ASSESSMENT OF HEALTH WORKERS JOB SATISFACTION AND ITS EFFECT ON HEALTH CARE PROVISION IN A TERTIARY HOSPITAL IN ZARIA, NORTHERN NIGERIA.

By

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BEING A PROJECT SUBMITTED TO THE DEPARTMENT OF BUSINESS ADMINISTRATION, FACULTY OF ADMINISTRATION.

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DECLARATION

I Butawa Nuhu, hereby affirm that the work titled "**ASSESSMENT OF HEALTH WORKERS JOB SATISFACTION AND ITS EFFECT ON HEALTH CARE PROVISION IN A TERTIARY HOSPITAL IN ZARIA, NORTHERN NIGERIA**" being presented was done by me under appropriate supervision and that it has not been submitted in part or in full for any other examination.

Signature Date

DEDICATION

I dedicate this work to all health workers in Nigeria who are working in less than ideal conditions.

CERTIFICATION

I hereby certify that the study titled "**ASSESSMENT OF HEALTH WORKERS JOB SATISFACTION AND ITS EFFECT ON HEALTH CARE PROVISION IN A TERTIARY HOSPITAL IN ZARIA, NORTHERN NIGERIA**" was done by Butawa Nuhu of the Department of Business administration Ahmadu Bello University Zaria.

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Abstract

Health workers are known to be highly mobile, this movement of health workers most times result in financial loss and weakens health systems in the countries of origin mostly developing countries. This study's aimed to find out job satisfaction and its effect on health care provision.A cross sectional descriptive study design was used and 207 respondents selected using stratified sampling technique. The study population comprised health workers employed by Ahmadu Bello University Teaching Hospital Zaria.The questionnaire used was an adoption of Job satisfaction survey. Statistical package for social sciences (SPSS version 19) was used for analysis. Data was summarized using frequency tables and graphic presentations. Chi-square test was used to test for association between the predictor variables and the outcome variable. P-value was set at $P \leq 0.05$. Binary logistic regression was computed to determine the size of the predictor variables on the dependent variable.

The mean age of respondents was 35 years ±8 SD, mean years of service was 6.5845 ± 8.43544 SD, and mean hours of work per week was 43.4106± 9.17312 SD. Most of the respondents were within the age group 30-39, and 45% of the respondents were doctors. The overall job satisfaction was 71.5%, while co-worker job satisfaction was 59.4%. All the associations between components of Job satisfaction and Job satisfaction were statistically significantly. Age and Income had positive effect on Job satisfaction as shown by the odds ratio (Exp B) of one.Most of the health workers were happy with their jobs, this study found that of all the facets examined only age and income had a positive effect on job satisfaction. From this finding the management of ABUTH can improve job satisfaction and workers productivity by increasing remunerations and employing older workers.

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1.0 Chapter One

1.1 Introduction

Work is an important integral part of man. People aspire to be gainfully employed and be happy with what they are doing.Organ and Ryan (1995) concluded that the happier people are, performing their work, the more satisfied they are. Haas and Cook (2000) recognized that among health workers, doctors are increasingly becoming dissatisfied with their job. Job dissatisfaction by health workers has been found byDimatteo MR,Sherbourne CD, Hays RD, Ordway L, Kravitz RL, McGlynn EA(1993) to lead to poor access to quality health care services provision.

Any dissatisfied health worker is a potential risk factor for health care related accidents and may affect the workers mental health as well as performanceKhuwajaAK, Qureshi R, Andrades M, Fatmi Z, Khuwaja NK(2004).

Motivation on the other hand is not the samething as job satisfaction, though motivation is associated with satisfied workers.Motivation is the driving force by which humans achieve their goals. Gardener and Lambert (1972) differentiated motivation into intrinsic or extrinsic.

Job satisfaction is defined as "the extent to which people like (Satisfaction) or dislike (Dissatisfaction) their jobs" (Spector, 1997, Williams, J. 2004).

Job satisfaction can also be defined as contentment (or lack of it) arising out of the interplayof employee's positive and negativefeelings toward his or her work. BusinessDictionary.com (2011).

Going back to the history of job satisfaction, Elton Mayor's Hawthorne studies was a watershed in the history of job satisfaction. He observed that modifications of the work environment increases productivity which he concluded was as a result of knowing that one is being observed and also due to group behavior. This finding made researchers understand that there are other factors that increase productivity other than pay, Weiss (2002).

The scientific school of thought led by Frederick W. T. (1911) contributed to the study of job satisfaction he was responsible to the shift from skilled labour and piecework to assembly lines and hourly wages. Production improved but worker fatigue and dissatisfaction set in(Hackman and Oldman1976).

Maslow's hierarchy of needs theory also contributed to the understanding of job satisfaction. It divided mans need into five. Physiological needs, safety needs, social needs, self-esteem needs, and self-actualization. Each worker fits into any of the phases of hierarchy of needs.

There are different models that seek to explain job satisfaction. The Affect Theory developed by Edwin A. Locke in 1976, premised that job satisfaction is determined by a discrepancy between what one wants in a job and what one has in a job. When a person values a particular job, his satisfaction is more greatly impacted both positively (when expectations are met) and negatively (when expectations are not met), compared to one who doesn't value that facet.

Jackson (2007) proposed the Dispositional Theory. 'People have innate dispositions that cause them to have tendencies toward a certain level of satisfaction, regardless of one's job'.

Two-Factor Theory (Motivator-Hygiene Theory)theory states that 'satisfaction and dissatisfaction are driven by different factors – motivation and hygiene factors, respectively.' Motivation is an inner force that drives individuals to attain personal and organizational goals (Hoskinson, Porter, & Wrench, p. 133). Motivating factors are those aspects of the job that make people want to perform, and provide people with satisfaction, for example achievement in work, recognition, promotion opportunities. These motivating factors are considered to be intrinsic to the job, or the work carried out. Hygiene factors include aspects of the working environment such as pay, company policies, supervisory practices, and other working conditions.Hackman and Oldham (1976).

1.2 Problem Statement

Many studies have been carried out on job satisfaction elsewhere in Nigeria but virtually none has been done to assess health workers in ABUTH Zaria (Ezeja EB,Azodo CC, Ehizele AO,Ehigiator O,Oboro HO. 2010). Therefore this study aims to assess job satisfaction of health workers working in ABUTH Zaria. In order to provide quality health care to patients, health care workers must be made happy. Right now there is high dearth of professionals in Nigeria as many are leaving for greener pasture abroad. The workload is too much for the few health workers available to cope with effectively and efficiently.

Patients positively dislike going to ABUTH Shikka when referred. They complain of maltreatment by health workers, in addition to the long waiting time before being attended to.

If nothing were done to improve job satisfaction the result would be increase mortality and morbidity and colossal waste of money by the Federal Government. Therefore an assessment of job satisfaction in ABUTH Shikka is necessary.

1.3Research Questions

1. What is the overall level of job satisfaction of the different cadre of health care workers?
2. What degree of job satisfaction do health care workers report on each of the facets of job Satisfaction Questionnaire?
3. What is the relationship, if any, do job satisfaction and the selected demographic variables have?
4. Whatare the factors contributing to any differences seen in their level of job satisfaction?

1.4Objectives

1. To determine the overall level of job satisfaction of the different cadre of health care workers
2. Toassess the attitude of health care workers to the different components of job satisfaction
3. To find out any relationship between job satisfaction and selected demographic profile

4. To determine the factors attributable to any difference in their job satisfaction

1.5 Hypothesis

1. Socio-demographic variables are associated with job satisfaction of health workers

2. Job satisfaction affects health care provision amongst health care workers in ABUTH Zaria.

1.6Significance of the Study

Most countries especially less developed ones have been found to have less than 50% of the required staff availableto provide health care in most health institutions, and in most, health care services are provided by non-qualified staff (WHO, 2006,Hongoro& Normand, 2006). Health Workers are leaving their workplaces because of difficult working conditions. This portents grave danger to the poor who want to access health care, this scenario is no different in Nigeria as many health workers are leaving for greener pastures.

The series of industrial unrest seen in the Nigerian health sector is indeed alarming. The frequency and intensity of the strikes have created a serious lacuna in health care services provision and the trust patients have in our health system has been eroded. Thus necessitating the frequent health tourism to places like Ghana, Egypt, South Africa and India.

Job satisfaction directly affects labor markets, with resultant high staff turnover, professional misconduct, transferred aggression, and a host of aberrant behavior. Job satisfaction is a good way of measuring the health care providers wellbeing. It is also a pointer to the likelihood of disengagement from work by the health care provider.

Assessment of Job satisfactionis important to management when planning to employ new health care workers.Understanding what satisfies health care workers serves to boost productivity and ensure quality assurance in service provision.

Research on job satisfaction provides information to the management on how the employees feel about their work. Employees have a right to be happy performing any work given to them. Any unhappy health care provider is a potential health risk to the patients, and a cost to management. It is therefore in the interest of health managers to make sure their employees are satisfied.

Despite the importance of understanding employee job satisfaction locally,there is little Information about health care worker job satisfaction, ithas been found to be scarce;little work has been done to assess health care worker job satisfaction.

1.7 Limitation of Study

The validity of the responses by the health workers could not be ascertained. Fear of being victimized was assuaged as much as possible by use of anonymous questionnaire and respondents confidentially were assured. This study's finding could not be generalized due to the fact that only one tertiary institution was used. The need to enlarge the scope and reach of study to allow for findings to be generalized should be supported by making more funds available.

Used of service quality question to assess employee performance is subjective and could not be objectively verified.

1.8 Definition of Terms

1. Health care worker. A health care worker is someone who works in a hospital or health Centre. Reverse Dictionary.

2. Health workers are people engaged in actions whose primary intent is to enhance health. These include people who provide health services – such as doctors, nurses, midwives, pharmacists, laboratory technicians – as well as management and support workers – such as hospital managers, financial officers, cooks, drivers and cleaners, WHO.

3. Job satisfaction. Job satisfaction is defined as "the extent to which people like (Satisfaction) or dislike. (Dissatisfaction) their jobs" (Spector, 1997, p. 2 W) Williams, J. (2004).

2.0 Chapter two

Literature review

2.1 Background information

The World health organization (WHO) estimated that there are about 60 million health workers worldwide in 2010. And many of these health workers move to high-income countries for better remuneration, job satisfaction, career opportunities as well as management quality (WHO, 2010).

They noted that demand for health workers is increasing in developed countries, where health systems rely heavily on doctors, nurses and other health workers trained abroad. This movement of health workers most times result in financial loss and weakens health systems in the countries of origin mostly developing countries where the services of these workers are needed most, (WHO, 2010).

Job satisfaction has been found to correlate well with job performance in the health care service provision; job satisfaction has been associated with efficiency and effectiveness of service provision in the medical set up,(Shields, 2001). Satisfied health care workers result in better service delivery and increased patients satisfaction.Job satisfaction affects morbidity and mortality positively, both are to a limited extent reduced, when the health care provider is satisfied doing his job.

2.2 Definition of job satisfaction

Job satisfaction is the individual employee's general attitude towards the job. It is also an employee's cognitive and affective evaluation of his or her job.

Job satisfaction is defined as “the extent to which people like (Satisfaction) or dislike (Dissatisfaction) their jobs” (Spector, 1997, p. 2 W, Williams, 2004).

Job satisfaction can also be defined as contentment (or lack of it) arising out of Interplay of employee’s positive and negative feelings toward his or her work. (BusinessDictionary.com 2011)

2.3 Theories of job satisfaction

Affect Theory

Edwin A. Locke (1976) presented a well-acceptedjob satisfaction model, which is still used. He premised that job satisfaction is determined by a gap between what one wants in a job and what one has in a job. How much one value a given facet of work (e.g. the degree of challenge in a given task) predicts how satisfied or dissatisfied the employer becomes when what he wants is achieved or not achieved. When an employee values a particular facet of a job, his satisfaction is affected positively (when his wants are met) and negatively (when his wants are not met), compared to one who does not want that facet of a job. For example when an employee A has a challenging taskand employee Bdoes not care aboutchallenging task, then employee A would be more satisfied in a position that offers more challenging work and less satisfied in a place where the challenge is low or even absent compared to employee B. Again the theory postulated that when too much of a particular facet is present itresult to strong dissatisfaction especially when the employee values that facet.

Dispositional Theory

Dispositional theory of job satisfaction theory is a well-known theory presented by Jackson (2007). The theory suggests that people have innate dispositions, which make them have tendencies towards a certain degree of satisfaction, irrespective of one's job. This theory explainswhy job satisfaction tends to be stable with time and across careers and jobs. Dispositional theory means that every worker has a certain level of job satisfaction that is inborn or inherited.

Timothy A. (1998) proposed a model, Core self evaluation model which limited the scope of the otherwise generalization of dispositional theory, he brought out four core self-evaluation namely self esteem, self-efficacy, locus of control and neuroticism. He further explained that the higher the employees self esteem and self-efficacy the higher the job satisfaction. Employees with internal locus of control that is those that believe they have control over their life instead of outside forces having control are associated with higher job satisfaction. Those that are less neurotic also tend to be associated with higher job satisfaction.

Two-Factor Theory (Motivator-Hygiene Theory)

Motivator Hygiene Theory or Frederick Herzberg's Two-factor theorytry to explain satisfaction and motivation in the workplace. The theory states that satisfaction and dissatisfaction are driven by different factors, motivation and hygiene factors.A worker is motivated to work when he is satisfied; motivation is related to job satisfaction. Motivation isan inner force that drives individuals to attain personal and organizational goals. Whilemotivating factors are those aspects of the job that make people want to perform, and provide people with satisfaction, for example achievement in work, recognition, promotion opportunities. These motivating factors

are intrinsic to the job, Hackman J.R. (1976). Hygiene factors include aspects of the working environment such as pay, company policies, supervisory practices, and other working conditions, Hackman J.R. (1976).

Researchers have been unable to reliably empirically prove the model; Hackman & Oldham (1976) suggest Hertzberg's original model may have been a methodological artefact. Furthermore, the theory did not factor in the individual differences when formulating the model;it portrays workers toreact in an identical way to changes in motivating or hygiene factors. The model did not specify how motivating or hygiene factors can be measured.

2.4 Job Characteristics Model

Hackman & Oldham (1976) proposed the Job Characteristics Model, which is a framework on how to study specific job characteristics impact on job outcomes, and job satisfaction. The model presented five core job characteristics (skill variety, task identity, task significance, autonomy, and feedback) these impact three critical psychological states; experienced meaningfulness; experienced responsibility for outcomes; and knowledge of the actual results, which influence work outcomes namely job satisfaction; absenteeism; work motivation etc.Hackman J.R.(1976). A motivating potential score (MPS) for job can be obtained by combining the five core job characteristics, which can be used as an index of how likely a job is to affect an employee's attitudes and behaviours.

2.5 Nature of job satisfaction

Yearly, professional health workers leave the shores of Nigeria looking for greener pastures. They migrate to western countries mostly, Asian and even African countries for better

conditions of service. It came to a head that Saudi Arabia organizes periodic job interviews for Nigerian health workers in Nigeria.

Workers attitude are the same as job satisfaction, a positive feeling about a job. A worker with high job satisfaction means he has a positive feeling about his job; the same is also true of negative feeling about job with low job satisfaction.

There is high turn over rate of health workers seeking better offers and other conditions of service and one of the reasons is lack of job satisfaction, Lambert EG (2001). Job dissatisfaction serves as a push factor. Job satisfaction is a major determinant of intentions to leave by health care providers.

And in some countries less than 50% of the required staff are available to serve the population it is even worst in rural areas, in the rural health centres most of the staff are not qualified staff they do not have the requisite training and the qualified health care workers deployed to rural institutions leave in the shortest possible time (WHO, 2006; Hongoro& Normand, 2006).

The extend by which a worker believes that his employer cares about his welfare, efforts and contribution to the organization is described as perceived organizational support. There are studies that identified organizations that are supportive to be one that involves them in decision-making, provide them with fare rewards and provides supportive supervisions to the workers (Farh, 2007).

Studies have shown that most workers are satisfied with their jobs in the developed countries, however the level of satisfaction may vary considerably, Chelte

A.F.(1985).Employees are mostly satisfied with their work overall but they tend to be less satisfied with their remunerations.

Some important factors that are responsible for causing dissatisfaction among nurses have been found by researchers to include non-supportive work environments Sims C.E. (2003) and increased workloads Healy C. (2000)on the other hand important predictors of nurse work satisfaction included autonomy Finn C.P. (2001), work content Nolan and Grant (2003),professional development and recognition Lyon K.J. (2003). And relationships with co-workers and peers Adams A, (2000)

2.6 Causes of Job satisfaction

Organizational environment; Barling and Iverson (2003) pointed out that interesting jobs, opportunity for training, variety, independence, and control constitute a positive organizational environment. It has beenshown that workers in the developing countries or those considered to earn low pay correlate well with job satisfaction but as the income reaches a certain point it no longer becomes a significant factor associated with job satisfaction, the critical level of income in the united states is $40000 per annum.It was found that workers who earn $80000 are not more satisfied than those earning half; other factors come to play other than money.

Interdependent, social relationships in and outside the work place, feedback, have been shown to be strongly associated with job satisfaction, Humphrey, Nahrgary and Morgason(2007).

Personal factors

Personality has been shown to affect job satisfaction.An employee with positive core self-evaluation believes in his competences and worth. He is more satisfied with his job than his counterpart with negative core self-evaluation. He actively seeks

challenging jobs and thrives well compared to his counterpart with negative core self-evaluation who does less challenging and monotonous jobs, Judge T.A. (2007).

2.7 Factors that influence job satisfaction

Include but not limited to the following; Compensation and benefittoemployees; Promotions/ training/opportunity for career development; Challenging work tasks/difficult; Co-workers relationship/sharing/trustSupervisor's employee relationship/coaching;Interesting work environment;Appreciation of work by the employee; Job security;Good remuneration; Promotion/growth; Good working conditions accessibility to proper tools of work;Personal loyalty to the firm; Tactful discipline; Sympathetic help with problems; Flexible work schedule; Health insurance benefits; Gratuity and pension benefits others includeLoans;Institutional transport;Missions and vision of organization; Potential for future growth and employee expectation.

2.8 Job Satisfaction Model

A model was developed to looked at the relationship between factors that caused dissatisfaction and those that leads to job satisfaction, presence of these factors or their absence may lead to job dissatisfaction or satisfaction. Below is the model

Figure 2.1 Job satisfaction model

Employee dissatisfaction ⟷ **Fulfilment** ⟷ **Employee satisfaction**

Commitment

Engagement

Factors leading to dissatisfaction	**Factors leading to job satisfaction**
poor payGood leadership practice	
poor compensationGood manager relationship	
poor work condition	Recognition
lack of promotion	Advancement
poor benefit offering	Personal growth
lack of job security	Feedback and support
Clear direction and objectives	
When these factors are eliminatedwhen these factors are optimal,	
Job dissatisfaction will be eliminated	job satisfaction will be increased

Source: Justin Field 2008

Rose (2003) looked at the following factors that were supposed to have influences on job satisfaction, individual well-being, working hours, work orientation, financial variables, employment contract, market and job mobility. He concluded that there was no strong support for their influence on job satisfaction. He found the influence of workplace to be a significant factor.

Factors related to the contractual features of the job were found by him to be more important. Promotion opportunities that have been assured to the employee by signing a contract, nominal pay increments, bonuses and, most importantly, a permanent job significantly increased job satisfaction score, a recognized career path was also found to be highly significant factor relating to job satisfaction.Hefound a lowassociation between job satisfaction and increase in earnings.More than half of his respondents thought high levels of work related stress and a desire to work fewer hoursaccounted to job dissatisfaction.

Several independent researchers have shown that, job autonomy have a strong association with job satisfaction, the more an employee havework autonomy the higher the job satisfaction. Employees who have a high involvement in the decision process of organization positively correlated with job satisfaction.

The relationship between working time and job satisfaction is unclear. Job satisfaction has been found to be positively related to flexible working time. Workers with more flexible working time are more satisfied with their jobs. However, working overtime has been found to be negatively associated with job satisfaction.

2.9 Potential effects of Job satisfaction

The exit-voice-loyalty-neglect-framework model explains the effect of job dissatisfaction to the organisation or health facility (see fig 2.2). The model has four responses, which differ along two dimensions; Constructive or destructive and active or passive.

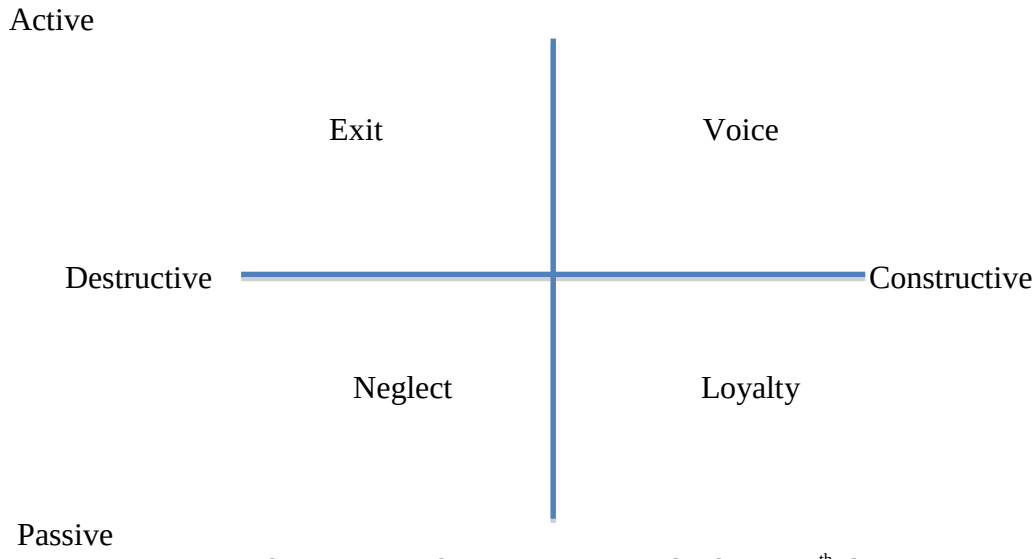
The exit response: The dissatisfied employees seek to leave the organization, change position or resign when they are not happy with their job.

The voice response: Is constructive in nature, the employee seeks ways to improve the prevailing conditions or discuss the organizations problems and participating in unionism.

The loyalty response: Waiting passively but with hope of the conditions improving. The employee may defend the actions of his employers when criticized. The employee expects the management to do the right thing.

Neglect response: The employee passively allows conditions to deteriorate, and is characterised by chronic absenteeism, lateness, reduced work rate, and increased mistakes.

Figure 2.2 Exit-voice-loyalty-neglect-framework model



Source: Stephen P. R. Timothy A.J. Organizational Behavior 14th ed

2.10Importance of Employee Satisfaction

Importance of employee satisfaction for organization

Improves employee retention; Increase work productivity; Increase patients/client satisfaction; Reduce turnover, recruiting, and training costs

Makes the workers more energetic; Improves teamwork;higher quality products and/or services due to more competent energized employees.

Importance of job satisfaction for employee

The employee believes that he will be happy doing his job for a long time; the healthcare care worker will care about the quality of their work;they are more committed to the organization; their works are more productive.

2.11 Job satisfaction and performance

Job satisfaction has been proven by several studies to correlate well with increase productivity or performance (Judge T.A, 2001).Also, the relationship between job satisfaction and performance was found to be even higher for professional jobs than for less non-professional jobs. This contrasts with other earlier findings of a weak correlation between job satisfaction and performance,(Iaffaldano&Muchinsky, 1985). Organizations with more satisfied employees tend to have more productivity compared to those with few satisfied employees (Ostroff C, 1992).

Few staff result to poor job performance; these staff offerssubstandard health care services and they are not responsive to the needs of the patients. Hughes A.S. et al. State: "Most performance problems can be attributed to unclear expectations, skills deficit, resource or equipment shortages or a lack of motivation" (Hughes et al., 2002). A failing health system is evident by low salaries, difficult working and living conditions and inappropriate training.

2.12 Job satisfaction and organizational citizenship behaviour

Job satisfaction has been found to transcend the immediate improvement in job productivity and also includes benefits to the society. Satisfied employees are happy to help others outside the work environment and to readily defend the organization in which they work. Employees that have good caring relationship with their co-workers engage in helpful behaviours while those with difficult relationships with their co-workers are less likely to help others(Hoffman et al2007).

2.13 Job satisfaction and customer(patients) satisfaction

Studies have shown that satisfied employees result to satisfied customers (in this study satisfied patients). Studies also link low motivation among employees lead to low client or patient satisfaction.Williams et al (2002) found low satisfaction among employees to affect the health of health care providers and affects also quality of care. Employee satisfaction is essential to the provision of high quality health care. Dissatisfied health care providers provide poor quality and inefficient health care that leads to wastages and increase hidden and sometimes overt cost of care,Grol R (1995).

2.14 Job satisfaction and absenteeism

Any given day 16-20% of workers miss work. Studies have found consistently a weak to moderate negative relationship between job satisfaction and absenteeism, (Locke 1976). Satisfied workers occasionally want to take time off if they know that the organization readily grants them permission.Low job satisfaction among health workers in India's public sector has been found to be high, evident by a high absenteeism rate, World Bank (2008). Absenteeism cost, amounts to billions of dollars worldwide. Research has shown that younger employees have higher absence rates compared to older employees. Absenteeism rates are influenced by economic conditions such as low pay.

2.15 Job satisfaction and turnover

There is a strong link between job satisfaction and turnover. Though other factors may be responsible especially the pull factors, the availability and attractiveness of other job offers may affect turnover, job turnover is seen more with skilled labour, (Lee, Gerhardt and Weller2004). Turnover sometimes may be a good outcome that is functional turnover especially when it leads to exit of bad workers.

2.16 Job satisfaction and work place deviance

Employee dissatisfaction may lead to deviant behavior including but not limited to outright disobedience of authority, indiscipline, embezzlement, this is known as deviant behavior in the work place or counterproductive behavior in the work place or employee withdrawal(Spector, Fox, Penny, Braursema,Goh and Kessler 2006).

2.17 Job satisfaction and the nature of the job

Looking at all the major job satisfaction facets, employee satisfaction with the nature of the work is the best predictor of overall job satisfaction, the facets includes job challenge, variety, autonomy, and the scope of the job best predicts overall job satisfaction.

The use of a good selection methods and a good match between employees and jobs enables people to be selected and placed on jobs most suitable for them, this will result in increase job satisfaction (Fried & Ferris, 1987).

2.18 Job Satisfaction and Life Satisfaction

This is a new area of study, which looks at the relationship between job satisfaction and life satisfaction. Life satisfaction is the way a person perceives how his or her life has been and how they feel about where it is going in the future. It is a measure of well being as well as a cognitive, global judgement. It is having a favourable attitude of one's life as a whole (Wikipedia,2012). Researchers have looked at three possibilities: (1) spill over:here job experiences spill over into nonworking life and the reverse may also hold true (2) segmentation:here job and life experiences are separated (3) compensation: here an individual seeks to compensate for a dissatisfying job by seeking fulfilment and happiness in his or her nonworking life and the reverse may hold true(Judge and Watanabe, 1994).

Studies on spill over effect have shown the link between job and life satisfaction to be positively correlated (Tait, Padgett, & Baldwin, 1989). Job experiences spill over into

employee's personal life. Live experiences can also spill over the employee's job experiences. They found the relationship to be reciprocal(Judge & Watanabe, 1994).

Other studies have shown a relationship between job satisfaction and depression (Thomas &Ganster, 1995). It is apparent that organizations have little control over an employee's job satisfaction; their job satisfaction is a result, in part, of spill over of their life satisfaction. It is important for organizations to improve employee job satisfactionor riskspill overeffect into their life satisfaction and wellbeing.

2.19 Job satisfaction and different cadre

In a study conducted in elevenhospitals in Germany and Australia eight of which wereuniversity hospitals, job satisfaction was found to be associated with professional group: physicists had the highest satisfaction values, the other professional groups had clearly lower levels of job satisfaction values, meaning professionals have a strong correlation with positive job satisfaction.(Susanne, Dirk, Christof, Peter and Anja,2009). This contrasts another study done in Cyprus, which found that medical doctors showed statistically lower job satisfaction compared to the nursing staff (Persefoni,Nick, Dimitris, 2010).

Any dissatisfied health care provider is a potential health risk to the patients and the community, and a cost to management. It is therefore in the interest of health managers to make sure their employees are satisfied.

2.20 Job satisfaction and working time

One would expect that job satisfaction is negatively related to working hours and that people with longer working hours would be less satisfied with their jobs than those working less hours. However, studies carried out in Denmark and Portugal by the Danish Work Environment Cohort Study (DWECS) 2000, showed a positive relationship between working hours and job satisfaction. This means that people who

work more hours are more satisfied in their work, income may be a confounder, as higher income and longer hours are positively correlated.In Denmark, Danish Work Environment Cohort Study (DWECS) 2000reveal that 'those working long hours reported themselves more satisfied with work than those working less hours'.

2.21 Personal Characteristics and Job Satisfaction

Job satisfaction in general, increases with age because most of the dissatisfied workers would have resigned or would have been fired for one reason or the other. And older workers have greater chance of job fulfilment.

Gender,most studies found no statistically significant association between gender and job satisfaction. The white race has been found to be happier than most other race.

Research has found slight negative relationship between level of education and satisfaction. Those with little education are much contented with their work than those that are highly educated.

Internal loci of control,those who believe that they control their destiny, have higher satisfaction. The higher the occupationallevel, which is, associated with increase challenge and autonomy, the greater the satisfaction.

2.22 Measurement of Job Satisfaction

Jobsatisfaction involves measuring cognitive aspect of personality, and is often difficult to measure objectively. Measures of employee job satisfaction may be wide,most measures address different facets of job satisfaction, which indicate or show areas of satisfaction or dissatisfaction of the employees.

There are quiet a number of tools that have been developed and modified to assess job satisfaction. There is no single universal tool available to measure job satisfaction of employees; some are best suited for certain groups only, the diverse nature of man

contribute to the difficulty of objectively measuring job satisfaction, (Wanous J. P., & Lawler, E. E, 1972).

Over the past 50 years job satisfaction has remain fairly constant this was highlighted in the dispositional theory (Jackson, 2007). There are different ways in which job satisfaction can be assess, these include the following; key informant interviews; focus group discussions; participant observation; use of questionnaire, which is most objective and easy to analyse (Pedhazur&Schmelkin, 1991). Job satisfaction questionnaires are structured in facets that look at thematic areas that affectjob satisfaction. Some authorities are of the opinionthat weighting analysing and interpreting the result might be difficult (Evans, 1969).

2.23 Reliability and validity of measuring instruments

Studies done in the Netherlands (Saane, Sluiter, Verbeek and Frings-Dresen, 2003), systematically review different instruments used to measure job satisfaction in hospitals, and came to the conclusion that only a few of these instruments have shown both high reliability and validity. They looked at the internal consistency, construct validity and responsiveness of these instruments, and reached a conclusion that, out of 29 instruments analyzed, only seven of them were reliable and valid enough to assess job satisfaction in hospital environments

Table 2.1 Summary of Job satisfaction instruments

Name	Items	Answer scale	Factors assessed
Job in General Scale	18 items	Three answer categories (yes? no)	General job satisfaction
Andrew and Withney Job Satisfaction Questionnaire General job satisfaction	Five items	Seven-point Likert scale (from 1 - delighted to 7 - not at	General job satisfaction

		all satisfied)	
Job Satisfaction Survey	Multidimensional instrument (nine subheadings, unknown number of items)	Six-point Likert scale (from 1 - disagree to 6 - agree very much)	Salary, promotion, supervision, fringe benefits, contingent rewards, operating procedures, co-workers, work and communication
Emergency Physician Job Satisfaction	Scale 79 item multidimensional instrument	Seven-point Likert scale (from -3 - strongly disagree to 3 - strongly agree)	General job satisfaction and administrative autonomy, clinical autonomy, resources, social relationships, lifestyle and challenges
McClosky/Mueller Satisfaction Scale	31 item multidimensional instrument	Five-point Likert scale (from 1 - very dissatisfied to 5 - very satisfied)	Extrinsic rewards, scheduling satisfaction, work-life balance, co-workers, interaction, professional opportunities, praise/recognition and control/responsibility
Measure of Job Satisfaction	38 item multidimensional instrument	Five-point Likert scale (from 1 - very dissatisfied to 5 - very satisfied)	Personnel satisfaction, workload, professional support, salary, and prospects and training
Nurse Satisfaction Administration,	24 item multidimensional scale	Scale Seven-point Likert scale (from 1 - strongly agree to 7 - strongly disagree)	Co-workers, career, patient care, relations with supervisor, nursing education and communication

Source: Adapted from national contribution (Netherlands)pp191-200

2.25 The Job in General Scale

The JIG is a global job satisfaction instrument and is part of the Job Descriptive Index (JDI). The JIG has 18 items. The response scaling is a three-response choice: a person agrees (yes), a person is not sure (?), or a person does not agree (no).

Andrew and Withey Job Satisfaction Questionnaire

This is a one-dimensional questionnaire that measures global job satisfaction. It has five items. Responses are given on a seven-point Likert scale ranging from delighted (1) to terrible (7).

Job Satisfaction Survey

The JSS is a multidimensional instrument originally developed for the social service sector. However, Spector argues that it can be used for other sectors as well. The response format is a six-point Likert scale, ranging from 'disagrees very much' (1) to 'agree very much' (6). The JSS includes nine sub-scales: salary, promotion, supervision, and fringe benefits, contingentrewards, operating procedures, co-workers, work and communication. Some of the items categorized as 'operating procedures' refer to workload, for example the items 'I have too much paperwork' and 'I have too much to do at work'. The sub-scales and the items independently cover 9 out of the 11 standard work factors.

Emergency Physician Job Satisfaction Scale

The EPJS is a multidimensional instrument designed for physicians working at an emergency department. The questionnaire has 79 items, including a global job satisfaction scale with 11 items. The response format is a seven-point Likert scale, ranging from 'strongly disagree (–3) to 'strongly agree (3)'. The EPJS measures six work factors: administrative autonomy, clinical autonomy,resources, social relationships, lifestyle (work/private life balance) and challenges.

McCloskey/Mueller Satisfaction Scale

The MMSS is a multidimensional questionnaire designed for hospital staff nurses. There are 31 items; the response format is a five-point Likert scale ranging from 'very dissatisfied' (1) to 'very satisfied' (5). The MMSS measures eight work factors: extrinsic rewards (salary, vacation); scheduling satisfaction (e.g. flexible work hours);

family/work balance; co-workers; interaction; professional opportunities (e.g. write and publish, participate in research); praise/recognition; and control/responsibility.

Measure of Job Satisfaction

The MJS is a multidimensional instrument designed for use in the community nurse sector. It has 38 items. The stem question is 'how satisfied are you with this aspect of your job?' Respondents are asked to rate their degree of job satisfaction on a five-point Likert scale, ranging from 'very satisfied' to 'very dissatisfied',including a neutral response choice. The MJS measures five work factors: personnel satisfaction; workload; professional support; salary; and prospects and training. Within the sub-scale of personnel satisfaction, items are included that refer to variation, challenge and satisfaction. All the 11 standard work factors are represented in the instrument.

The Nurse Satisfaction Scale

The NSS was developed to measure job satisfaction among nurses. The questionnaire is multidimensional and has 24 items. The response format is a seven-point Likert scale, ranging from 'strongly agree' (1) to 'strongly disagree' (7). NSS includes seven work factors: administration (support nurses, care about nurses, consult with nurses and nursing goals of administration); co-workers; career; patient care; relation with supervisor; nursing education; and communication. Nine aspects of the 11 standard work factors were met, although autonomy and work content were measured minimally.

Some of the other commonly used survey tools include the following.

Job Descriptive Index (JDI)Minnesota Satisfaction Questionnaire (MSQ)

Job Descriptive Index

Smith, Kendall, and Hulin's (1969) developed the Job Descriptive Index (JDI). It is made up of ninety questions, which are divided into five thematic areas of job satisfaction namely,supervision, opportunities for promotion,present pay and co-workers.

Minnesota Satisfaction Questionnaire

Weiss, Dawis, England, &Lofquist, in 1967 developed the Minnesota Satisfaction Questionnaire (MSQ) which has become a widely used instrument to evaluate job satisfaction. So far three forms of the MSQ have been developed, two 100-item long forms (1977 version and 1967 version) and a 20-item short form Travis G. Worrell (2004). The MSQ provides more information on the rewarding aspects of a job than other general measures of job satisfaction.

The MSQ is written on a fifth-grade level. The short form can be completed in about 5 minutes while the long form can be completed in 15 to 20 minutes. Both the short and long forms provide job satisfaction estimates, while the long form provides more information. The MSQ can be used in an individual or group setting, and standardized instructions for administration are provided. The 1977 revision of the MSQ uses a standard five-point response scale. Responses vary from "Very Satisfied", "Satisfied", "N" (Neither Satisfied nor Dissatisfied), "Dissatisfied" and "Very Dissatisfied." This response format was found to have a ceiling effect which caused the scale score distributions to be negatively skewed.

The 1967 version adjusted for this by changing the response options to "Not Satisfied," "Somewhat Satisfied," "Satisfied," "Very Satisfied," and "Extremely

Satisfied. This modification resulted in a symmetrical scale score distribution that look at the "satisfied" category and brought out larger item variance.

2.26 Studies done on job satisfaction

Chirdan et al (2009) carried out a cross sectional studies of selected public health facilities in some states in Northeastern Nigeria to assess health workers job satisfaction and motivational factors, 299 health workers were involved in the studies. They concluded that the level of general job satisfaction was high. Though salaries were important, presence of conflict at work, freedom of expression, managerial support for staff welfare, managerial support for staff career development, availability of tools and consumables in the workplace and progress towards personal professional goals appear to play a role in worker motivation.

Amoran et al (2005) examine factors that enhance job satisfaction among health workers in the primary health care system in Nigeria.

They carried out a cross-sectional descriptive study conducted in three local government areas in southwest Nigeria by multistage sampling technique.

A total of 125 health workers were interviewed in all. The mean score on job satisfaction was 26.15 out of the total possible score of 49. There was no statistically significant relationship in job satisfaction among the various cadres of health workers considered ($p = 0.824$). A larger proportion (66.4%) of the health workers were involved with the community based preventive services when compared with the health Centre based curative care 33.4% ($p < 0.05$), there is however no significant difference in satisfaction between the two groups of personnel ($p = 0.133$). Age and marital status were found to be statistically significant in relation to job satisfaction ($p = 0.001$ and 0.034 respectively).

The study concluded that there was no significant difference in job satisfaction among the various cadres of health workers in southwest Nigeria. However age and marital status were found to be significant factors influencing job satisfaction among the primary health care workers in Nigeria.

Alemshet,Hamza, Hassan, Jira, and Sudhakar(2011) determine the job satisfaction of health professionals working in Jimma University Specialized Hospital Indonesia and factors affecting their level of satisfaction. A cross-sectional study design was conducted. The study included all categories of health professionals working in the hospital during the study period. Data was collected using self-administered questionnaire and focus group discussion.

A total of 145 health professionalswere therespondents. Sixty seven (46.2%) of the health workers were dissatisfied with their job. The major reasons reported for their dissatisfaction were lack of motivation, inadequate salary, insufficient training opportunities and inadequate number of human resources. Only sixty (41.4%) health professionals were satisfied with their job, the major reasons given were getting satisfaction from helping others and professional gratification. Suggestion given by the respondents to improve job satisfaction and increase retention rate included motivation of staff through different incentives such as bonus, house allowance, salary increment, establishing good administration management system and improving hospital facilities and infrastructure.

The study concluded that Job satisfaction of health professionals in Jimma University Specialized Hospital was low.

Diane,Whalley, Chris,Bojke, Hugh,Gravelle, Bonnie,Sibbald, (2006) found General Practitioners to be most dissatisfied with hours of work, recognition for good work and remuneration, and experienced most pressure from paperwork, increasing workloads and having insufficient time. The majority of doctors were satisfied with their job overall. Satisfaction was higher than in 2001 and approximately the same as in 1998. Overall stress in 2004 was lower than in 2001 but still higher than in 1998. After allowing for personal practice and job characteristics, higher satisfaction was associated with lower job stress, involvement in decision making, increasing job interest and ability to meet conflicting demands.

They concluded that despite recent initiatives to enhance workforce capacity and working lives for GPs, workload, time pressures and job control remain potential areas of concern. Addressing such issues may be key to maintaining morale as the new contract is implemented.

Suminder K et al in (2009) studied job satisfaction among doctors in a tertiary hospital in Delhi and the various factors related with it. They chose 250 doctors by stratified random sampling technique, in a teaching hospital in Delhi,

The mean number of work-hours among doctors was 9.7 ± 2.7 hours per day, and the mean number of night shifts was 5.6 per month. About half (49.6%) of the doctors were dissatisfied with the average number of work-hours per day. Dissatisfaction was significantly more in those who had an average of >8 work-hours per day and who had ≥8 night shifts per month. About half (45.6%) of the doctors considered their salary as 'bad,' and this was significantly more among unmarried doctors, interns and those who had ≥8 night shifts per month. More than half (55.2%) of the doctors were

dissatisfied with their choice of profession, i.e., being a doctor, as compared to other professions.

Suminder and her team concluded that a significant proportion of doctors were found to be dissatisfied with the average number of their work-hours and salary. Factors like the average number of work-hours per day and the number of night shifts per month were found to have a significant relation with dissatisfaction.

Rubin Pillay (2009). Carried out a national study that compares and contrasts satisfaction levels of nurses in both public and private sectors in South Africa using a cross sectional study design, she involved 569 professional nurses.

Private-sector nurses were generally satisfied, while public sector nurses were generally dissatisfied. Public-sector nurses were most dissatisfied with their pay, the workload and the resources available to them. They were satisfied only with the social context of the work. Private- sector nurses were dissatisfied with their pay and career development opportunities. Professional nurses in the more rural provinces, those intending to change sectors and those more likely not to be in their current positions within the next five years were also more likely to be dissatisfied with all facets of their work.

She concluded thatthere is overall job dissatisfaction among South African nurses and confirmed the disparity between the levels of job satisfaction between the public and private sectors.

Persefoni et al (2010) set out to investigate how medical and nursing staff of the Nicosia General Hospital is affected by specific motivation factors, and the association between job satisfaction and motivation and to determine the motivational

drive of socio-demographic and job related factors in terms of improving work performance.

Two categories of health care professionals, medical doctors and dentists
(N = 67) and nurses (N = 219) participated. The survey revealed that achievements were ranked first among the four main motivators, followed by remuneration, co-workers and job attributes. The factor remuneration revealed statistically significant differences according to gender, and hospital sector, with female doctors and nurses and accident and emergency (A+E) outpatient doctors reporting greater mean scores ($p < 0.005$). The medical staff showed statistically significantly lower job satisfaction compared to the nursing staff. Surgical sector nurses and those >55 years of age reported higher job satisfaction when compared to the other groups.

The results are in agreement with the literature, which focuses attention to management approaches employing both monetary and non-monetary incentives to motivate health care professionals. Health care professionals tend to be motivated more by intrinsic factors, implying that this should be a target for effective employee motivation. Strategies based on the survey's results to enhance employee motivation are suggested.

3.0 Chapter three

Methodology

3.1 Study design;A cross sectional descriptive study design was used to determined job satisfaction and its effect on health care provision, the study was carried out in ABUTH Shika.

3.2Study population; comprised of health workers namely medical doctors, nurses, laboratory scientist and technicians, and pharmacists working with ABUTH.

3.3Inclusion and exclusion criteria

The inclusion criteria was all healthcare workers employed more than six months ago (probationary period) at the hospital and were available at the time of the study and willing to participate. The exclusion criteria was those who were employed less than six months ago,those not available such as those who were on leave and those who decided to exercise their right not to participate.

3.4Sample size determination

A single proportion formula was used

$\frac{\pi(1-\pi)}{\varepsilon^2}$Betty R.K (2003)

Where

π=Proportion of good job satisfaction 68% from previous study,Chirdan (2009).

$\boldsymbol{\varepsilon}$=Require size of standard error set at 95%

Substitute$0.68(1-0.68)/0.05^2$ = 87

10% of calculated sample size was assumed to be non response=8.7 which was rounded to 9 and added to 87 to arrived at 96 total sample size.

3.5Sampling technique.A list of all the study population was obtained,which became the sampling frame. Four strata of health workers based on cadre were used (medical doctors, nurses, laboratory scientist and technicians, and

pharmacists)stratified sampling technique was used to select the different cadres of health workers.From eachstratumSimple random sample technique using random number tables was used to select the required sample size (based on proportional allocation to each stratum), but in a situation where the selected participant refused to participate in the study, the candidate was replaced by the next name on the sample frame.Questionnaires were administered on weekdays during break time. Registrarswere used to administer the questionnaires.

Formula for calculating proportional allocation (n/N) * X

n=number of sub sample (occupation)

N=total number of study population (1336)

X=calculated sample size (204)

Cadre	Number of employees	(n/N) * X	Required sample size
Medical doctors	638	(638/1336)*204	97
Nurses	581	(581/1336)*204	89
Laboratory scientist	65	(65/1336)*204	10
Pharmacist	52	(52/1336)*204	8
Total	1336		204

3.6DATA COLLECTION TOOL

A structured self-administered questionnaire was used to collect data from the participants. The questionnaire was an adoption of Job satisfaction survey. The questionnaire was divided into 2 sections: Section A assessed the socio-demographic information of the respondents, Section B: was made up of a Multidimensional instrument (eight subheadings). The scale was a Six-point Likert scale (from 1 disagree to 6 agree very much). The major facets wereservice, finance, training, stress, management, professionalism, co-workers, work and communication. Other additions were job security, service quality, and involvement in planning.

3.7Data analysis

The questionnaires collected were manually cleaned andcoded;data collated wasanalysed using statistical package for social sciences(SPSS version 19). Overall satisfaction rate was evaluated by responses to the question;think about your overall satisfaction with your job. This includes all the different components of your work life, from your pay rate and benefits, to your management and the organization of your agency, to relationships with co- workers and supervisors, to your particular responsibilities. Circle the number on the scale from 1-10 where it best represents your overall degree of job satisfaction. Overall job satisfaction was used as the dependent variable.

The questionnaire reliability coefficientwas assessed, and the cronbach's alpha was found to be 0.887 which was adequate.

A descriptive and inferential statistical analysis was employed. Data was summarized using frequency tables and graphic presentations. Chi-square testwas used to test for association between the predictor variables and the outcome variable. P-value was set at $P \leq 0.05$ which was considered significant. Binary logistic regression was computed to determine the size of the predictor variables on the dependent variable.

3.8Ethical Considerations

Permission was obtain from the head of department business administration and ethical clearance obtained from the Ahmadu Bello University Teaching Hospital Ethical and scientific Committee,before administering the questionnaires, the objectives of the study was clearly explained to the participants and written informed

consent was obtained from each participant. Confidentiality and anonymity was ensured throughout the study, participants were not required to disclose their personal information on the questionnaire. Participants were informed that their participation was voluntary and that they could withdraw from the study at any time.

4.0 Chapterfour
Data presentation and analysis

4.1Introduction

This study was carried out in Ahmadu Bello University Teaching Hospital Zaria, which is a tertiary Institution. Three hundred self-administered questionnaires were distributed to health workers in ABUTH and at the end of two months only 207 questionnaires were retrieved, a response rate of 69%. The mean age of respondents was 35 years ±8 SD. General descriptive statistics was presented in the first part followed by bivariate analysis and finally multivariate analysis.

4.2 Section A Descriptive Statistics of socio-demographic information

Table 4.1 Age distributions of respondents in ABUTH Shika

Age	Frequency	%
20-29	65	31.4
30-39	91	44
40-49	34	16.4
50-59	15	7.2
60-69	2	1.0
Total	208	100

Seventy five percent of respondents were between 20 and 40years, and the age group with the highest number of health workers is 30-39years with 44%.
Source: survey data 2011

Table 4.2 Sex distributions of respondents in ABUTH Shika

Sex	Frequency	%
Male	118	57
Female	89	43
Total	208	100

Of the respondents 57% were males.
Source: survey data 2011

Table 4.3 Occupation of respondents in ABUTH Shika

Occupation	Frequency	%

Doctor	94	45.4
Pharmacist	25	12.1
Nurse	36	17.4
Lab scientist/physiotherapist	52	25.1
Total	208	100

Medical doctors constituted the highest number of respondents with 45.4%. the least respondents were pharmacist with 12%.
Source: survey data 2011

Table 4.4 Marital Status of respondents in ABUTH Shika

Marital status	Frequency	%
Single	64	30.9
Married	134	64.7
Divorced	5	2.4
Widowed	4	1.9
Total	208	100

More than half the respondents were married (64.7%). Widows constituted 1.2%.
Source: survey data 2011

Table 4.5 Income of respondents in ABUTH Shika

Income	Frequency	%
50000- 100000	55	25.6
100001-150000	35	16.9
150001-200000	44	21.3
200001-250000	62	30
250001-300000	13	6.3
Total	208	100

The income group with the highest number of respondents was 200001-250000 with 30%, and the income group with the least number of respondents was 250001-300000.
Source: survey data 2011

Table 4.6 Hours per week of respondents in ABUTH Shika

Hours per week	Frequency	%

30-34	5	2.4
35-39	39	18.8
>40	163	78.7
Total	208	100

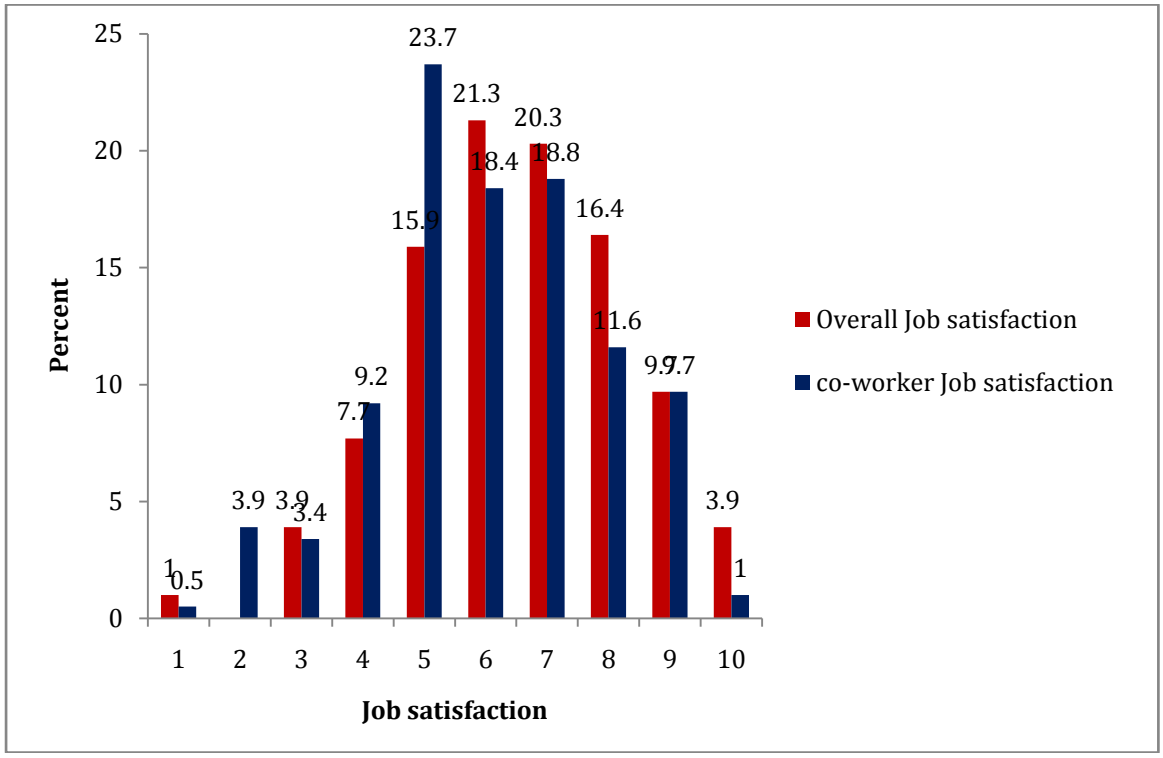
Most of the average number of hours per week was 40hours with78.7%.
Source: survey data 2011

Table 4.7 Years of service of respondents in ABUTH Shika

Years of service	Frequency	%
1-9	162	78.3
10-19	20	9.7
20-29	17	8.2
30-39	8	3.9
Total	208	100

Seventy eight percent of respondents had worked for between 1-9 years. Four percent worked for between 30-39years.
Source: survey data 2011

Figure 4.1 The level of respondents' job satisfaction



The overall job satisfaction was 71.5%, while co-worker job satisfaction was 59.4%. 23% of the respondents graded coworker's job satisfaction as 50%, while 21% of the respondents graded job satisfaction as 60%.
Source: survey data 2011

Table 4.8 Descriptive summaries of some socio-demographic characteristics

Variable	N	Minimum	Maximum	Mean	Standard deviation
Age	207	23	62	35.0918	8.51990
Years of service	207	1	35	6.5845	8.43544
Hours per week	207	25	84	43.4106	9.17312
Monthly income	207	29000	290000	164106.9082	64577.14866

The mean years of service was 6.5845 ± 8.43544 SD, hours of work per week 43.4106± 9.17312 SD, mean monthly income was 164106.9 ± 64577.
Source: survey data 2011

4.3 Section B:Bivariate analysis of predictor variables with job satisfaction of health workers

Table 4.9Age cross-tabulated with job satisfaction of respondents

Age	Dissatisfied F %	Satisfied F %	Total	X	df	P
20-29	16(9.2)	46(22.2)	65(31.4)			
30-39	25(12.1)	66(31.9)	91(44)			
40-49	8(3.9)	26(12.6)	34(16.4)	4.048	4	0.400
50-59	7(3.4)	8(3.9)	15(7.2)			
60-69	0(0.0)	2(1.0)	2(1.0)			
Total	59(28.5)	148(71.5)	207(100)			

The age group with the highest percentage of job satisfaction is 30-39 with 32%. There was no statistically significant association between age and job satisfaction p=0.40
Source: survey data 2011

Table 4.10Sex cross-tabulated with job satisfaction of respondents

Sex	Dissatisfied F %	Satisfied F %	Total	X	df	P
Male	34(16.4)	84(40.6)	118(57)	0.067	1	0.795
Female	25(12.1)	64(30.9)	89(43)			
Total	59(28.5)	148(71.5)	207(100)			

There was no statistically significant association between sex and job satisfaction p=0.795. Males were more satisfied with their jobs
Source: survey data 2011

Table 4.11 Marital status cross-tabulated with job satisfaction of respondents

Marital status	Dissatisfied F %	Satisfied F %	Total	X	df	P
Single	14(6.7)	50(24)				
Married	43(20.7)	92(44.2)				
Divorced	2(1.0)	3(1.4)	5(2.4)	6.442	3	0.092
Widowed	0(0.0)	4(1.9)	4(1.9)			
Total	59(28.5)	148(71.5)	207(100)			

There was no statistically significant association between marital status and job satisfaction p=0.092
Source: survey data 2011

Table 4.12 Education cross-tabulated with job satisfaction of respondents

Education	Dissatisfied F %	Satisfied F %	Total	X	df	P
Secondary	1(0.5)	6(2.9)	7(3.4)			
Tertiary	58(28)	137(66.2)	195(94.2)	4.296	2	0.117
Post graduate	0(0.0)	5(2.4)	5(2.4)			
Total	59(28.5)	148(71.5)	207(100)			

There was no statistically significant association between educational status and job satisfaction p=0.117. More than half of the respondents had tertiary education.
Source: survey data 2011

Table 4.13 occupation cross-tabulated with job satisfaction of respondents

Occupation	Dissatisfied F %	Satisfied F %	Total	X	df	P
Doctor	29(14)	65(31.4)	94(45.4)			
Pharmacist	7(3.4)	18(8.7)	25(12.1)			
Nurse	12(5.8)	24(11.6)	36(17.4)	2.048	3	0.563
Lab	11(5.3)	41(19.8)	52(25.1)			
Total	59(28.5)	148(71.5)	207(100)			

There was no statistically significant association between occupation and job satisfaction p=0.563. Doctors were more satisfied (31%)
Source: survey data 2011

Table 4.14 Years of service cross-tabulated with job satisfaction of respondents

Years of service	Dissatisfied F %	Satisfied F %	Total	X	df	P
1-9	45(21.7)	117(56.5)	162(78.3)			
10-19	5(2.4)	15(7.2)	20(9.7)			
20-29	5(2.4)	12(5.8)	17(8.2)	1.808	3	0.613
30-39	4(1.9)	4(1.9)	8(3.9)			
Total	59(28.5)	148(71.5)	207(100)			

There was no statistically significant association between years of service and job satisfaction p=0.613. Those that served for less than nine years were more satisfied.
Source: survey data 2011

Table 4.15 Hours per week cross-tabulated with job satisfaction of respondents

Hours per week	Dissatisfied F %	Satisfied F %	Total	X	df	P
30-34	0(0.0)	5(2.4)	5(2.4)			
35-39	7(3.4)	32(15.5)	39(18.8)			
>40	52(25.1)	111(53.6)	163(78.7)	6.596	2	0.037
Total	59(28.5)	148(71.5)	207(100)			

There was statistically significant association between hours per week and job satisfaction p=0.037. Those that put in 40 hours per week were more satisfied (54%)
Source: survey data 2011

Table 4.16 Incomecross-tabulated with job satisfaction of respondents

Income	Dissatisfied F %	Satisfied F %	Total	X	df	P
50000-100000	11(5.3)	42(20.3)	53(25.6)			
100001-150000	9(4.3)	26(12.6)	35(16.9)			
150001-200000	15(7.2)	29(14)	44(21.3)	3.141	4	0.534
200001-250000	19(9.2)	43(20.8)	62(30)			
250001-300000	5(2.4)	8(3.9)	13(6.3)			
Total	59(28.5)	148(71.5)	207(100)			

There was no statistically significant association between income and job satisfaction p=0.534. Those within the income bracket of 200000-250000 were more satisfied
Source: survey data 2011

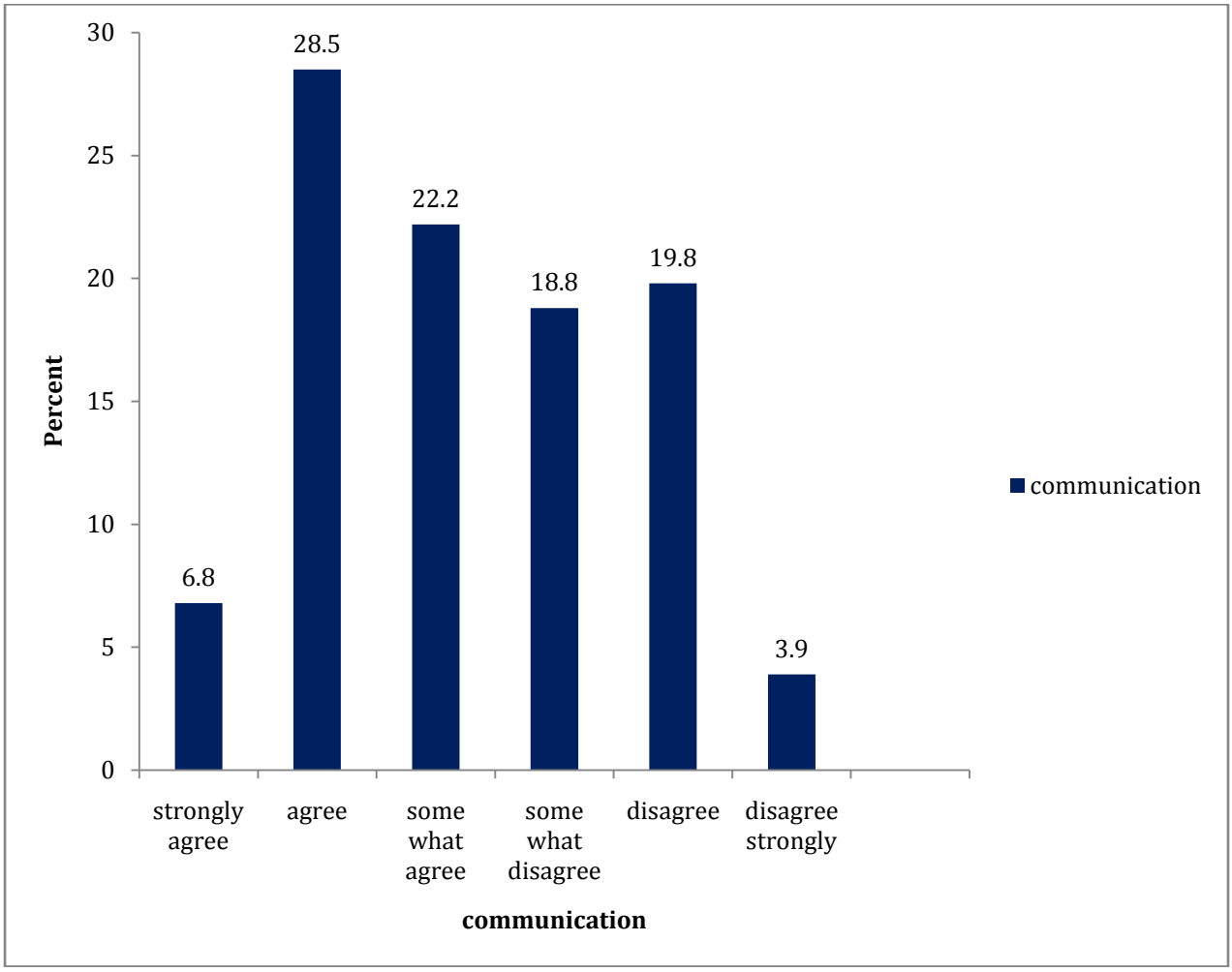
Table 4.17 Components of job satisfaction associated with overall job satisfaction

All the associations between components of Job satisfaction and Job satisfaction were

Variable		Dissatisfaction F %	Satisfaction F %	Total F %	X	df	P
Service	Low	15(7.2)	5(5.3)	20(9.7)			
	High	44(21.3)	143(82.1)	187(90.3)	23.488	1	0.001
	Total	59(28.5)	148(87.4)	207(100)			
Professionalism	Low	12(5.8)	9(4.3)	21(10.1)			
	High	47(22.7)	139(67.1)	186(89.9)	9.407	1	0.002
	Total	59(28.5)	148(87.4)	207(100)			
Finance	Low	31(15)	54(26.1)	85(41.1)			
	High	28(13.5)	94(45.4)	122(58.9)	4.493	1	0.034
	Total	59(28.5)	148(87.4)	207(100)			
Training	Low	20(9.7)	24(11.6)	44(21.3)			
	High	39(18.8)	124(59.9)	163(78.7)	7.880	1	0.005
	Total	59(28.5)	148(87.4)	207(100)			
Stress	Low	5(2.4)	44(21.3)	49(23.7)			
	High	54(26.1)	104(50.2)	158(76.3)	10.548	1	0.001
	Total	59(28.5)	148(87.4)	207(100)			
Management	Low	26(12.6)	12(5.8)	38(18.4)			
	High	33(15.9)	136(65.7)	169(81.6)	36.395	1	0.001
	Total	59(28.5)	148(87.4)	207(100)			
Orientation	Low	33(15.9)	52(25.1)	85(41.1)			
	High	26(12.6)	96(46.4)	122(58.9)	7.539	1	0.006
	Total	59(28.5)	148(87.4)	207(100)			

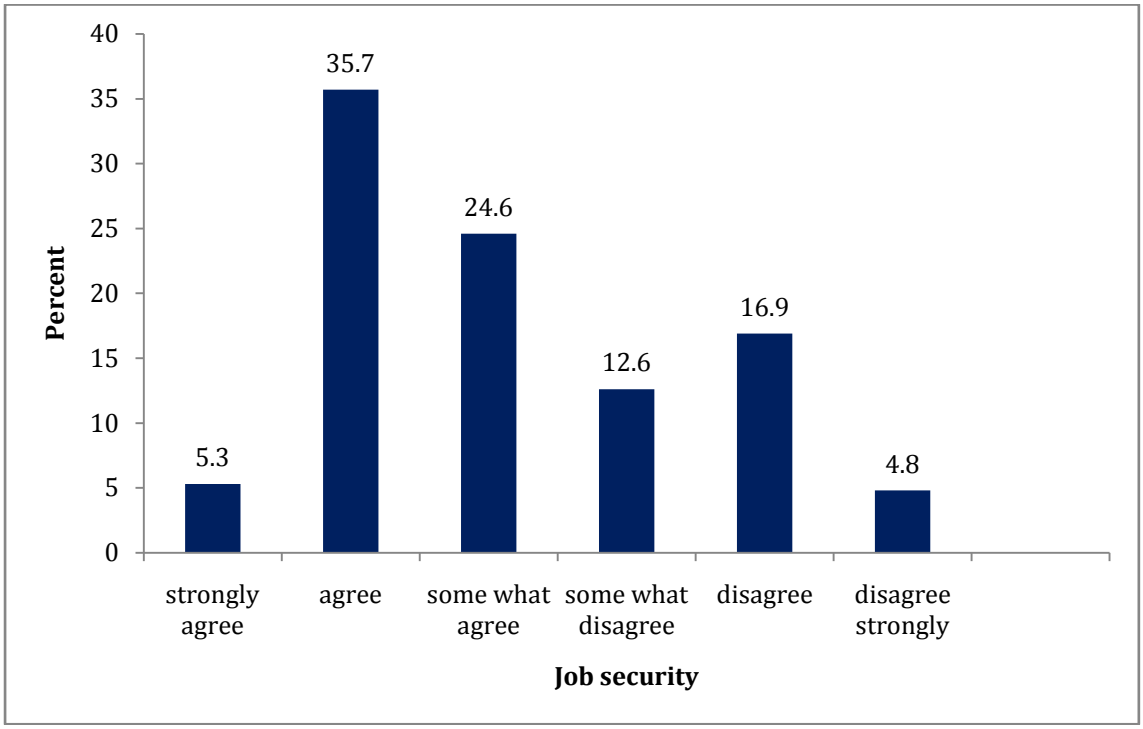
Statistically significant
Source: survey data 2011

Figure 4.2 Respondents level of satisfaction on communication in ABUTH Shika



Fifty eight percent of the respondents were satisfied with communication in ABUTH
Source: survey data 2011

Figure 4.3 Respondents level of satisfaction of job security in ABUTH Shika



Sixty six percent of respondents were satisfied with their Job security in ABUTH
Source: survey data 2011

4.4 Section C:Binary logistic regression of factors that influences job satisfaction

Table 4.18 Binary logistic regression model summary

Step	-2 Log likelihood	Cox & Snell R Square	Nagelkerke R Square
1	228.800a	0.086	0.123

The Nagelkerke R square showed a moderate effect size model fit 0.123
Source: survey data 2011

Table 4.19 The accuracy of the effect of size on the model

Observed			Predicted		
			Overall satisfaction		Percentage Correct
			Dissatisfied	Satisfied	
Step 1	Overall satisfaction	Dissatisfied	5	54	8.5
		Satisfied	4	144	97.3
	Overall Percentage72.0				

The cut value is .500
The accuracy of the effect of size on the model was fair(72%)

Source: survey data 2011

Table 4.20 Variables in the equation

Variables Step 1a	B	S.E.	Wald	df	Sig.	Exp(B)	95% C.I. EXP(B)	
							Lower	Upper
Sex (1)	-0.063	0.382	0.027	1	0.869	0.939	0.444	1.984
Marital status			3.071	3	0.381			
Marital status(1)	-20.180	20071.821	0.000	1	0.999	0.000	0.000	0.000
Marital status(2)	-20.659	20071.821	0.000	1	0.999	0.000	0.000	0.000
Marital status(3)	-22.213	20071.821	0.000	1	0.999	0.000	0.000	0.000
Education			1.028	2	0.598			
Education (1)	-20.344	17473.928	0.000	1	0.999	0.000	0.000	0.000
Education (2)	-21.488	17473.928	0.000	1	0.999	0.000	0.000	0.000
Occupation			0.453	3	0.929			
Occupation (1)	-0.278	0.657	0.179	1	0.673	0.758	0.209	2.744
Occupation (2)	-0.350	0.643	0.295	1	0.587	0.705	0.200	2.487
Occupation (3)	-0.326	0.564	0.334	1	0.563	0.722	0.239	2.179
Age	0.004	0.039	0.009	1	0.926	1.004	0.930	1.084
Years worked	-0.022	0.039	0.311	1	0.577	0.979	0.907	1.056
Hours per week	-0.023	0.017	1.695	1	0.193	0.978	0.945	1.012
Income	0.000	0.000	1.017	1	0.313	1.000	1.000	1.000
Constant	44.796	26612.357	0.000	1	0.999	2.847E19		

Variable(s) entered on step 1: sex, marital status, education, occupation, age, years worked, hours per week, income.
Age and Income have positive effect on Job satisfaction as shown by the odds ratio (Exp B) of one

Source: survey data 2011

5.0Chapter five

5.1 Discussion, conclusion and recommendation

This study revealed overall job satisfaction of respondents to be 71.5% out of which 13.6% were highly satisfied with their job, Jun et al (2010) found the level of job satisfaction in a Chinese study to be 83.3% , Jackie (2010) in a South African hospital study found health workers satisfaction to be 47%,Alemshet et al (2011)found 60% of health workers in an Ethiopian hospital to be satisfied,compared to a similar work done in Delhi bySuminder et al (2009) that found a significant number of doctors (54%) be satisfied.

The respondents were asked to assess their co-workers level of job satisfaction and werefound to be 59.4%, co-worker job satisfaction was found to be lower than the overall job satisfaction,and the co-worker satisfaction is a more objective method of assessing job satisfaction as it has the effect of reducing biased.

This study found the mean age of respondents to be 35±9SDwhich was not statistically significantly associated with job satisfaction p=0.400,while the mean years of service was 7±8SDwhich was not statistically significantly associated with job satisfaction p=0.613and mean hours of work per week was 43±9SDitwas statistically significantly associated with job satisfaction p=0.037, compared to a Delhi study with mean working hours of 49 per week (Suminder et al 2009) which resulted in high dissatisfaction.Mean income was 160000±64000SD and was not statistically significantly associated with job satisfaction p=0.534, money especially in developed countries does not influence job satisfaction.

5.2 Predictor variables associated with job satisfaction of respondents

It was found out in this study that the number of hours the respondents put in their work was associated with job satisfaction, meaning there was a statistically significant association between job satisfaction and hours of work p=0.037. On the other hand sex, educational status, occupation, years of service and income was not statistically significant. In a Chinese study by Jun (2010) age, gender, years of service and income was found to significantly affect job satisfaction. They too found occupation, and education not to have any effect on the health worker's job satisfaction.

5.3 Components of job satisfaction associated with overall job Satisfaction

The service provision and personal meaning of the job to the health worker was found to be statistically significant with job satisfaction p=0.001. They found the job interesting and believed they made a difference in other people's life and patients. A study conducted by Development Dimension International (1997) also concluded that there is a relationship between service provision and job satisfaction. Jain et al (2009) found a significant relationship between job satisfaction and quality of patient care.

The area of professionalism was found to be statistically significant with job satisfaction p=0.002. The health workers involved in the studies believed that other people saw their job as a valuable profession, and believed that their position in the hospital was a professional one. The respondents agreed that they were able to use their skills in the position they were occupying.

Financial aspect of job satisfaction components was found to be statistically significant associated with job satisfaction p=0.034. Most of the health workers were happy with their income, and other benefits derived from the job. They believe that they were better off compared with others in a similar field.

The health workers attitude towards competence and training was found to be statistically significant when compared with job satisfaction p=0.005. They believed that they were well trained for the job they were performing, and were confident while performing their assigned duties, they were confident because they had mastered the skills they needed to execute their work. Jackie (2010) also made a similar finding in a study on South African health workers.

Orientation was statistically significantly associated with job satisfaction p=0.006. They believed they were fully oriented and had a good idea before assuming the position they occupy. However 38% of health workers involved in the study understood little about their current position before being employed.

Work related stress was found to be statistically significant when cross-tabulated with job satisfaction p=0.001. Meaning they were overwhelmed by responsibilities in the work place, and they regularly worry at home about their work. They believed the job demands too much from them, physically, emotionally and mentally. This is in direct contrast to studies done in a South African Hospital (Jackie 2010).Dragana et al (2008) found two third of the studied health workers in Serbiato have complained of over work.

The hospital management was found to be statistically significant when it was cross-tabulated with job satisfaction p=0.001. Health workers involved in the study believed that the hospital management valued them, they were satisfied with the way the hospital was being managed, and they believed their supervisors care much about them and received adequate support from them. Only 39% of the respondents believed they were involved in decision-making.

5.4 Determinants of overall job satisfaction

Binary logistic regression with job satisfaction being the outcome was employed to assess determinants of job satisfaction. The Nagelkerke R square showed a moderate effect size model fit 0.123. Hosmer and Lemeshow Test showed that the difference between observed and the expected values were not statistically significant P=0.279 and is indicative of a good model fit.

The accuracy of the effect of size on the model was fair (72%)remodeling using different variables and controlling for confounders would obtain a better fit. It implies that the model could not explain only 28% of the variance.

Age and Income had positive effect on Job satisfaction as shown by the odds ratio (Exp B) of one (table 9 above). As the respondents advanced in age the more they are satisfied with their work, this finding was similar to the study done by Diane (2006),Amoran et al (2005) and Nezaam (2005).The more the income of the health worker the more the job satisfaction.

Sex had a negative effect on job satisfaction. The odds ratio was less than one, meaning female were associated with more job satisfaction than males, Jun (2010) came to the same conclusion, but Nezaam (2005) found female employees to be less satisfied.

Marital status had a negative effect on job satisfaction, divorced respondents were unhappy with their job compared to singles and those married. A study done in South Africa differed they found marital status to be positively associated with Job satisfaction (Nezaam 2005).

Education had a negative effect on job satisfaction; respondents with tertiary education were more dissatisfied with their jobs compared to health workers with secondary education. This finding is similar to the findings of Nezaam (2005)

Occupation had a negative effect on job satisfaction, pharmacist was more dissatisfied with their jobs compared to other cadres of workers,and doctors were more satisfied followed by nurses.

5.5 Implications of the study

Income was found to influence ABUTH health workers; this therefore means that the hospital management must find a way of making their employees income attractive.

Older workers were found to be more satisfied than younger workers; the management should consider older applicants when employing new staff.

The study reveals a job satisfaction that was less than ideal, this means that productivity in terms of quality of care and efficiency would not be optimum; this may explain why patients dislike being referred to ABUTH.

The rather low level of communication between the management and the health workers means bad management; the goals of the hospital may differ from the goals of the health workers as a result of bad communication.

Job security was rather low and is indicative of intension to leave; this explains why there is high attrition from the hospital,late coming, poor interpersonal relationship and outright indiscipline by subordinates.

5.6 Conclusion

This study found overall job satisfaction to be good, 72% of the health workers involved in the study were satisfied with their jobs. Several facets of job satisfaction namely service provision, professionalism, finance, training, stress, management and orientation were found to be significantly associated with job satisfaction. The number of hours per week the workers spent was also associated with job satisfaction. The level of communication and job security in ABUTH was found to be poor, among the determinants of job satisfaction in ABUTH age and income were found to determined job satisfaction.

5.7 Recommendations

1. The hospital management should improve communication between the management and the health workers

2. The hospital management should improve job security by being fair in their management practices

3. The hospital management should look into ways of improving remuneration of health workers in order to stem upward mobility

4. Future areas of research should look at job satisfaction in both public and private institutions in Kaduna State

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Appendix

Department of Business Administration
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Job Satisfaction Questionnaire

This survey is aimed at providing us an opportunity to assess job satisfaction amongst health workers in ABUTH. All information obtained will be treated confidentially and will not be used for any other purpose other than that stated above. Thank you in advance for your kind cooperation.

1 Age_____
2 Sex **(circle answer)** **1male** () 2 female ()
3 Marital status1 Single () 2 Married () 3 Divorced () 4Widowed ()
4 What is your highest level of education _____
5 What is your occupation(circle answer)
1Medical doctor () 2 Pharmacist () 3 Nurse () 4 laboratory scientist ()

6 How many years have you worked for this hospital _____

7 How many hours (on average) do you work per week? _____

8 How much do you earn per month_____

9 Do you have another job in addition to this one (circle answer)?1YES () 2NO()

10 If yes, how many hours do you work at your other job per week? _____

For the Following Questions, Please Circle the Answer that Best Describes Your Views:

11 I had a good idea of what this position involved before I began.

Agree Strongly	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Disagree Strongly
1	2	3	4	5	6

12 I feel that I am valued by this agency.

Agree Strongly	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Disagree Strongly
1	2	3	4	5	6

13 I receive adequate training to do my job well.

Agree Strongly	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Disagree Strongly
1	2	3	4	5	6

14 I feel overwhelmed by my responsibilities at work.

Agree Strongly	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Disagree Strongly
1	2	3	4	5	6

15 My work activities are personally meaningful to me.

Agree Strongly	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Disagree Strongly
1	2	3	4	5	6

16 Other people view my job as a valuable profession.

Agree Strongly	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Disagree Strongly
1	2	3	4	5	6

17 The orientation I received prepared me well for this work.

Agree Strongly Agree Somewhat Agree Somewhat Disagree Disagree Disagree Strongly
1 2 3 4 5 6

18 I am satisfied with the way that this agency is managed.

Agree Strongly Agree Somewhat Agree Somewhat Disagree Disagree Disagree Strongly
1 2 3 4 5 6

19 I am confident of my abilities to succeed at my work.

Agree Strongly Agree Somewhat Agree Somewhat Disagree Disagree Disagree Strongly
1 2 3 4 5 6

20 I regularly think/worry about work issues when I am at home.

Agree Strongly Agree Somewhat Agree Somewhat Disagree Disagree Disagree Strongly
1 2 3 4 5 6

21 I believe that my position at work is a professional position.

Agree Strongly Agree Somewhat Agree Somewhat Disagree Disagree Disagree Strongly
1 2 3 4 5 6

22 I am satisfied with my income.

Agree Strongly Agree Somewhat Agree Somewhat Disagree Disagree Disagree Strongly
1 2 3 4 5 6

23 I have mastered the skills necessary to perform my work.

Agree Strongly Agree Somewhat Agree Somewhat Disagree Disagree Disagree Strongly
1 2 3 4 5 6

24 For the work I do, the pay is good.

Agree Strongly Agree Somewhat Agree Somewhat Disagree Disagree Disagree Strongly
1 2 3 4 5 6

25 Prior to accepting this position, I understood my job.

Agree Strongly Agree Somewhat Agree Somewhat Disagree Disagree Disagree Strongly
1 2 3 4 5 6

26 I make a difference in the lives of other people.

Agree Strongly Agree Somewhat Agree Somewhat Disagree Disagree Disagree Strongly
1 2 3 4 5 6

27 I have ample opportunities for advancement in this profession.

Agree Strongly Agree Somewhat Agree Somewhat Disagree Disagree Disagree Strongly
1 2 3 4 5 6

28 This job demands too much (physically, emotionally, mentally).

Agree Strongly Agree Somewhat Agree Somewhat Disagree Disagree Disagree Strongly
1 2 3 4 5 6

29 I am fully able to use my skills in this position.

Agree Strongly Agree Somewhat Agree Somewhat Disagree Disagree Disagree Strongly
1 2 3 4 5 6

30 I make pretty good money compared to others in this field.

Agree Strongly Agree Somewhat Agree Somewhat Disagree Disagree Disagree Strongly
1 2 3 4 5 6

31 If I felt that I needed extra training, it would be made available for me.

Agree Strongly Agree Somewhat Agree Somewhat Disagree Disagree Disagree Strongly
1 2 3 4 5 6

32 I believe that my supervisors care deeply for me and for our clients.

Agree Strongly Agree Somewhat Agree Somewhat Disagree Disagree Disagree Strongly
1 2 3 4 5 6

33 The work I do is interesting.

Agree Strongly Agree Somewhat Agree Somewhat Disagree Disagree Disagree Strongly
1 2 3 4 5

34 This job adds significant pressure and anxiety to my life.

Agree Strongly Agree Somewhat Agree Somewhat Disagree Disagree Disagree Strongly
1 2 3 4 5 6

35 I am satisfied with the benefits offered to me through this job.

Agree Strongly Agree Somewhat Agree Somewhat Disagree Disagree Disagree Strongly
1 2 3 4 5 6

36 I am generally satisfied with the kind of work I do in this job.

Agree Strongly Agree Somewhat Agree Somewhat Disagree Disagree Disagree Strongly
1 2 3 4 5 6

37 I understood very little about my current position prior to being hired.

Agree Strongly Agree Somewhat Agree Somewhat Disagree Disagree Disagree Strongly
1 2 3 4 5 6

38 I am satisfied with overall communication in my place of work

Agree Strongly Agree Somewhat Agree Somewhat Disagree Disagree Disagree Strongly
1 2 3 4 5 6

39 I am satisfied with the level of my involvement in project planning & execution

Agree Strongly Agree Somewhat Agree Somewhat Disagree Disagree Disagree Strongly
1 2 3 4 5 6

40 I am satisfied with job security in my place of work.

Agree Strongly Agree Somewhat Agree Somewhat Disagree Disagree Disagree Strongly
1 2 3 4 5 6

41 I receive adequate support from my supervisors.

Agree Strongly Agree Somewhat Agree Somewhat Disagree Disagree Disagree Strongly
1 2 3 4 5 6

42 I am satisfied with my level of service quality.

Agree Strongly Agree Somewhat Agree Somewhat Disagree Disagree Disagree Strongly
1 2 3 4 5 6

Think about your overall satisfaction with your job. Circle the number on the scale from 1-10 where it best represents your overall degree of job satisfaction. On the second line, circle the number that you believe best depicts your co-workers degree of job satisfaction.

(Yours)

1 2 3 4 5 6 7 8 9 10

No Job Satisfaction **Greatest Possible Job Satisfaction**

(Co-Workers)

1 2 3 4 5 6 7 8 9 10

Feel free to explain the reasons behind your answers to these questions and tell us what specific things could be done to enhance your job satisfaction.

_____
_____
_____
_____
_____
_____
_____