comparison in the outcome.

Main questions of the survey were rated with Cantrill scale (Cantril, 1965) which provides 11 choices from 0 to 10 and main result was defined by the average of 11 scales.

Table 2.  
Type of scales used in the survey questions.

0	1	2	3	4	5	6	7	8	9	10	88
Worst choice										Best choice	I don't know

This methodology is widely used internationally to measure cohesion, cooperation and well being among people. As a result, we are able to compare our survey results with similar surveys conducted in different countries.

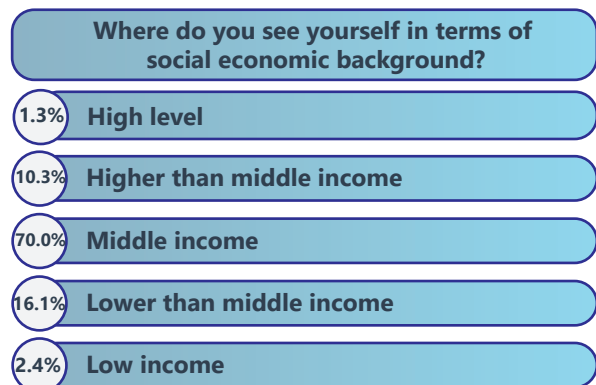
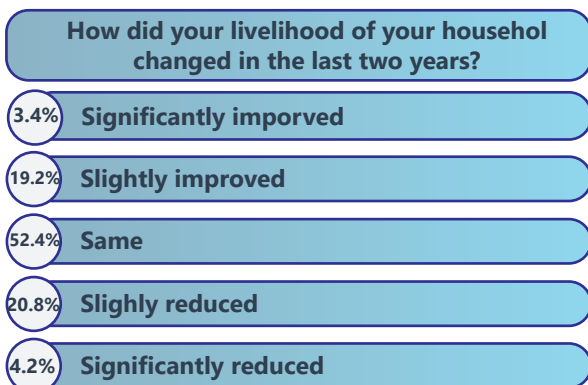
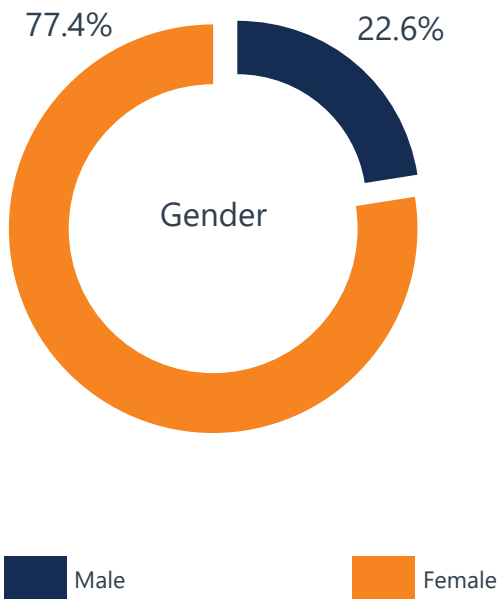
## General information about survey participants

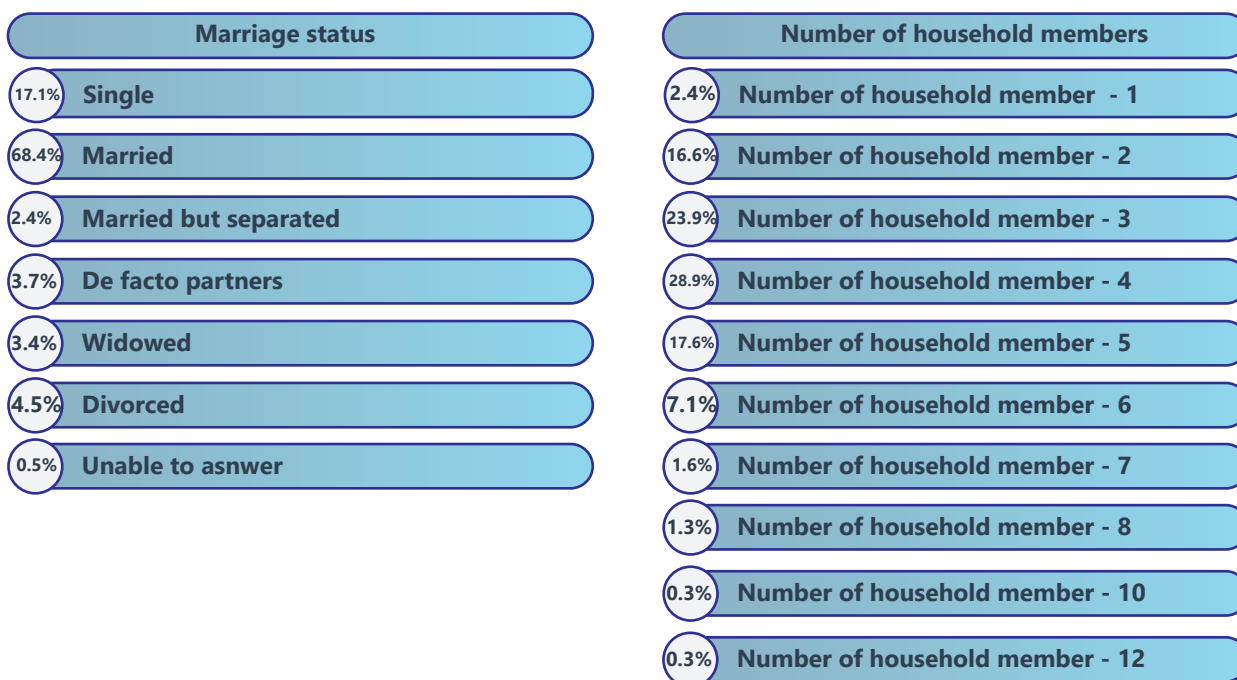
### Personal information of the survey participants

Total of 380 doctors and health care professionals participated in the survey to express their opinion. Of which:

- Age range of survey participants was 21-67 years old and majority of them were people aged between 35 to 40.
- Female participants composed 80 percent of the survey participants, as the survey was conducted among health care professionals.
- Over 60 percent had higher education.
- 70 percent of them were married and over 90 percent lived with households with over 2 members. They spend 52 hours a week on average at home with their family and there were common consensus among participants that time that they spent with their family has reduced due to COVID-19
- About 70 percent of them stated that they belong to middle income group and half of them said "there hasn't been much changes in their livelihood in the last 2 years."

Graphic 1.  
Demographics of survey participants





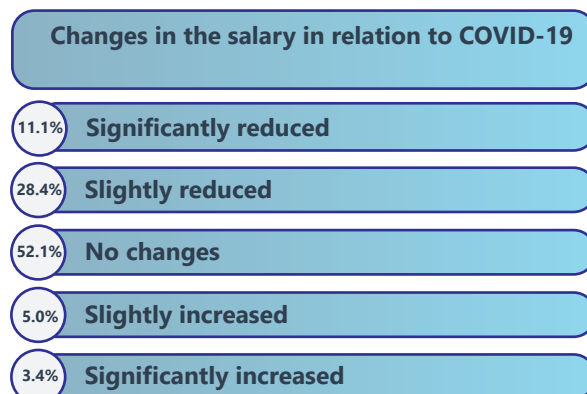
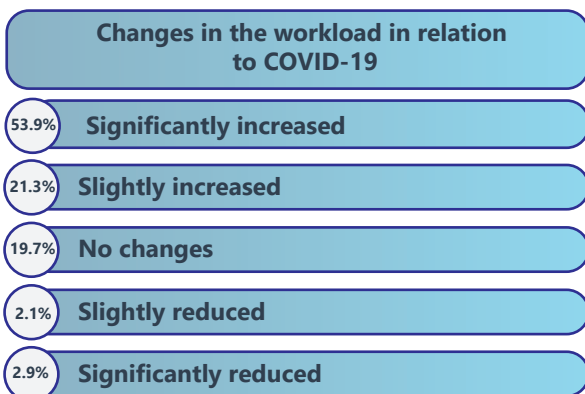
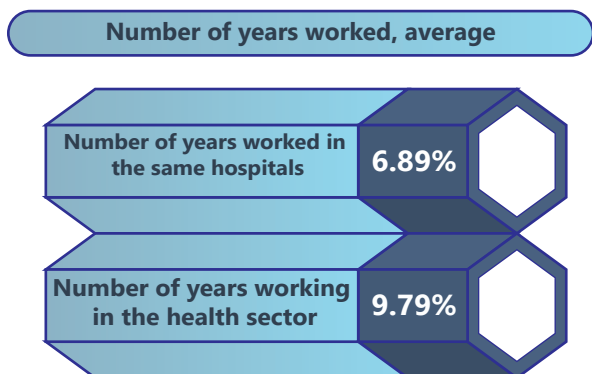
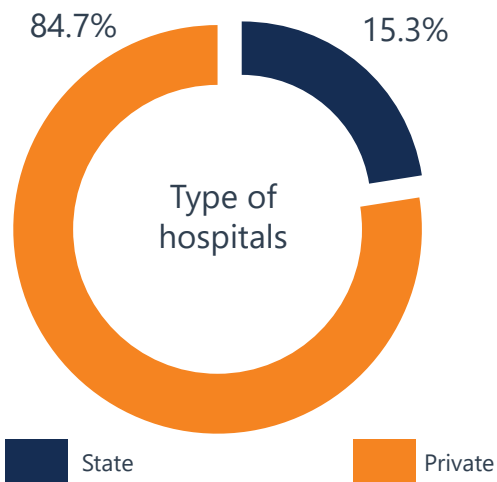
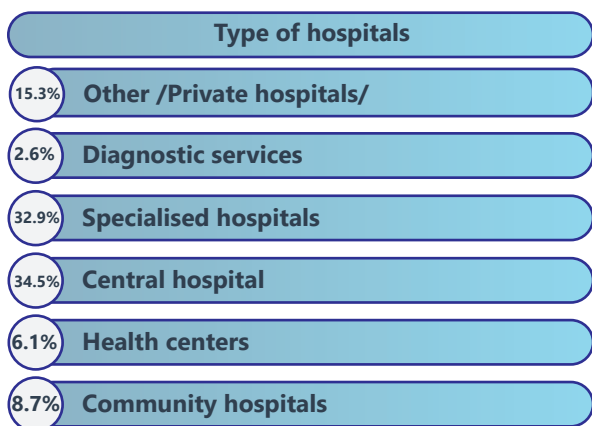
### **Work environment and condition of participants**

Total of 380 doctors and hospital workers participated in the survey and expressed their opinion. Of which:

- 85 percent of the participants worked in public hospitals.
- Based on the types of hospitals, majority of them worked at “Central Hospitals” and “Specialist hospitals”
- About one third of the survey participants were doctors and another one third were nurses and the remaining one third composed of hospital staff and service staff working in hospitals.
- Survey participants worked in the hospital sector for 9.8 years on average and 6.9 years on average for working in the current workplace.
- Survey participants are working 50 hours per week on average and their workload and hours has increased rapidly in relation to COVID-19. About 75 percent of the participants answered that their work hours have increased and 5 percent said their work hours decreased during the pandemic.
- Average salary of survey participants is MNT 813,240. About 40 percent of the participants received overtime payment in relation to COVID-19 and the remaining percent said there weren't any changes in their salary in the last two years.
- About half of the survey participants evaluated their work environment as “Good” and another 40 percent said “average”. 30 percent of the participants said that their safety was fully ensured during COVID-19. Most of the participants who answered that their safety wasn't ensured during COVID-19 were participants who worked in public hospitals.

Graphic 2.

Participants work environment and condition





## Social well being of doctors and health care professionals

### Social cohesion

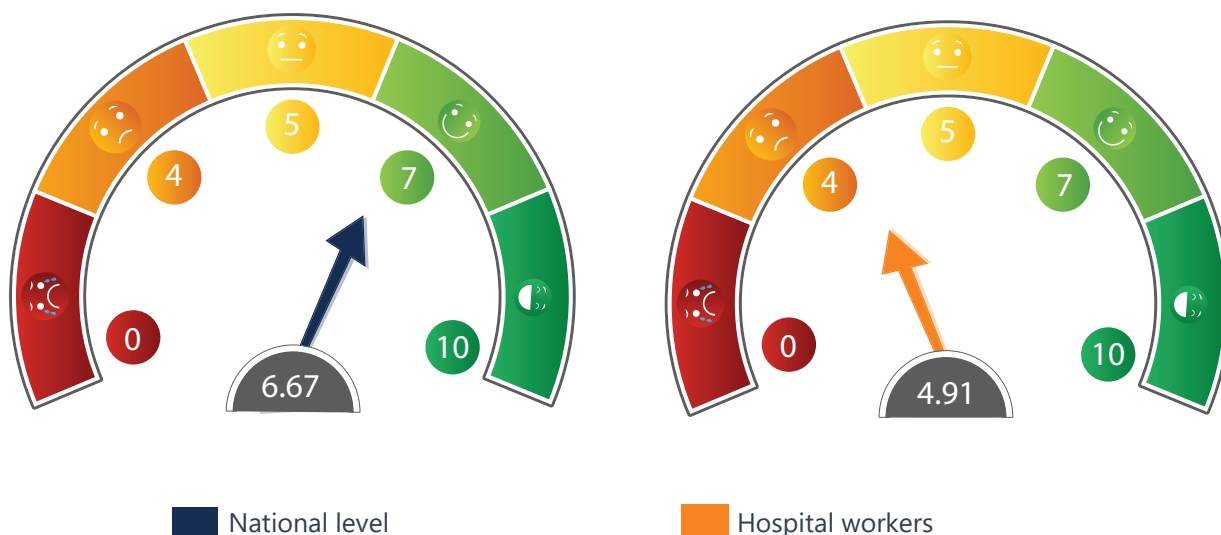
The following one general question clarified the level of trust in others by the participants.

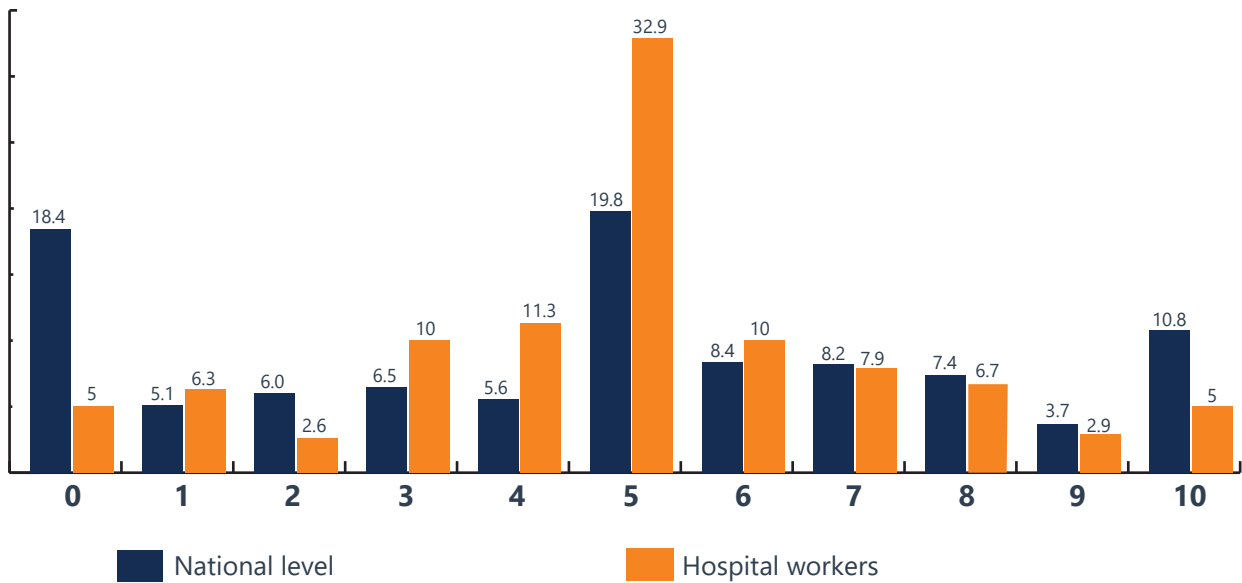
**'In general, do you think you can trust other people? Or do you think that you need to be very careful when dealing with others? (0- People are generally very helpful towards others; 10=People are usually think of themselves)**

- General average trust level of the doctors and hospital workers was 4.9. This is 1.76 points lower than the national level. In other words, hospital workers and doctors are more careful in terms of trusting other people compared to the general Mongolian population.
- Doctors and hospital workers commonly choose answers that are in the middle and choose 5 and lower points more than average Mongolians and 5 or more points less than average Mongolians.
- There wasn't significant difference in the result showing the level of trust by doctors and hospital workers in terms of demographics. For example, there wasn't a significant difference in answers in terms of their organizational status, position, salary, work hours, age, gender and education level based on statistical tests.

Graphic 3.

Average answers of survey participants

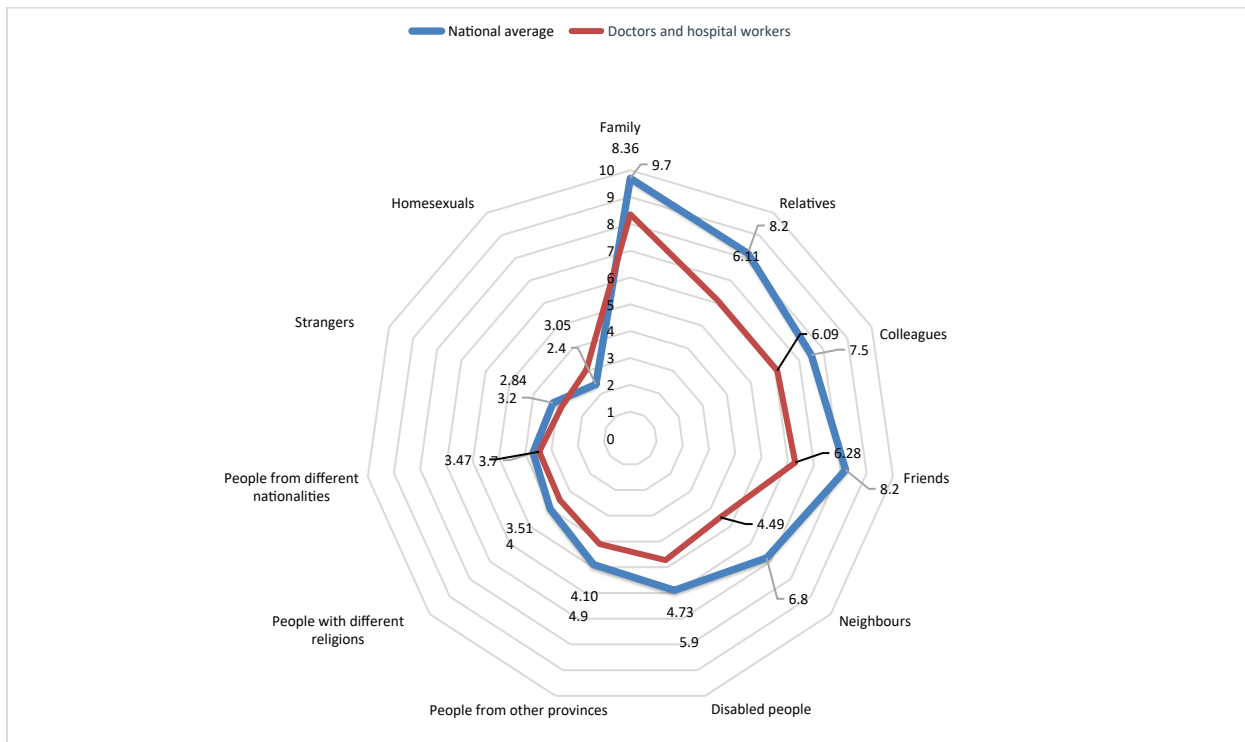




To elaborate more on trust, we attempted to define the status of both general (social) trust and particular trust in our survey. Thus we asked an additional question “**How well do you trust people from different social groups**”. (0=Never trust them; 10=Fully trust them)

- Compared to other social groups, the trust level of doctors and hospital workers towards their family members, relatives, colleagues and neighbours are relatively high. This result is quite similar to the national survey results, however, the trust level is 2 points lower in each group..
  - The participants said that they trust strangers less (2.84) and their family members more (8.36).
  - There wasn't a significant difference in the result showing the level of trust for different social groups by doctors and hospital workers in terms of demographics. However depending on the education level, some trust levels are different for some of the social groups. For example, people with higher level of education showed higher level of trust for their family, friends and social minorities such as homosexual people.

Level of trust by doctors to different social groups compared to national average (10-fully trust; 0-doesn't trust at all) result



### Life satisfaction

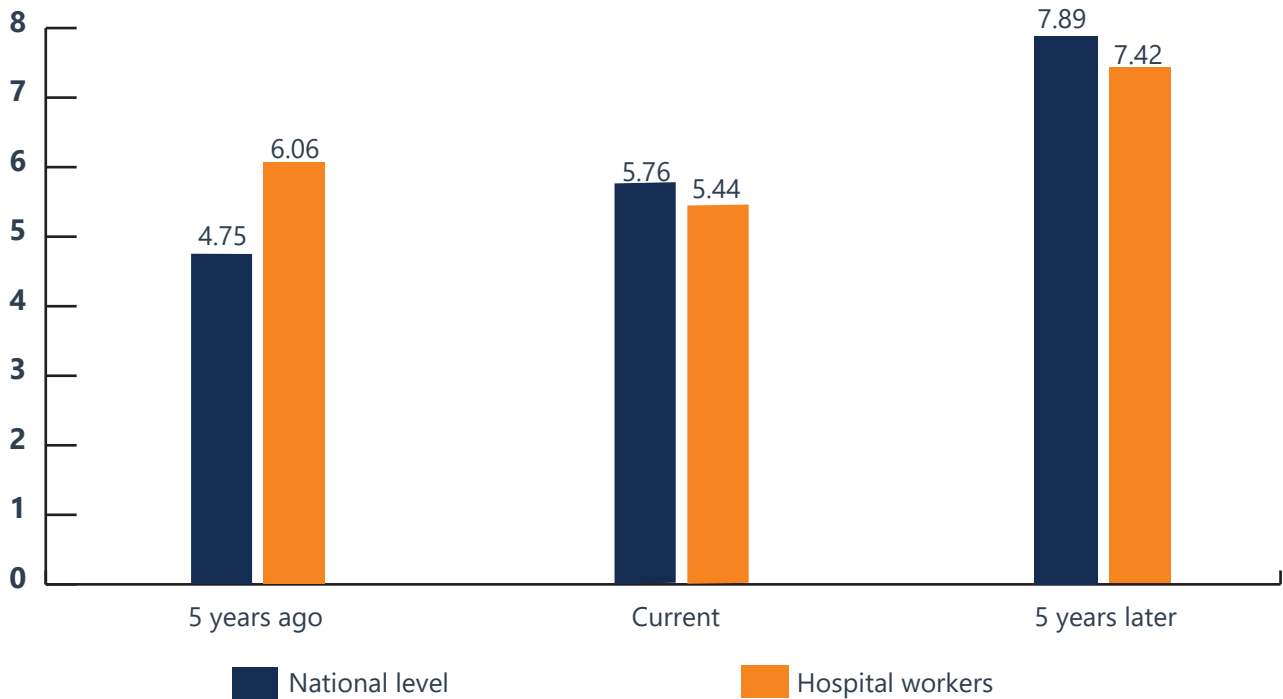
Life satisfaction is a measure of how people evaluate their life. The indicator is based on the Cantril Ladder which asks the respondents to imagine a ladder with steps numbered from 0 at the bottom to 10 at the top.

#### If you imagine your current life as a ladder with ten steps, which step are you on in terms of your life?

- Hospital workers imagined that they are on between 5-6 steps with 5.44 in average when imagining their life as a 10 step ladder and imagined their life was at step 6 5 years ago and would be 7.42 in five years later.
- National average shows that people assess their current level higher than five years ago and the future level in five years time is higher than the current level that they imagine. However, in terms of hospital workers, they see their current level both lower than the past and future perceptions of their life.
- Age, gender, position and job of hospital workers did not affect the result of the survey and there hasn't been a crucial difference in terms of the answers.

Graphic 5.

Result of life satisfaction with time intervals.



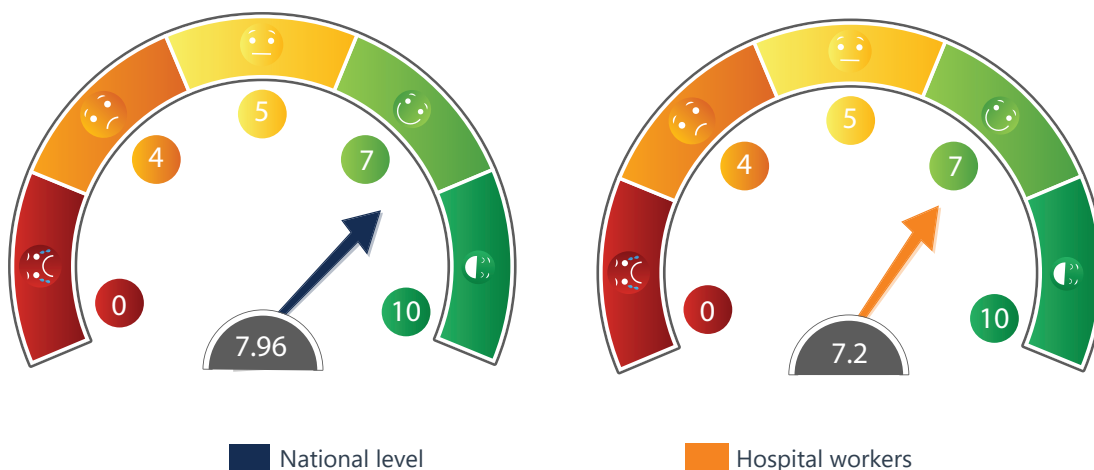
**Considering all things, how will you rate your own happiness?**

(0= Not happy at all; 10= Very happy)

- The national average shows that Mongolians are quite satisfied with their life with (7.96) score. However, level of satisfaction and happiness among hospital workers are slightly lower than the national average (7.19).
- Although the results are not significantly different compared to the national average, the answers close to the “very happy” scale, 8,9 10 is significantly lower in doctors and hospital workers compared to the national average.
- Age, gender, position and job of hospital workers did not affect the result of the survey and there hasn’t been a crucial difference in terms of the answers.

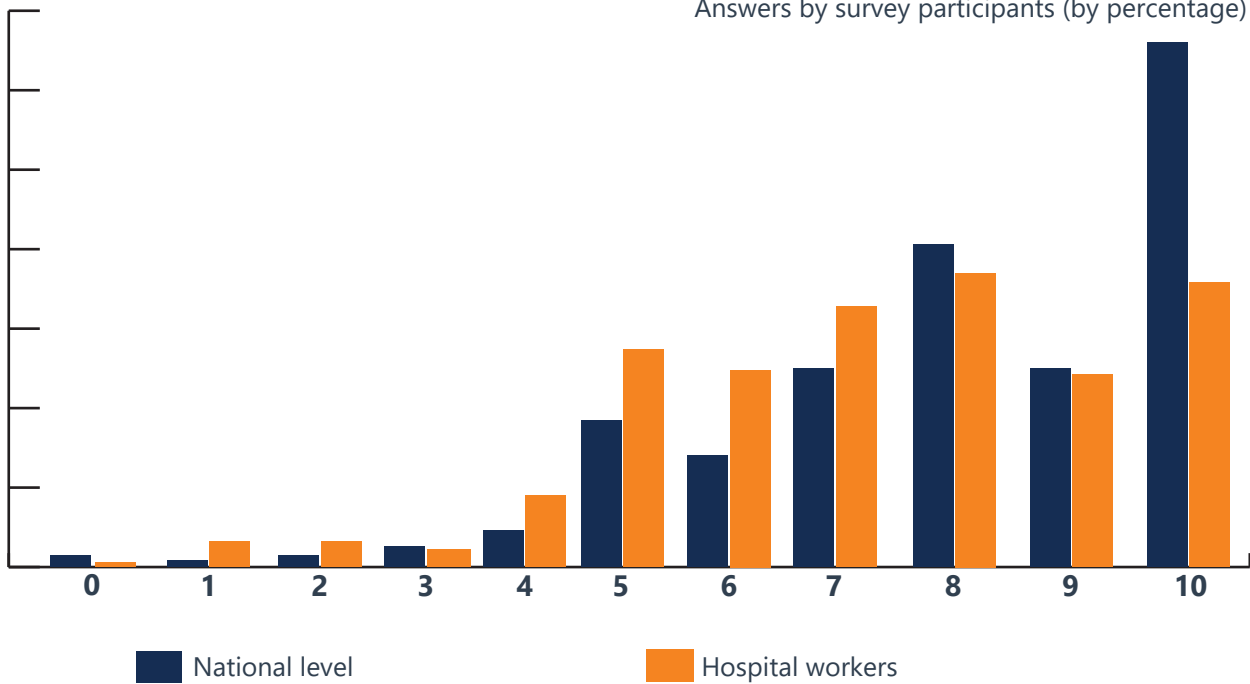
Graphic 6.

Average answers of survey participants



Graphic 7.

Answers by survey participants (by percentage)



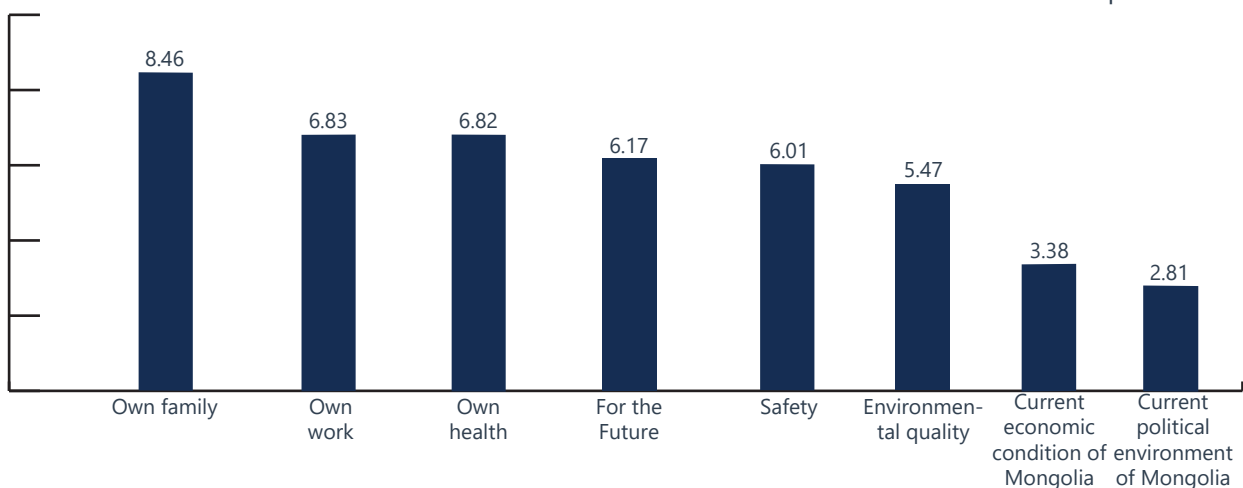
### Assessment of different aspects of life

Assessment of different aspects of life is cognitive assessment of certain aspects of life or life in general and asks people to think about and assess their life. We have asked 8 questions to assess satisfaction level in terms of different aspects of life and following is the result.

- There was significant different in how doctors and hospital workers assess their external environment as well as personal space. Most of the participants were not satisfied with the Mongolian political environment (2.81), as well as the economic condition of the country (3.38). On the contrary they expressed that they have very high level of satisfaction in their families and work environment.
- There wasn't significant difference in answers in terms of gender, age and position of the hospital workers.

Graphic 7.

Result of assessment of different aspects of life



## Assessment of meaning in life

Assessment of meaning of life not only measures personal happiness or positive emotions, but refers to wider subjective well being in wider framework. It asks questions about how they see meaning of life and whether they are emotionally satisfied with their life. We have asked 8 questions to assess meaning of life and following is the result.

- General emotional state of the doctors and hospital workers are relatively higher and satisfied with life. Particularly they answers that they are most satisfied with their "independence" (make their own decision and freedom to define their meaning of life)/
- We observed slight increase in the negtive answers to some questions in relation to the current affairs.
- There wasn't significant difference in answers in terms of gender, age and position of the hospital workers.

Graphic 8.  
Evaluation of values and meaning of life



### **Reference:**

IRIM (2020), "The Social Well-Being Survey of Mongolia: Social Wellbeing of Elderly People" Ulaanbaatar: Independent Research Institute of Mongolia

IRIM (2018), ""The Social Well-Being Survey of Mongolia" Ulaanbaatar: Independent Research Institute of Mongolia

Aldar, Dolgion & Chultemsuren, Tamir (2015). Defining social cohesion research design and indicators: in the case of Mongolia. National University of Mongolia

Clifton, Jon (2017). The Happiest and Unhappiest Countries in the World. Gallup World Poll. <https://news.gallup.com/opinion/gallup/206468/happiest-unhappiest-countries-world.aspx>

Fukuyama, Francis (1995). Trust: the social virtues and the creation of prosperity. New York. Free Press.

Helliwell, J., Layard, R., & Sachs, J. (2017). World Happiness Report 2017. New York. Sustainable Development Solutions Network

Inglehart, R., C. Haerpfer, A. Moreno, C. Welzel, K. Kizilova, J. Diez-Medrano, M. Lagos, P. Norris, E. Ponarin & B. Puranen et al. (eds.). 2014. World Values Survey: Round Six - Country-Pooled Data-file Version: [www.worldvaluessurvey.org/WVSDocumentationWV6.jsp](http://www.worldvaluessurvey.org/WVSDocumentationWV6.jsp). Madrid: JD Systems Institute.

Jenson, Jane (1998). Mapping Social Cohesion: The State of Canadian Research, Canadian Policy Research Networks

Larsen, Christian (2014). Social cohesion: Definition, measurement and developments <https://pdfs.semanticscholar.org/e2b4/6f29845743b214a522b3000eabca50052c0c.pdf>

OECD (2013). OECD Guidelines on Measuring Subjective Well-being. OECD Publishing

Stanley, Dick (2003). What Do We Know about Social Cohesion: The Research Perspective of the Federal Government's Social Cohesion Research Network. The Canadian Journal of Sociology Vol. 28, no. 1, 5-17

Uslaner, E.M. (2007). The Generalized Trust Questions in the 2006 ANES Pilot Study

Veenhoven, Ruut (2008). Sociological theories of Subjective Well-Being In: Michael Eid & Randy Larsen (Eds), "The Science of Subjective Well-being: A tribute to Ed Diener". New York. Guilford Publications