JOB SATISFACTION AMONG DOCTORS AND NURSES
(A case study of Federal Medical Centre Yola)

By

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A DISSERTATION PROJECT SUBMITTED TO THE DEPARTMENT OF COMMUNITY MEDICINE IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE AWARD OF MASTER OF PUBLIC HEALTH DEGREE (MPH) BY AHMADU BELLO UNIVERSITY(ABU) ZARIA, NIGERIA

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DECLARATION

I hereby declare that the work presented in this project was carried out in the Department of Community Medicine, Ahmadu Bello University Zaria under the supervision of Dr Dahiru Tukur. No part of this project has been submitted for a degree or any other qualification. All sources of information are specifically acknowledged by means of references

_____ _____

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CERTIFICATION

This thesis entitled "**JOB SATISFACTION AMONG DOCTORS AND NURSES (A CASE STUDY OF FEDERAL MEDICAL CENTRE YOLA)**" by **MARTINS, Olutayo Folashade** meets the regulations governing the award of the degree of Master in Public Health of Ahmadu Bello University, Zaria and is approved for its contribution to knowledge and literary presentation.

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DEDICATION

To the loving memory of my niece Nwando Nneka Christabel Oniah

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I thank the Almighty God for giving me the opportunity to carry out this work.

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SUMMARY

Job satisfaction refers to how well a job provides fulfilment of a need or want or how well it serves as a source or means of enjoyment. The prevalence of dissatisfaction among doctors and nurses has been given considerable importance in recent years as it affects patient satisfaction and leads to reduced quality of care. The quality of performance in health facilities to a large extent depends on whether health care providers are job satisfied or dissatisfied as the work force is one of the most important inputs to any health system and has a strong impact on the performance of health facilities.

The objective of this study was to determine the level and factors of job satisfaction among doctors and nurses in F. M. C. Yola. A descriptive cross sectional study was conducted involving 58 doctors and 182 nurses. A self administered structured questionnaire was designed using a 5 point Lickert response format ranging from very satisfied, satisfied, neutral, dissatisfied and very dissatisfied to determine various levels and factors of job satisfaction that relate to 5 domains: the hospital management, hospital facilities, health care providers and pay and benefits. A mark of 1 was awarded for very dissatisfied, 2 for dissatisfied, 3 for neutral, 4 for satisfied and 5 for very satisfied. All scores were added to give aggregate score for each domain and overall and t-test used to test for statistical significance in satisfaction levels between doctors and nurses. A p-value of ≤ 0.05 was considered statistically significant.

Majority of respondents 54.2%, 51.7%.50.0% and 41.7% were satisfied with job security, hours of work, delegation of work by supervisors and degree of autonomy respectively, 22.1% were dissatisfied and 16.7% very dissatisfied with rate of promotion. Factors of highest satisfaction relating to the hospital facilities were the physical working conditions and the physical surrounding. Majority of respondents were satisfied with their profession: 51.7% satisfied and 22.9% very satisfied. Pay and benefits contributed to the highest level of dissatisfaction with 36.7% and 18.3% of respondents being dissatisfied and very dissatisfied respectively with present salaries. Differences in job satisfaction between doctors and nurses relating to the 5 domians showed doctors to be more satisfied with the hospital facilities and nurses more satisfied with pay and benefits, other domains showed no statistical difference in satisfaction levels between doctors and nurses. Overall job satisfaction showed 14.9% to be very satisfied and 42.6%to be satisfied.

Most respondent were satisfied with their jobs but only minorities satisfied with their remuneration. Therefore there is a need to address the issue of enhancement of remuneration for doctors and nurses.

CHAPTER ONE

1.1 Introduction

For almost one hundred years, employee job satisfaction has been targeted by research. The origin of these studies dates back to at least 1911, when Taylor began to study employees and their duties to develop better ways to train workers[1]. Several years later, the interest in job satisfaction had clearly arrived when Edward Thorndike examined the link between work and satisfaction in the *Journal of Applied Psychology* in 1918. Some experts in the field suggest that the study of job satisfaction can be traced back almost 200 years, when the industrial revolution had begun to blossom in the United States. However, these initial studies were focused on maximizing worker productivity and the data was often muddled with vague constructs such as "morale" which provided little conceptual clarity and results that were marginally useful.

By 1927, the study of employee's positive or negative reaction to their jobs had fully begun to take hold when Elton Mayo first studied the effect of lighting at the Western Electric Hawthorne work in Chicago[2]. These studies showed that lighting had little connection to worker productivity, creating the fundamental groundwork for further studies that asked about other factors that may have an impact on employees. The Hawthorne studies continued until 1932, and in the five year interval, the research widened to include factors such as temperature, fatigue, breaks and working hours. Mayo's work may seem marginally relevant to job satisfaction today, but he discovered that the mere act of studying workers and providing them with more attention increased their motivation and productivity. Mayo had stumbled upon the essence of human motivation, marking a new era of humanistic job satisfaction and revolutionizing the research and theories of job satisfaction.

Job satisfaction studies continue to emerge and the results are often valued for both humanistic and financial benefits. When employees are satisfied, they tend to care more about the quality of their work, they are more committed to the organization, they have higher retention rates and they are generally more productive[3]. Spector suggest that job satisfaction data is helpful in evaluating the emotional wellness and mental fitness of employees and that organizations can use the information to improve departmental policies and practices where dissatisfaction is experienced[4].

According to *Webster's Dictionary*, 'job satisfaction refers to how well a job provide[5] fulfillment of a need or want or how well it serves as a source or means of enjoyment[5]. However, several theorists have generated their own workable definitions, Hoppock offered one of the earliest definitions of job satisfaction when he described the construct as being any number of psychological, physiological and environmental circumstances which leads a person to express satisfaction with their job[6]. Smith et al defined job satisfaction as the feeling an individual has about his or her job[7]. Locke suggested that job satisfaction was a positive or pleasurable reaction resulting from the appraisal of one's job achievement, or job experiences[8]. Vroom defined job satisfaction as worker's emotional orientation toward their current job roles[9]. Similarly, Schultz stated that job satisfaction is essentially the psychological disposition of people toward their work[10]. Siegal and Lance stated simply that job satisfaction is an emotional response defining the degree to which people do their job[11]. Finally, Lofquest and Davis, defined job satisfaction as an individuals' positive affective reaction of the target environment … as a result of the individual's appraisal of the extent to which his or her needs are fulfilled by the environment[12].

The definition of job satisfaction has visibly evolved through the decades; but most versions share the benefit that job satisfaction is a work-related positive affective reaction.

According to editorials and reviews in major medical journals there seems to be a general agreement that job satisfaction among doctors is declining[13-15]. The prevalence of dissatisfaction among doctors has been given considerable importance in recent years as it affects patient satisfaction[16] and can adversely influence patient behaviour (e.g. adherence to medical treatment)[17] leading to reduction in the quality of care. At the individual level, low level of job satisfaction and high level of job stress are threats to mental and physical health, quality of life goal achievement and personal development. At the work place, these conditions can lead to absenteeism, conflict and turnover, and a a reduced quality and quantity of work[18]. Job satisfaction is also important to the future recruitment of new doctors and retention of existing doctors, in addition to the productivity and quality of the services provided by the doctors who are an essential and integral component of our medical care system[19].

The shortages of nurses worldwide and locally has been well documented and extended to the long-term care industry[20-27]. As a growing segment of the population ages and strains the capacity of these institutions are however difficulties in finding and retaining qualified nursing staff[23,24]. Looking forward almost all surveyed nurses see the shortage in the future as a catalyst for increasing stress on nurses, lowering patient care quality and causing nurses to leave the profession, high nurse turnover and vacancy rates are affecting the access to health care[25]. Continuously hiring new employees is costly, and frequent staff turnover affects employees' morale and impairs patient care[26].

Recruitment and retention efforts of the health care industry need to concentrate on increasing financial incentives to these staff members (Doctors and Nurses) and creating a desirable workplace that will lead to greater job satisfaction because the expertise required of direct health care givers and the heavy work load they are assigned often far exceed the financial compensation they receive.

In health care delivery, there are several dimensions of satisfaction and these include patient care work-related burden, income prestige (satisfaction with salary), personal rewards, satisfaction with the profession (career satisfaction), job responsibilities, opportunities for promotion, nature of work, professional relations with colleagues, work environment, supervision and communicating.

1.2 Statement of the Problem

The African continent is currently facing serious human resource crises in the health sector. These severe human resource shortages have affected the ability of many countries to initiate and sustain credible health services. Although several reform and policies have been developed to address health problems in the continent, little attention has been given to creating a desirable workplace that will lead to greater job satisfaction.

Nigeria is a country with too few doctors and nurses and poor health indicators when compared to other countries, it is also a country which produces more trained health personnel than its health system can use effectively, yet trained health care staff continue to migrate from Africa to more developed countries[27]. As at the year 2006 the country was estimated to have 39,210 registered doctors but one wonders how many of these doctors are still practicing in the country. The quality of performance in health facilities to a large extent depends on available human resource mix, i.e. whether these health care providers are job satisfied or dissatisfied as the workforce is

one of the most important input to any health system and has a strong impact on the performance of health facilities.

Satisfied employees tend to be more productive, creative and committed to their employers and recent studies have shown a direct correlation between staff satisfaction and patient satisfaction in health care organizations[28].

It is in the light of these, that this study intends to study job satisfaction among doctor and nurses in Federal Medical Centre (FMC) Yola.

1.3 Justification of the Study

Job satisfaction among doctors and nurses is an important concern from the perspective of these health care deliverers and patients. Job satisfaction of doctors and nurses is interrelated with the quality of health care, patient satisfaction with the services they receive, patient compliance and continuity of care. Moreover, dissatisfaction leads to increased absenteeism, lower productivity and increased turnover each of which raises cost to the medical system.

A study like this has not been conducted in the past in FMC Yola. This will provide a baseline and insight on job satisfaction.

1.4 Objectives of the Study

General Objective

To determine the level and factors of job satisfaction among doctors and nurses of FMC Yola.

Specific Objectives

1) To identify factors of job satisfaction that relate to the hospital management of FMC, Yola.

2) To identify factors of job satisfaction that relate to hospital facilities of FMC Yola.

3) To identify factors of job satisfaction that relate to the health care providers themselves (i.e. doctors and nurses).

4) To determine the extent to which the doctors and nurses of FMC Yola consider pay and benefits to be a job satisfier.

5) To determine which group of health care deliverers (i.e. doctors and nurses) are most job satisfied.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

Job satisfaction describes how content an individual is with his/her job. The efficiency of an organization depends largely on the morale of the employee[29]. Research suggests that job satisfaction and job performance are positively correlated[30]. Job satisfaction and morale of medical practitioners is of concern worldwide[31-33]. Satisfied workers usually perform well, they also have a reduced level of absenteeism and voluntary turnover (defined as employees who leave an organization at their own discretion)[34-36]. It has been shown that institutional effectiveness is hindered when turnover decreases job performance[37]. The cost of recruiting and training new employees increases when turnover is high[38].

Is job satisfaction important? Initially this question may seem to have an obvious answer, after all it seems eminently logical that a happy employee is a "better" employee, which is often defined as a "more productive employee". However, thousands of studies have been carried out seeking to establish a positive and unmistakable correlation between high job satisfaction and high productivity with nothing conclusive being proven. Researchers have attempted to correlate job satisfaction with efficiency, absenteeism, turnover and various other aspects of performance with decidedly mixed results. Managers and workers alike pursue job satisfaction in the often naïve belief that it leads directly and surely than other workplace ideal – high performance. This fact is, however, that sometimes satisfied employees perform better and sometime they do not[3].

Recent trends towards more holistic views of psychology make clear the importance of work in the individual overall enjoyment of life. A miserable employee cannot leave the dissatisfaction of an unhappy job at the office at the end of the day.

While earlier generations may have viewed their jobs predominantly as a source of income, today's employees see their careers as more. As the importance of job satisfaction rises in the minds of workers, they are more likely to consider it as a reason to stay with their current job or accept a job offer elsewhere.

Most workers have experienced or at least heard tales of the "rats deserting a sinking ship" syndrome, and an organization that has the reputation of being an unpleasant place to work may have trouble attracting new employees, especially in today's job market. Whether or not satisfaction and performance are directly and strongly correlated is not the only issue, in order to attract and retain qualified employees in the up coming tight labour market, employers will have to treat people as their most important asset[39].

2.2 Theories of Job Satisfaction

2.2.1 Introduction

Satisfaction is an interesting work-related phenomenon, we often use this word without really thinking about its meaning, however, the satisfaction issue in the work environment is far from simple.

Both job satisfaction and dissatisfaction are assumed critical for the organizations to manage since they absolutely affect the productivity as well as the effectiveness of either the employees or the organization performance.

There are numerous theories attempting to explain job satisfaction, but three conceptual frameworks seem to be more prominent in the literature. The first is content theory, which suggest that job satisfaction occurs when one's need for growth

and self-actualization are met by the individual's job. The second conceptual framework is often referred to as a process theory which attempt to explain job satisfaction by looking at how well the job meets one's expectations and values. The third conceptual group includes situational theories, which proposes that job satisfaction is a product of how well an individual's person characteristics interact or mesh with the organizational characteristics. Each of the three theoretical frameworks have been explored and reviewed by countless scholars and researchers. The purpose of this chapter is not to provide an exhaustive review of job satisfaction theories, but would interact highlight the main theories and theorist from each framework, to provide clarity, relevance and direction to this study of job satisfaction.

2.2.2 Content theories (Need-based theories)

When discussing human needs, growth and self-actualization, one cannot look far before finding Abraham Maslow and his "hierarchy of needs". Maslow's traditionalist views of job satisfaction were based on his five-tier model of human needs[40]. At the lowest tier, basic life sustaining needs such as water, food and shelter were identified. The next level consisted of physical and financial security, while the third tier included needs of social acceptance, belonging and love. The fourth tier incorporated self-esteem needs and recognition by one's peers and at the top of the pyramid was reserved for self-actualization needs such as personal autonomy and self-direction. According to Maslow, the needs of an individual exist in a logical order and that the basic lower needs must be satisfied before those at the higher levels. Then once the basic needs are fulfilled, they no longer serve as motivation for the individual. The more a job allows for growth and acquisition of higher level needs, the more likely the individual is to report satisfaction with his or her job. Furthermore,

the success of motivating people depends on recognizing the needs that are unsatisfied and helping the individual to meet those needs.

Building on the theories of Maslow, Frederic Hertzberg suggested that the work itself would serve as a principal source of job satisfaction[41]. His approach led to the aforementioned two-continuum model of job satisfaction where job satisfaction was placed on one continuum and job dissatisfaction was placed on a second. Hertzberg's theory recognized that work characteristics generated by dissatisfaction were quite different from those created by satisfaction. He identified the factors that contribute to each dimension as "motivators" and "hygiene". The motivators are intrinsic factors that influence satisfaction based on fulfillment of higher level needs such as achievement, recognition and opportunity for growth. The hygiene factors are extrinsic variable[33] that such as work conditions, pay and interpersonal relationships that must be met to prevent dissatisfaction. When hygiene factors are poor, work will be dissatisfying however, simply removing the poor hygiene does not equate to satisfaction. Similarly, when people are satisfied with their jobs, motivators are present, but removing motivators does not automatically lead to dissatisfaction. Essentially, job satisfaction depends on the extrinsic characteristics of the job, in relation to the job's ability to fulfill one's higher level needs of self-actualization. Hence, the two continuum of Hertzberg's Motivator-Hygiene theory.

Aldefer drew upon Maslow's theory and suggest that individual needs can be divided into three groups[42]; the existence needs, which include nutritional and material requirements (at work, this would include pay and conditions), Relatedness needs, which are met through relationship with family and friends and at work with colleagues and growth needs which combine esteem and self-actualization.

Aldefer also added his frustration – regression principle, which postulates that individuals would move in and out of the various levels, dependency upon the extent to which their needs were being met. This approach is deemed by students of management to be more logical and similar to many individuals' world views.

McClelland's Acquired Needs theory, has the idea that needs are acquired throughout life. that is needs are not innate, but are learned or developed as a result of one's life experiences[43]. This theory focuses on three types of needs. Need for achievement, which emphasizes the desire for success, for mastering tasks and for attaining goals; Need for affiliation, which focuses on the desire for relationships with others; and Need for power, which relates to the desires for responsibility for, control of, and authority over others.

2.2.3 Process Theories

Process theories attempt to explain job satisfaction by looking at expectancies and values[44]. This theory of job satisfaction suggests that workers select their behaviours in order to meet their needs.

J. Stacy Adams suggested that people perceive their job as a series of inputs and outputs[45]. Inputs are factors such as experience, ability and effort, while outcomes include things like salary, recognition and opportunity. The theory is based on the process that job satisfaction is a direct result of individuals' perception of how fairly they are treated compared to others. This "Equity theory" proposes that people seek social equity in the rewards they expect for performance. In other words, people feel satisfied at work when the input or contribution to a job and the resulting outcome are commensurate to that of their co-workers. According to Mukovich and Newman, this social equity is not limited to others within the same work place, and

the equity comparisons often reach into other organizations that are viewed as similar places of employment[46].

Vroom's theory of job satisfaction was similar in that it looked at the interaction between personal and workplace variables[47], however, he also incorporated the element of workers' expectations into his theory. The essence of this theory is that if workers put forth more effort and perform better at work, then they will be compensated accordingly. Discrepancies that occur between expected compensation and actual outcome lead to dissatisfaction. If employees receive less than they expect or otherwise feel as if they have been treated unfairly, then dissatisfaction may occur. Conversely, over compensation may also lead to dissatisfaction and the employee may experience feelings of guilt. The compensation does not have to be monetary, but pay is typically the most visible and most easily modified element of outcome. Salary also has significance beyond monetary value and the potential to acquire material items also noted is the fact that it is also an indication of personal achievement, organizational status and recognition[44].

Vroom's theory also goes one step further to incorporate an individual's personal decision-making within the workplace. Vroom explained that employees would choose to do or not do job tasks based on their perceived ability to carry out the task and earn fair compensation[9]. To illustrate and clarify his ideas, Vroom generated a three-variable equation for scientifically determining job rates faction. Expectancy is the first variable, and this is the individual's perception of how well he or she can carry out the given task. Instrumentality is the second variable of the equation, and this refers to the individual's confidence that he or she will be compensated fairly for performing the task. Valence is the third variable, which considers the value of the expected reward to the employee. In Vroom's formula each variable is given a

probability value, and when all three factors are high, workers will be more satisfied and have more motivation. If any of the factors are low, work performance and employee motivation will decline.

2.2.4 Situational Theory

The situational occurrences theory emerged in 1992, when Quarstein, McAfee and Glassman stated that job satisfaction is determined by two factors - Situational characteristics and situational occurrences[48]. Situational characteristics are things such as pay, supervision, working conditions, promotional opportunities and company policies that typically are considered by the employee before accepting the job. The situational occurrences are things that occurs after taking a job that may be tangible or intangible, positive or negative. Positive occurrences might include extra vacation time, while negative occurrences might entail faulty equipment or strained coworker relationships. Within this theoretical framework, job satisfaction is a product of both situational factors and situational occurrences.

2.3 Determinants of Job Satisfaction

2.3.1 Introduction

Numerous variables have been investigated in their relationship to ,job satisfaction. These variables include demographic data (e.g. age, gender and race), intrinsic features of the job (e.g. recognition, advancement and responsibility) and extrinsic variables (e.g. salary, supervision and working conditions).

2.3.2 Demographic Variables

Research has often followed on age as a factor influencing job satisfaction. Available literature is somewhat inconclusive however, with some studies showing no significant impact[49, 50], some showing a gradual linear increase of satisfaction as age increases[51-54], and some suggesting that satisfaction is curvilinear and changes

throughout the life span of the employee[55]. Generally speaking job satisfaction tends to increase gradually with age[56]. Hertzberg attributes this trend to the fact that job expectations tend to become more realistic as employees' age and mature[55]. This pattern may change to show a relative decline in satisfaction after age 55, but this may be linked to decreased physical energy and enthusiasm that may accompany the aging process. Still many studies fail to show this late – career job satisfaction drop-off[57]. It has also been reported that older workers remain satisfied because of promotion and acquiring more desirable position within organizations[58]. Others justify the finding by noting that people change job 6-7 times in a lifetime, and as people get older, they become more aware of their needs and make better choices. This incongruence of literature is likely due to situational job variances and this logic has been supported by demonstrating significant differences between satisfaction levels of federal employees based on their positions as elite professional, non-elite professionals and non-professionals[59].

Gender has also received a great deal of attention job satisfaction studies, but again research is inconclusive. In 1997, Thompson and Mc Namara review all job satisfaction studies published in the *Educational Administration Quarterly* over the past six years and showed no significant difference between male and female satisfaction levels[60]. Other studies have shown no significant difference between gender and job satifaction[61,62]. Another study arrived at similar insignificance until they compared the gender of the employee to the gender of the employer. They found that women were more significantly more satisfied in larger companies with female supervision, while males were significantly more satisfied in larger companies with male supervisors[63]. Studies suggesting that gender does not affect job satisfaction are available, and data can be found to suggest that either men are more satisfied[64-66] or

that women are generally more satisfied[67,68]. The inconsistencies are closely linked to differences among expectations, respect, promotional prospects, salary, social interactions and coping strategies of their jobs than women because of unequal treatment in the workplace, and that under equal work conditions, women are more satisfied with their jobs than men[44].

Race has also been investigated in job satisfaction studies, and once again, data is inconclusive. No significant racial differences were seen when comparing fifteen job satisfaction studes[69], however reports show that non-Whites are consistently less satisfied than Caucasian employees[70].. Some researchers agree that a racial difference does exist, but that Whites are more job satisfied with their jobs primarily because of unequal treatment in the workplace. Regardless of the specific demographic variable, be it age, gender or race, job satisfaction variances may exist but they are very small (2-5 percent)[71]. Differences that do exist seem to disappear when factors such as education, salary and status are controlled[66].

2.3.3 Salary

Many researchers have identified salary as a fundamental variable in the study of job satisfaction[49,72,73]. Furthermore, the relationship between salary and job satisfaction has been addressed by virtually all job satisfaction studies in the last 80 years. Although the earliest research suggested that salary was not a significant predictor of job satisfaction[55,56], later studies began to suggest that salary was a factor up to certain point in an employee's career[74]. By the 1970's salary was being viewed as a more significant factor in job satisfaction. In a study salary was found to be the most significant factor determining job satisfaction[75]. Other researchers of the 1970s also spoke of the significant relationship between salary and satisfaction but they

argued that although low salary was a cause of dissatisfaction, high salary was not necessarily related to satisfaction[76].

More recent studies have generally shown a positive relationship between pay and job satisfaction[77-80], but the relationship seems to be linked more to perception of equity and fairness than actual dollar amount[81-86]. Social comparison appears to be a key factor when looking at the relationship between satisfaction and salary, but employee expectation are also fundamental. It has also been reported that employees must feel that there is an equitable balance between the amount of work performed and the compensation received. In other words, if a worker feels that the compensation is either too larger or too small for the amount of work performed, dissatisfaction may occur[81].

2.3.4 Rural vs. Urban Work Site

In urban areas, workers often have more job opportunities, better school, more public transportation, better salary, higher prestige and greater opportunities for spousal employment. Perhaps it is the factor explained findings that showed higher level of job satisfaction in urban educational professionals compared to those in rural settings[83, 84]. On the other hand, rural settings and smaller communities can provide family-oriented settings, lower crime rates, recreational access and overall enhanced "quality of life". Two of the most commonly mentioned disadvantages to rural settings have been professional isolation and lack of opportunity for professional development. However, recent advancements in telecommunication and interactive networking through the Internet may decrease feeling of isolation and improve rural job satisfaction levels in the future.

2.3.5 Interpersonal Factor

Within the context of job satisfaction research, interpersonal relationships are the elements that make up the social and support network of the employee. These elements include the relationship with one's supervisor, the social interaction with coworkers and even the interaction with clients, and/or customer. Employee supervision and interaction have been found to be the most significant interpersonal factors when looking at job satisfaction[50].

The importance of coworkers' social support has been investigated for decades. As far back as the Hawthorne studies of the 1920's research has shown that workers who belong to a social group and have friendships on the job tend to be more satisfied[85]; also employees who lack social support at work experience more stress, have less coping techniques and are generally less satisfied. Fellow employees can satisfy many social needs, and sympathetic and supportive coworkers can increase job satisfaction[86]. Coworkers are also vital for evaluating the equity and fairness of one's pay and work requirement and social needs studies have shown that coworker job satisfaction can influence one's own job satisfaction[50].

The nature of supervision provided can also have a significant impact on job satisfaction. Studies have shown that employees who have positive interactions with supervisors are generally more satisfied at work[3, 9]. Positive interactions tend to include constructive feedback, effective communication and a focus on quality rather than quantity[87]. Positive supervisory relationship are also those that treat the employees with respect, those who promote staff cohesion but allow for individual thinking and those that fulfill employee's functional and interpersonal needs[88]. Supervision is a complex variable however, and it is unrealistic to assume that job satisfaction can be guaranteed as long as supervisor interact positively with their employees. Individual personality characteristics may, for example, affect the

employee's needs and management expectation. Also suggested is that employees who have more experience desire less supervision and employees with less experience prefer more supervision[87]. Also studies have shown that organizational setting can affect the employee's desired supervisory relationship. In chaotic, ambiguous or otherwise unstructured job settings, employees tend to prefer more structured supervision. Conversely, in jobs where tasks are clearly defined and workers are well trained, a less structured supervisory style is preferred[89].

2.3.6 Intrinsic Factors

Work is unquestionably an intrinsic part of people's lives. "It is often our source of identity and at times our reason for being"[3]. Aside from decent pay, economic security and other extrinsic and tangible rewards of employment, the intrinsic aspects of work are also relevant to the study of job satisfaction. Intrinsic factors are employees' affective reaction to the job, such as their satisfaction with the freedom they have to choose their own methods of working, the recognition that they receive for good work and the opportunity they have to use their ability. Intrinsic factors may also include perceived respect and responsibility, task variety and meaningful work[55, 90, 91]. It has been found that job satisfaction is enhanced by the value placed on one's professional role and identification with that role, but negatively affected by choosing the job because rewards are extrinsic (external to the work itself, such as fellow workers, salary or promotion opportunities).

It has been suggested that helping to make workers feel independent had large positive effects on both performance and satisfaction outcome[92]. Also noted is the importance of worker autonomy and its positive relationship with job satisfaction and performance[93]. It has also been highlighted the importance of intrinsic rewards when participants rated interesting work, open communication and opportunities for

advancement as the top three things they desire in their job[94]. The lack of advancement on the job is a frequent factor influencing resignation[95]. When employees feel their work is meaningful and that they are responsible for their outcomes, workers show higher levels of effort and attention to doing task well[96].

2.4 Employees' Attitudes and Job Satisfaction

2.4.1 Introduction

"Happy employees are productive employees". "Happy employees are not productive employees". We hear these conflicting statements made by Human Resource (HR) professionals and managers in organization. There is confusion and debate among practitioners on the topic of employee attitudes and job satisfaction – even at a time when employees are increasingly important for organizational success and competitiveness.

Employees have attitudes or viewpoints about many aspects of their jobs, their careers and their organizations. However, from the perspective of research and practice, the most focal employee attitude is job satisfaction[97].

The most used research definition of job satisfaction is by Locke, who defined it as "a pleasurable or positive emotional state resulting from the appraisal of one's job or job experiences. Implicit in Locke's definition is the importance of both affect, or feeling, and cognition or thinking. When we think, we have feeling about what we think. Conversely, when we have feelings we think about what we feel. Cognition and affect are thus inextricably linked in our psychology and even in our biology. Thus, when evaluating our jobs as when we assess most anything important to us, both thinking and feeling are involved.

2.4.2 The Causes of Employee Attitudes

In general, HR practitioners understand the importance of the work situation as a cause of employee attitudes and it is an area HR can help influence through organizational programmes and management practices. However, in the past two decades there has been significant research gains in understanding dispositional and cultural influences on job satisfaction as well, which is not yet well understood by practitioners. In addition, one of the most important areas of the work situation to influence job satisfaction – the work itself – is often overlooked by practitioners when addressing job satisfaction.

2.4.3 The Results of Positive or Negative Job Satisfaction

Knowledge gaps exist in the area of understanding the consequences of job satisfaction. We hear debates and confusion about whether satisfied employees are productive employees.

The study of the relationship between job satisfaction and job performance has a controversial history. The Hawthorne studies conducted in 1930s are often accredited with making researchers aware of the effects of employee attitudes on performance. Shortly after the Hawthorne studies, researchers began taking a critical look at the notion that a "happy worker is a productive worker". Most of the earlier reviews of literature suggested a weak and somewhat inconsistent relationship between job satisfaction and performance. It has also been argued that when performance is defined to include important behaviours not generally reflected in performance appraisals, such as organizational citizenship behaviours its relationship with job satisfaction improves[98].

In addition, the relationship between job satisfaction and performance was found to be even higher for complex (e.g. professional) jobs than for less complex

jobs. Thus, contrary to earlier reviews, it does appear that job satisfaction is in fact predictive of performance and the relationship is even stronger for professional jobs.

An emerging area of study is the interplay between job and life satisfaction. Researchers have speculated that there are three possible forms of the relationship between job satisfaction and life satisfaction:

(1) Spillover, where job experiences spillover into non-work life and vice versa;

(2) Segmentation, where job and life experiences are separated and have little to do with one another; and

(3) Compensation, where an individual seeks to compensate for a dissatisfying job by seeking fulfillment and happiness in his or her non-work life and vice versa.

Research suggest that the relationship between job and life satisfaction is reciprocal – job satisfaction does affect life satisfaction, but life satisfaction also affects job satisfaction[99]. Continuing to take actions to address low job satisfaction into their life satisfaction and wellbeing.

Numerous studies have shown that dissatisfied employees are more likely to quit their job or be absent than satisfied employees[100, 101, 102]. Job dissatisfaction also appears to be related to other withdrawal behaviours, including lateness, unionization, grievances, drug abuse and decision to retire.

2.5 Job Satisfaction among Doctors

Work satisfaction among physicians is an important concern because it is associated with several aspects of care. It is an important concern from the perspective of physicians and patients. Physician's job satisfaction is interrelated with the quality of health care, the quality of workforce attracted to medicine as a career, patient

satisfaction, patient compliance and continuity of care. Moreover, dissatisfaction leads to increased absenteeism, lower productivity and increased turnover each of which raises cost to the medical system.

Overall satisfaction is essentially the global attitude or feeling of individual has about his job as a whole and may be related to internal characteristics such as personality. Satisfaction level can vary markedly between different job facets – and these in turn may be different from an employee's overall feeling of job satisfaction. Thus, an individual may have high satisfaction with many facets of their job but still feel overall dissatisfaction. On the other hand, different cultures, where attitudes to perception of job satisfaction may differ considerably.

Physician career satisfaction appears to be a complex function of a number of variable and has multiple dimensions. The data on physician satisfaction cannot be fully understood. Without examining the principal domains determining career satisfaction. Previous studies have proposed a number of determinants of job satisfaction including demographic characteristics (age, gender, educational level, race and marital status), job characteristics (absolute and relative wages, number of hours worked, tenure, attitude towards work) and employer characteristics (number of staff specialty, control over the practice environment and support from colleagues[103 - 106]).

The Society of General Internal Medicine (SGIM) Career Satisfaction Study Group defined 10 domains of professional satisfaction, among the highest predictors of global job satisfaction were relationship with patients and colleagues[107]. In this study, the SGIM group defined autonomy as "independence of action" including the ability to treat patients according to the best clinical judgement and it was found that both primary care physicians and specialists who rated their autonomy lower and

those that reported more difficulty obtaining high quality outpatient services and in-patient services were more likely to report decreased satisfaction with their careers over a 4 year period. Similarly in a cross-sectional study, Stoddard et al found clinical autonomy to be significantly related to career satisfaction[108].

Conversely, while physicians may be largely satisfied with their careers in medicine, they may be less satisfied with particular aspects of practice, including income, control over personal time and the administrative aspects of practice. In a 1999 study in Massachusetts, more than 60% of physicians reported dissatisfaction with managed care, many of these physicians also rated the fee schedules or capitation rates they received from managed care companies as "fair" or "poor"[109].

Similarly, the study by Stoddard et al found that the level of income was associated with satisfaction. Another study from the SGIM study group found that physicians' dissatisfaction with pay was associated with an increased likelihood of leaving their jobs within 2 years[109]. Rates of increases in physician income can barely keep pace with inflation. In addition, within medicine, primary care specialties have been particularly affected because of continued increases in practice expenses accompanied by relatively flat reimbursement rates. In a national longitudinal study, it was found that primary care physicians who reported lower income were significantly more likely to become less satisfied, although primary care physicians with increases in income did not become more satisfied over time, among specialists, neither increases nor decreases income were related to changes in satisfaction[110].

Another aspect of practice that has changed in the recent past is control over work. Whereas physicians once practiced primarily alone or in small autonomous groups, they now are more likely to be employed in large groups and are increasingly subjected to profiling, administrative requirements and pre-approval for procedures

and treatments[111]. Financial constraints are also prevalent. Patients report less trust in physicians and physicians are no longer respected as highly as they once were[112].

According to Mawadi, factors that contribute to career satisfaction for physicians include accurate diagnosis and successful treatment, service to humanity, respect and appreciation, teaching and research. Factors that contribute to dissatisfaction include time pressures, patient-related problems, paper work and administrative work, lack of facilities and fixed payment schemes[113].

Noted also is the fact that many factors contribute to physicians' career satisfaction including workplace stress and ability to cope with that stress, participation in social and leisure activities, the fair distribution of rewards and work loads as well as organizational and managerial functions. Career satisfaction is also associated with the ability to access services of their populations and receive referrals for tertiary services from both regional and small communities[114].

2.6 An Overview of Physician Job Satisfaction of Various Countries

Satisfaction level among physicians with different job characteristics have been studied in many developing countries such as Lithuania, Saudi Arabia and Pakistan, however very few of such studies have been conducted in Nigeria.

These studies showed that respondents were most satisfied with autonomy at work, relationships with colleagues and management quality. While the major factors of stress and dissatisfaction among physicians included work load, unsuitable working hours and lack of incentives[115, 116, 117].

In Egypt, few studies have been carried out to assess the main predictors of physicians' job satisfaction. Gadallah and co-workers reported that relationship with patients, their career as health care givers and the overall satisfaction seems to have been the most important satisfaction factors but income and work resources

represented the least satisfaction items in Egypt[118]. A current study also demonstrated that years of experience and educational levels of the participants were statistically significant predictors of job satisfaction[119].

In comparison, doctors working in developed countries like UK and USA, face greater difficulty in gaining satisfaction from their work due to a complex array of factors including working environment condition and socio-political factors[120]. Currently, the subjective wellbeing of physicians and the degree of dissatisfaction with their practice are important issues for research in developing countries.

In several major studies, specific to General Practitioners (GPs) by Cooper and colleagues in the United Kingdom, it was found that GPs are affected by four broadly distinguishable factors: (1) demands of the job such as visiting patients at home during inclement weather, increased demand by patients for second opinions, adverse media publicity, lack of appreciation from patients and worrying about patients' complaints. (2) Interruptions to family life, emergency calls during office hours, dealing with problem patients and calls at odd hours; (3) conflicts between work and home life and (4) administration of the practice[121].

Two analyses of physician satisfaction by the Canadian Medical Association in 1998 and 2002 indicated that GPs felt overworked with too many patients and too many separate competing demands by insurance bureaucrats, hospital administration, other agencies such as public health and specialist seeking letters documenting reasons for referral. In addition , more intrusions are made on days off than in past years, and many physicians catch up on paper work during their day off[122, 123].

In Massachusetts, more than 60% of physicians reported dissatisfaction with managed care and many of these physicians also rated the fee schedules or capitation rates they received from managed care companies as "fair" or "poor"[109].

An American study revealed that although physicians have traditionally derived career satisfaction from their services to patients, other aspects of satisfaction including income and personal time are also important and appear to be more subject to change over time. If the balance between these factors continue to shift, this could potentially lead to increasing levels of dissatisfaction among physicians[110].

A Turkish study indicated insufficient personal time and/or vacation as one of the most important predictors of burnout (A syndrome of emotional exhaustion, depersonalization and a sense of low personal accomplishment that leads to decreased effectiveness at work[124, 125]), the negative correlation of job satisfaction with emotional exhaustion and depersonalization and the positive correlation with personal acomplishment[126].

Nigeria is a country with too few physicians and poor health indicators when compared to European countries. The health care system has a highly complex structure that is at once centralized and fragmented, health care being provided by public, quasi-public, private and philanthropic organization. The relationship between these institutions are not well structured or regulated. Few studies on job satisfaction have been conducted in Nigeria.

In a study conducted among Nigerian ophthalmologists, most respondents were satisfied with their jobs but more were dissatisfied with their remuneration[127].

Another study revealed Nigerian doctors to have high rates of dissatisfaction with their job compared to their European and North American counterparts, the reasons for which is not altogether obvious, but high level of job dissatisfaction was not associated with a high level of psychological ill-health[128].

In account of Nigerian Physical Therapist (PT) overall, it was reported that PTs in Nigeria reported being satisfied with the “clinical practice” aspects of their job,

they indicated their job was challenging, that they enjoyed some measure of independence in decision making, to a limited degree, they enjoyed some autonomy[129].

Critically analysis the results of the above studies, one would say that physicians in Nigeria overall are not job satisfied. But further research is needed to determine the causes of job dissatisfaction amongst Nigerian doctors which is the major purpose of this study.

2.7 Job Satisfaction among Nurses

The shortage of nurses worldwide and locally has been well documented and extended to the long-term care industry. As a growing segment of the population, ages and strains, the capacity of these institutions most are having difficulties in finding and retaining qualified nursing staff. Employees' job satisfaction and their commitment have always been important issues for health care administration and recent studies have shown a direct correlation between staff satisfaction and patient satisfaction in health care organization.

A range of findings has been reported in the literature on health care and nursing. Simpson noted that while all levels of nurses reported some dissatisfaction at work, males experienced greater job satisfaction than females[130]. This may be attributed to the fact that males advance more rapidly than females[131]. It was also found that nurses ranked monetary rewards as the most influential aspect of job satisfaction when compared with other factors like managerial support, free expression and professional development[132].

In a comparison of general and critical wards, it was found that most important elements of job satisfaction while organizational policies and task requirements were ranked least important[133]. The relative importance of salary as a determinant of job satisfaction has been emphasized over a lengthy period of time. Two other studies

indicated that enrolled nurses were more likely to leave the profession because of lack of financial reward and poor career prospects[134, 135].

The retention and recruitment of nurses have shown that low wages and poor job satisfaction are the primary reasons why nurses leave their positions. Their dissatisfaction is often attributed to heavy work loads, leadership styles, motivation, inadequate training and lack of respect[136, 137]. It has been stated that recruitment and retention efforts need to concentrate on increasing financial incentives to nurses and creating a desirable work place that will lead to greater job satisfaction because the expertise required of direct care givers and the heavy work load they are assigned often far exceed the financial compensation they receive[138].

It has been noted that an organizational climate which fostered responsibility, warmth and support contributed to high levels of job satisfaction amongst nurses[139].

These conflicting findings suggest that managers need to be aware of the different facets of job satisfaction so that effective policies and strategies may be put in place to address problem areas. Continuous monitoring of job satisfaction may be a useful management tool to facilitate the development of an organization. Failure to do so could result in burnout amongst staff and poor quality service delivery. A number of studies have already shown that job satisfaction and burnout lead to increase turnover[130] and nursing has been identified as being especially vulnerable to the burnout syndrome[140,141, 142].

A positive relationship between job satisfaction and organizational commitment has been reported by studies involving qualified professional, a study conducted in a nursing department of a medical university in China found a positive correlation between job satisfaction and organizational commitment, it indicated that

student nurses who were more satisfied with the nursing as a job were also more committed to health care service[143].

In a study at the University of Benin Teaching Hospital, 56% percent of nurses were either very dissatisfied or dissatisfied with their jobs, 9% were undecided while 36% were very satisfied or satisfied with their jobs, a strong association was also found between psychological disorder and job dissatisfaction among their group of nurses[144].

2.8 Brain Drain

2.8.1 Introduction

Within the past two decades, there has been a wave of emigration of highly skilled professionals including physicians and nurses from developing countries such as Philippines, India, Brazil, Nigeria and Egypt. The most popular destination countries for such emigration are countries in Europe, the Middle East and North America. While highly skilled professionals are unemployed, underemployed, underpaid and dissatisfied with their condition of service in their own countries, high-paying jobs are known to be available in some regions of the world. Paradoxically highly skilled professionals are also in short supply in poor countries, but economic hardships and lack of job satisfaction may cause the very same professionals to see "greener pastures" in countries with more favourable economic conditions.

Brain drain is the loss of human capital through the emigration of trained or talented individuals to another country or geographic area[145]. All countries experience some form of brain drain. Even in the United States talented individuals are leaving

the country everyday. Brain drain can occur within a country as well, an example is that of health care workers from rural to urban areas.

Major concern about brain drain is that the brain drain of physicians and nurses in low income countries is an alarming phenomenon because it augments the already exiting shortage of health care workers who are crucial to the adequate delivery of basic health services in their countries of origin.

The World Health Organization has estimated that fifty-seven countries mostly African and Asia, suffer from severe health workforce crises. Furthermore, the distribution of health care workers in the world is severely disproportional to the need for health care workers. For example, sub-Saharan Africa carries 24% of the world's greatest disease burden and 11% of the world's health workers[146]. The shortage of health care workers is also one of the biggest impediments towards achieving the Millennium Development Goals aimed to improve the health status of people living in low income countries. Additionally, the loss of health care workers is not just a matter of numbers. It also entails the loss of talent and intellectual capacity.

2.8.2 Push and Pull Factors of Brain Drain

(i) **Lack of Research opportunities**; most low income countries do not invest significant amount of money in research and development.

(ii) **Lack of Higher Education Opportunities**; Most physicians and nurses are satisfied with the basic education received in their countries, but not the lack of higher education opportunities in their countries.

(iii) **Low job reward**; Because both physicians and nurses undergo rigorous education and training in which they invest a great deal of energy and time, they expect high job rewards that are often unmet in their countries.

(iv) **Lack of Political Stability and Safety**; Countries experiencing this include Nigeria, Pakistan and South Africa.

(v) **Poor working** condition

(vi) **Brain waste**; Many newly graduated doctors and nurses in their countries cannot find medically or nursing related jobs so they are employed in other sectors that do not fully utilize the medical skills and knowledge that they have acquired.

(vii) **Family influences**; Contrary to the assumption that the families of physicians and nurses would be reluctant to see their sons or daughters go abroad, families are very supportive of their decision to emigrate.

Both donor countries and the source countries need to work together to solve the problems caused by brain drain.

In order to retain health care workers, donor-countries must implement institutional changes that would minimize some of the push factors, improving job satisfaction among doctors and nurses would help reduce brain drain.

CHAPTER THREE

METHODOLOGY

3.1 Study Area

Adamawa State is one of the North eastern states in Nigeria created in 1991 from former Gongola state and occupies about 36,917 square kilometers. It is bordered by the states of Borno to the northwest, Gombe to the west and Taraba to the southwest. Its eastern border also forms the national eastern border with Cameroon. It is a mountainous land crossed by the large river valleys; Benue, Gongola and Yedsaren. It has 21 local government areas with a population of 3,737,223 as of the year 2006.

Yola is the capital of Adamawa State and is split into 2 distinct parts, the old town of Yola where the Lamido resides is the traditional city but the new city of Jimeta is the administrative and commercial centres. Generally the term Yola is now used to mean both. To the North of Yola are the Mandara mountains and the South are the Shebshi mountains. The population of Yola was 88,500 as of the year 2006.

The Federal Medical Centre (FMC) Yola was established in August 1998, the provision of medical services was however started on the 15th of May 1999 after the signing of an agreement for the take over of the then State Specialist Hospital Yola between the Federal Ministry of Health and Adamawa State Government.

However, by being a referral centre to other hospitals, both private and public in the State, FMC Yola provides tertiary health care delivery services in a one hundred and sixty bed facility environment.

The institution has a total of 708 permanent staff, out of which 70 are doctors and 220 nurses. These doctors and nurses are distributed in five major departments of the institution namely, the General Outpatient Department (GOPD), which includes

the Accident and Emergency Unit (A&E), the Internal Medicine Department, Surgery Department, Obstetric and Gynaecology Department and the Paediatrics Department. For the nurses however, there is in addition to these departments the Amenity Section.

Five specialists (Consultants) are at the centre with most doctors being Medical Officers. Nurses consist of those having the Basic Nursing qualifications and those with post-Basic Nursing qualifications, however the latter do not determine departmental placement, with exception of some nurses at the A & E who are trained trauma nurses.

3.2 Study Design

The study design was a descriptive cross-sectional survey that used quantitative (questionnaire) method to determine the level of job satisfaction among the doctors and nurses of FMC, Yola.

3.3 Study Population

All doctors and nurses of the FMC Yola were included in the study.

3.4 Sample Size Determination

All doctors and nurses of FMC Yola were included and participated in the study.

3.5 Data Collection

A self-administered structured questionnaire was used consisting mainly of close-ended questions and a few open-ended questions. The questionnaire was divided into three sections. Section A was aimed at getting the demographic profile of the participants. Section B was designed using a 5-point Lickert response format ranging from very satisfied, satisfied, undecided, dissatisfied and very dissatisfied, to determine the various factors of the job satisfaction which related to the management, facility, salary and the health care providers of the FMC Yola. Section C however

contained few open-ended questions allowing for the doctors and nurses of the institution to recommend ways of improving job satisfaction.

3.6 Data Analysis

Data were validated manually for errors. The data were grouped and presented in the form of frequency tables. Data were further analyzed using Statistical Package for Social Sciences (SPSS) version 17.0. For the 5 point lickert scale used, ranging from very dissatisfied to very satisfied, a mark of 1 was awarded for very dissatisfied, 2 for dissatisfied, 3 for neutral, 4 for satisfied and 5 for very satisfied. All scores were added to give aggregate score for each section and overall. t–test from the same statistical package was used to test for statistical significance between mean score for various groups. A p-value of ≤ 0.05 was considered statistically significant.

3.7 Limitations

1. Doctors and nurses of this study were only from the F M C Yola and so findings of this study cannot be generalized.
2. Though study population was all permanent staff doctors and nurses of the institution, not all of them were sampled technically as some were then on out station training.
3. The use of self reporting questionnaires which rely on the honesty of those reporting them and also may not adequately reflect the complex aspects of the work environment.

3.8 Ethical Issues

Ethical clearance was obtained from FMC ethical committee before the commencement of the study. An informed consent was also obtained from each of the participants in the study population.

CHAPTER FOUR

RESULTS

A total of 240 completed questionnaires were returned out of 290 distributed, giving a response rate of 82.8%. The total number of doctor respondents were 58 (24.2%) and the number of nurses 182 (75.8%) out of which 106 (44.2%) were males and 134 (55.8%) females; 59.6% were married, 35.4% single, 2.1% separated, 2.1% widowed and 0.8% divorced. Respondents with state of origin Adamawa state made up to 51.3% while those from other state of origins 48.7%. Majority of respondents were between the ages 30-39 years (45.0%) though the youngest age recorded in the study was 23years and the oldest 62 years. Majority of the doctors and nurses 64 (26.7%) in the institution had been in their professions for less than five years, while majority of doctors and nurses 164 (68.3%) had spent less than five working years in the institution.

Table 1: Demographic characteristics of Doctors and Nurse in F.M.C Yola.

PERSONAL CHARACTERISTICS		PROFESSION	
		DOCTORS	NURSES
Age (yrs)	20-29	15 (25.9%)	35 (19.2%)
	30-39	32 (55.2%)	86 (47.2%)
	40-49	10 (17.2%)	47 (25.8%)
	50-59	1 (1.7%)	13 (7.1%)
	>60	0 (0.0%)	1 (0.5%)
Total		58 (100.0%)	182 (100.0%)
Sex	Male	50 (86.2%)	56 (30.8%)
	Female	8 (13.7%0	126 (67.6%)
Total		58 (100.0%)	182 (100.0%)
Marital Status	Married	25 (43.1%0	118 (64.8%)
	Single	32 (55.1%)	53 (29.1%)
	Separated	0 (0.0%)	5 (2.7%)
	Widowed	0 (0.0%)	5 (2.7%)
	Divorced	1 (1.7%)	1 (0.5%)
Total		58 (100.0%)	182 (100.0%)
Duration of years in profession	<5	32 (55.2%)	32 (17.6%)
	5-9	14 (24.1%)	44 (24.2%)
	>10	12 (20.7%)	106 (58.2%0
Total		58 (100.0%)	182 (100.0%)
Duration of working years in institution	<5	44 (75.9%0	120 (65.9%)
	5-9	9 (15.5%)	34 (18.6%)
	>10	5 (8.6%)	28 (15.3%)
Total		58 (100.0%)	182(100%)

Tables 2: Job Satisfaction levels and factors relating to the hospital management

ASPECTS OF	SATISFACTION LEVEL	TOTAL

THE JOB	VERY SATISFIED	SATISFIED	NEUTRAL	DISSATISFIED	VERY DISSATISFIED	
Job Security	72 (30.0%)	130 (54.2%)	20 (8.3%)	14 (5.8%)	4 (1.7%)	240 (100.0%)
Opportunities for Advancement	35 (14.6%)	106 (44.2%)	42 (17.5%)	46 (19.2%)	11 (4.6%)	240 (100.0%)
Support for additional training and education	19 (7.9%)	66 (27.5%)	58 (24.2%)	61 (25.4%)	36 (15.0%)	240 (100.0%)
Hours Worked	25 (10.4%)	124 (51.7%)	43 (17.9%)	36 (15.0%)	12 (5.0%)	240 (100.0%)
Recognition for work	11 (4.6%)	94 (39.2%)	63 (26.3%)	58 (24.2%)	14 (5.8%)	240 (100.0%)
Autonomy	8 (3.3%)	113 (47.1%)	68 (28.3%)	43 (17.9%)	8 (3.3%)	240 (100.0%)
Way Supervisor handles employees	22 (9.2%)	109 (45.5%)	53 (22.1%)	41 (17.1%)	15 (6.3%)	240 (100.0%)
Competence of Supervisor in making decision	26 (10.8%)	115 (47.9%)	55 (22.9%)	32 (13.3%)	12 (5.0%)	240 (100.0%)
Rate of Promotion	17 (7.1%)	50 (20.8%)	80 (33.3%)	53 (22.1%)	40 (16.7%)	240 (100.0%)
Way Supervisor delegates work	23 (9.6%)	120 (50.0%)	47 (19.6%)	38 (15.8%)	12 (5.0%)	240 (100.0%)
The way job provides for steady employment	31 (12.9%)	113 (47.1%)	73 (30.4%)	17 (7.1%)	6 (2.5%)	240 (100.0%)
Leadership style of hospital Management	30 (12.5%)	98 (40.8%)	53 (22.1%)	33 (13.8%)	26 (10.8%)	240 (100.0%)

Major factors of satisfaction that relate to the hospital management are job security, hours of work, delegation of work by supervisors and degree of autonomy, while major factors of dissatisfaction are support for additional training and development and rate of promotion.

Table 3: Job Satisfaction levels and factors relating to the hospital facilities and equipments.

ASPECTS OF THE JOB	SATISFACTION LEVEL					TOTAL
	VERY SATISFIED	SATISFIED	NEUTRAL	DISSATISFIED	VERY DISSATISFIED	
Physical Working Condition	138 (57.5%)	85 (35.4%)	4 (1.7%)	10 (4.2%)	3 (1.3%)	240 (100.0%)
Physical Surroundings	158 (65.8%)	66 (27.5%)	9 (3.8%)	4 (1.7%)	3 (1.3%)	240 (100.0%)
Necessary Instruments and Equipments	28 (11.7%)	96 (40.0%)	40 (16.7%)	47 (19.6%)	29 (12.1%)	240 (100.0%)
Availability of Personal Protective Device	27 (11.3%)	81 (33.8%)	42 (17.5%)	52 (21.7%)	38 (15.8%)	240 (100.0%)
Safe Means of Waste Disposal	28 (11.7%)	85 (35.4%)	44 (18.3%)	47 (19.6%)	36 (15.0%)	240 (100.0%)

Factors of highest satisfaction relating to the hospital facilities and equipment are the physical working conditions and the physical surroundings, those of dissatisfaction are the unavailability of personal protective devices and unavailability of a safe means of sewage disposal.

Table 4: Job Satisfaction level and factors relating to the healthcare providers themselves.

ASPECTS OF THE JOB	SATISFACTION LEVEL					TOTAL
	VERY SATISFIED	SATISFIED	NEUTRAL	DISSATISFIED	VERY DISSATISFIED	
Regards Profession	55 (22.9%)	124 (51.7%)	32 (13.3%)	19 (7.9%)	10 (4.2%)	240 (100.0%)

Spirit of Cooperation among Co-Workers	34 (14.2%)	147 (61.3%)	30 (12.5%)	19 (7.9%)	10 (4.2%)	240 (100.0%)
Chance to have a definite place in the Community	26 (10.8%)	104 (43.3%)	73 (30.4%)	32 (13.3%)	5 (2.1%)	240 (100.0%)
The Way Co-Workers get along with one another	28 (11.7%)	146 (60.8%)	38 (15.8%)	22 (9.2%)	6 (2.5%)	240 (100.0%)
Relationship with Co-Workers	27 (11.3%)	167 (69.6%)	29 (12.1%)	11 (4.6%)	6 (2.5%)	240 (100.0%)
Relationship with Supervisors	29 (12.1%)	157 (65.4%)	32 (13.3%)	19 (7.9%)	3 (1.3%)	240 (100.0%)
Relationship with Subordinates	28 (11.7%)	143 (59.6%)	44 (18.3%)	19 (7.9%)	6 (2.9%)	240 (100.0%)
Commitment of my Colleagues to Work	31 (12.9%)	141 (58.8%)	40 (16.7%)	23 (9.6%)	5 (2.1%)	240 (100.0%)
Working Relationship between Doctors and Nurses	27 (11.3%)	142 (59.2%)	41 (17.1%)	19 (7.9%)	11 (4.6%)	240 (100.0%)

Major factors of satisfaction relating to the healthcare providers include satisfaction with the profession, spirit of cooperation among co-workers, relationship with supervisors and relationship with subordinates. Major factor of dissatisfaction is the working relationship between doctors and nurses.

Table 5: Job Satisfaction levels and factors relating to pay and benefits

ASPECTS OF THE JOB	**SATISFACTION LEVEL**					**TOTAL**
	VERY SATISFIED	**SATISFIED**	**NEUTRAL**	**DISSATISFIED**	**VERY DISSATISFIED**	
Present Salary	18 (7.5%)	52 (21.7%)	38 (15.8%)	88 (36.7%)	44 (18.3%)	240 (100.0%)
Amount of Pay for Work done	18 (7.5%)	49 (20.4%)	40 (16.7%)	87 (36.3%)	46 (19.2%)	240 (100.0%)

Chance to make as much money as friends	36 (15.0%)	59 (24.6%)	66 (27.5%)	45 (18.8%)	34 (14.2%)	240 (100.0%)
Comparism of pay to that for similar position in other facilities	15 (6.3%)	87 (36.3%)	44 (18.3%)	58 (24.2%)	36 (15.0%)	240 (100.0%)
Benefits	14 (5.8%)	39 (16.3%)	31 (12.9%)	64 (26.7%)	92 (38.3%)	240 (100.0%)
Good Increase in Salary	58 (24.2%)	86 (35.8%)	47 (19.6%)	29 (12.1%)	20 (8.3%)	240 (100.0%)
A Perfect Salary irrespective of other Aspect of the Job	39 (16.3%)	78 (32.5%)	78 (32.5%)	30 (12.5%)	15 (6.3%)	240 (100.0%)

Majority of doctors and nurses are dissatisfied with pay and benefits with majority desiring a good increase in salary.

Table 6: Overall job satisfaction level for doctors and nurses in FMC Yola

DOMAINS	**SATISFACTION LEVEL**					**TOTAL**
	VERY SATISFIED	**SATISFIED**	**NEUTRAL**	**DISSATISFIED**	**VERY DISSATISFIED**	
HOSPITAL MANAGEMENT	11.1%	43.0%	22.8%	16.4%	6.8%	100.0%
HOSPITAL FACILITIES/EQUIPMENT	31.6%	34.4%	11.6%	13.3%	9.1%	100.0%
HEALTH CARE PROVIDERS	13.2%	58.8%	16.6%	8.5%	2.9%	100.0%

PAY AND BENEFITS	11.8%	26.8%	20.5%	23.9%	17.1%	100.0%
TOTAL JOB SATISFACTION LEVEL (ALL DOMAINS)	14.9%	42.6%	18.9%	15.3%	8.2%	100.0%

Overall 57.5% of participants were satisfied or very satisfied, 18.9% neutral and 23.5% dissatisfied or very dissatisfied.

Table 7: Mean Score, Standard Deviation, t and p value of factors relating to the Hospital Management, Hospital facilities, Healthcare providers, Pay and benefits and all domains.

Aspect of the job	**t-value**	**p-value**	**Doctors**		**Nurses**	
			Mean	**S D**	**Mean**	**SD**
Hospital management	1.942	0.053	41.7241	7.59453	39.7363	6.51449
Hospital facilities	2.007	0.046	19.2069	3.34957	18.0165	4.10158

Healthcare providers	-1.327	0.186	32.5345	6.18208	33.6648	5.47347
Pay and benefits	-3.203	0.002	18.3793	5.77298	21.1264	5.66081
All domains	-0.280	0.780	111.8448	19.51500	112.5440	15.50889

Overall job satisfaction with all domains shows no statistical significance between doctors and nurses, however nurses are more dissatisfied with the hospital facilities and are also more satisfied with pay and benefits than doctors.

Table 8: Mean score, standard deviation, t and p value of factors relating to hospital management, hospital facilities, healthcare providers and pay and benefits by sex of respondents

SEX	No	Mean	Standard Deviation	t-value	p-value
MALE	106	111.8491	17.68227	-.438	.662
FEMALE	134	112.7910	15.60368		

Overall satisfaction of respondents showed no statistical significance between both sexes.

Table 9: Respondents Recommendation Regarding Hospital Management, Hospital Facilities and Equipments and Healthcare Providers.

RECOMMENDATION	Frequency (%)
Management	
Training and Development	99 (45.4%)
Prompt payment of salary	52 (23.9%)
Recognition of Good Work	48 (22.0%)
Increase in Number of Staff	19 (8.7%)
Total	**218 (100.0%)**
Hospital Facilities and Equipments	
Modern Diagnostic Tools	84 (41.7%)
Ward Equipments Directly used in Patient Care	84 (41.7%)

Personal Protective Devices	19 (9.3%)
Safe Means of Waste Disposal	15 (7.4%)
Total	**202 (100.0%)**
Healthcare Providers	
Work Commitments, Dedication, etc.	118 (53.7%)
Improved Working Relationships between Professions	43 (20.6%)
Punctuality of Workers	31 (14.0%)
Improved working relationship within professions	26 (11.7%)
Total	**218 (100.0%)**

CHAPTER FIVE

DISCUSSION

5.1 Discussion

This study was conducted to determine the level and factors of job satisfaction among doctors and nurses of the F.M.C Yola. Different domains of work environment were considered which included; the hospital management, hospital facilities, healthcare providers and pay and benefits.

Majority of respondents 54.2%, 51.7%, 50.0% and 41.7% were satisfied with job security, hours of work, delegation of work by supervisors and degree of autonomy respectively. Degree of autonomy found to be significantly related to career satisfaction is similar to finding of Stoddard et al[108] and the study by Society of General Internal Medicine (SGIM)[107], the later study reported that primary care physicians and specialist who rated their autonomy lower were more likely to report

decreased satisfaction with their careers over a four year period. Two studies done in developing countries one in Saudi Arabia among primary health care physicians showed 64.2% of doctors to be satisfied with autonomy and another in Karachi, Pakistan also showed 54% of doctors to be satisfied with autonomy[116 117].

With regards rate of promotion 33.3% were neutral, 22.1% dissatisfied and 16.7% very dissatisfied, this being the variable with the highest frequency of dissatisfaction relating to the hospital management. This is not surprising in Nigeria where civil servant promotion are usually late or delayed and back dated when effected.

When considering the domain of job satisfaction that relates to the hospital facility and equipments, majority of respondents, 57.5% were very satisfied with the physical working conditions of the hospital while 35.4% were satisfied; 68.8% and 22.5% were very satisfied and satisfied respectively with the physical surroundings. These two variables being the highest frequency of satisfaction relating to this domain. However major factors contributing to dissatisfaction in this domain were the availability of protective devices in which 21.7% were dissatisfied and 15.8% very dissatisfied and also the availability of a safe means of waste disposal in which 19.6% were dissatisfied and 15.0% very dissatisfied. This level of dissatisfaction is expected as many hospitals in the country including FMC Yola have hospital policies that require patients buying materials like latex gloves, methylated spirit, cotton wool etc. In circumstances where these are not purchased by patients there is resultant shortage. However dissatisfaction with availability of safe means of waste disposal may be due to the fact that the hospital is yet to provide the WHO colour coded bins and safety boxes for the segregation and disposal of hospital generated waste.

Majority of respondents were satisfied with their profession, with 51.7% satisfied and 22.9% very satisfied. This finding is similar to that by Gadallah and co workers in Egypt who reported that physicians career as health care givers as one of the most important satisfaction factors[118] .Also in a study conducted among ophthalmologists in Nigeria most were satisfied with their profession[127] In contrast to a study conducted in the University of Benin Teaching Hospital 36% of nurses were satisfied or very satisfied with their profession. It was noted that 61.3%, 65.4% and 59.6% were satisfied with the spirit of cooperation among co-workers, relationship with supervisors and relationship with subordinates respectively. This finding is similar to the study by Society of General Internal Medicine (SGIM) in which among highest predictors of global job satisfaction was the relationship with colleagues. A major factor leading to dissatisfaction though not of very high frequency significant was working relationship between doctors and nurses were 7.9% and 4.6% were dissatisfied and very dissatisfied respectively; however, 59.2% and 11.3% were satisfied and very satisfied respectively

With regards to present salaries 7.5% were very satisfied, 21.7% satisfied, 15.8% neutral, 36.7% dissatisfied and 18.3% very dissatisfied; 26.7% and 38.3% of respondents were dissatisfied and very dissatisfied respectively regarding benefits. Health care providers being less satisfied with this aspect of the practice is consistent with previous studies. In a longitudinal study it was found that primary care physicians who reported lower income were more likely to become less satisfied overtime[110]. Other studies show similar dissatisfaction with income as that of Gadallah and co workers in Egypt and among Nigerian ophthalmologist in which respondents were dissatisfied with remuneration[127]. Chaudry and co workers also reported that inadequate pay and allowances were mentioned by 48.7% of their

respondents[29] and Ghazali and colleagues also reported that 56% of their respondents were not satisfied with their income in Pakistan. Studies carried out among nurses have indicated that enrolled nurses were more likely to leave the profession because of lack of financial rewards[134,135]. Also it has been found that nurses rank monetary value as the most influential aspect of the job when compared to other factors[132]. The importance of salary as a determinant of job satisfaction cannot be over emphasized and in this study 32.5% of respondents believe they would be satisfied with a perfect salary irrespective of all other aspects of their job while 32.5% are neutral to this and 17.5% believe they would be very satisfied This level of dissatisfaction with pay and benefits is not surprising since a factor that contributes to this is the failure of the Federal Government of Nigeria to respond to demands of medical personnel to increase salaries.

Overall job satisfaction of doctors and nurses in F. M. C. Yola showed 14.9% to be very satisfied, 42.6% to be satisfied, 18.9% to be neutral, 15.3% to be dissatisfied and 8.2% to be very dissatisfied. This level of job satisfaction when considering the two categories of very satisfied and satisfied gives a satisfaction level of 57.5%. This when compared to a study carried out among physicians at the University of Benin Teaching Hospital shows a higher level of job satisfaction as the later study revealed physicians to be 30% overall satisfied or very satisfied with their jobs[128]. Likewise the same is seen in a study among physicians in Egypt in which overall job satisfaction was found to be 42.9% [119]in contrast a study carried out among Nigerian ophthalmologists which showed an overall job satisfaction level of 78.5%[127] which is higher than this study. However a study carried out among nurses at the University of Benin Teaching Hospital showed 56% of them to be either

dissatisfied or very dissatisfied with their jobs, 9% undecided while 36% were satisfied or very satisfied.[144]

Satisfaction with the hospital management gave a mean score for doctors 41.7 and mean score for nurses 39.7 with t=1.942 at p>0.05 indicating no statistical significance between doctors and nurses regarding the hospital management. Satisfaction with the hospital facilities gave a mean score for doctors of 19.2 and for nurses 18.0 with t=2.007 at p≤ 0.05, showing a statistical significance with doctors being more job satisfied with the hospital facilities. The higher dissatisfaction of nurses in this domain may be due to the fact that nurses by virtue of their profession and duties carry out regular daily functions requiring the constant use of materials such as gloves, cotton wool, thermometers, plaster etc. Unavailability of these item would be significantly felt by them and result in dissatisfaction, though doctors make use of such items but to a much lesser extent. Satisfaction relating to the healthcare providers gave a mean score for doctors 32.5 and for nurses 33.7 with t=-1.327 at p>0.05, showing no statistical significance and indicating no significant difference in satisfaction between doctors and nurses. Satisfaction with pay and benefits gave a mean score for doctors 18.4 and nurses 21.1 with t=-3.203 at p≤ 0.05, showing a statistical significance and indicating nurses to more satisfied than doctors regarding pay and benefits. Reasons for this could be due to the fact that all nurses of the hospital have either basic nursing qualifications with or without post basic qualifications and so salaries received for such qualifications maybe better appreciated than doctors with degrees who most likely believe they deserve better salaries. Also majority of nurses are older in age and studies have shown more job satisfaction with increasing age as people tend to have more realistic expectations about their jobs as they get older.[55,56] Overall satisfaction with the factors relating to

the hospital management, hospital facilities, healthcare providers and pay and benefits, gave a mean score for doctors 111.8 and nurses 112.5 with t=0.780 at p> 0.05 thereby showing no statistical significance between overall job satisfaction levels of doctors and nurses. These finding are probably due to the fact that factors contributing to job satisfaction at FMC Yola affect both doctors and nurses to more or less the same degree.

Also overall satisfaction of respondents by sex showed no statistical significance between both sexes (male and female) with mean score for males 111.8 and females 112.8 with t=0.662 at p> 0.05. This finding however is unlike the study by Simpson were it was noted that males experienced greater job satisfaction than females[130].

The study allowed for respondents to suggest ways in which their job satisfaction could be enhanced at the institution along the line of the hospital management , facilities and equipments needed and ways relating to the healthcare providers themselves.

Recommendations to ways the hospital management could enhance job satisfaction; majority 45.4% suggested training and development, 22.0% .recognition for good work, 23.9% prompt salary payment and 8.7% increase in number of staff. Training and development having the highest frequency is not surprising as past studies have shown this to be a factor contributing to work dissatisfaction especially among nurses[136,137]. Also according to Mawardi a factor that contributes to physician career satisfaction includes training and research[113].

Recommendations with regards facilities and equipments needed at institution; 41.7% recommended modern diagnostic tools, 9.3% personal protective devices, 7.4% safe means of waste disposal and 41.7% ward equipments directly used in

patient care. This high recommendation frequency regarding modern diagnostic is expected as a study done in Egypt has shown resources to be among the least satisfying items[118] and another study showing that accurate diagnosis leading to successful treatment is a factor that contributes to career satisfaction[113], accurate diagnosis being dependent to a reasonable extent on available diagnostic tools and equipments.

Recommendations relating to health care providers themselves included; improved working relationship within professions 11.7%, improved working relationship between professions 20.6%, improved punctuality of colleagues 14.0% and improved work commitments and dedication. This recommendation shows support of the findings of some studies in which support from colleagues is a determinant of job satisfaction[103,106]

5.2 CONCLUSIONS

Major factors determining job satisfaction as it regards the hospital management include job security, hours of work, delegation of work by supervisors and degree of autonomy, while major determinants of dissatisfaction relate to support for training and education and rate of promotion. Factors determining job satisfaction as regards the hospital facilities include the physical working conditions and physical surroundings while factors contributing most to dissatisfaction include non availability of personal protective devices and non availability of safe means of waste disposal. Factors determining job satisfaction which relate to the healthcare providers include satisfaction with their professions, spirit of cooperation among co-workers, relationship with supervisors and relationships with subordinates, major determinant to dissatisfaction was working relationship between doctors and nurses. Pay and benefits are the major determinants of job dissatisfaction in this study, however there

is no significant difference in overall level of job satisfaction between doctors and nurses.

5.3 RECOMMENDATIONS

1. There is the need for the Federal Government to respond to demands of improved salaries for medical professionals.

2. There is a need for the hospital management to increase opportunities for doctors and nurses to go for further training and educational courses.

3. Hospital management should organize regular workshops and seminars aimed at improving employees' motivation at work so as tos attain and maintain a high level of work commitment.

4. There is a need to improve on hospital facilities especially diagnostic tools, availability of personal protective devices and safe means of waste disposal.

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APPENDIX 1

QUESTIONNAIRE

Job Satisfaction among Doctors and Nurses (a case study of FMC Yola)

Instructions

The purpose of this questionnaire is to give you a chance to tell how you feel about your present job. What things you are **satisfied** with and what things you are **not satisfied with**. Information is strictly for research purposes with confidentiality ensured.

For Section A
Tick box of appropriate response

For Section B
Please read each statement carefully and decide how satisfied you are with that aspect of your job, keeping the statement in mind.

- If you feel the job gives you **more than you expected** tick the box "VS" (Very Satisfied)
- If you feel the job gives you **what you expected** tick the box "S" (Satisfied)
- If you are **neutral or undecided** about the aspect of your job tick the box "N" (Neutral)
- If you feel the job gives you **less than what you expected**, tick the box "DS" (Dissatisfied)
- If you feel the job gives you **much less than what you expected** tick the box "VDS" (Very Dissatisfied).

Please do this for all statements.

For Section C
In short sentences, please give your recommendations.

NB: Be frank and honest. Give a true picture of your feeling about your present job.

Section A
Instructions: For the questions below, write appropriate responses or tick box for appropriate response.

1. How old are you? ----------(as at your last birthday)

2. Sex: Male [ ] Female [ ]

3. Marital status: Married [ ] Single [ ] Separated [ ] Widowed [ ] Divorced [ ]

4. Profession: Doctor [ ] Nurse [ ]

5. State of Origin: _____

6. Rank: _____ (e.g. Medical Officer, Senior medical officer, consultant, Nursing officer I or II, Principal Nursing Officer, etc)

7. Duration of years in the profession:_____

8. Duration of working years in this Institution:_____

9. Which department or unit do you work? _____

Section B
Introduction
Ask yourself: How satisfied am I with this aspect of my job?

Choose an appropriate response from the following:
VS – means I am **very satisfied** with this aspect of my job
S – means I am **satisfied** with this aspect of my job
N – means I am **neutral/undecided** with this aspect of my job
DS – means I am **dissatisfied** with this aspect of my job
VDS – means I am **very dissatisfied** with this aspect of my job.
On my present job this is how I feel about …

		VS	S	N	DS	VDS
1.	My job security	☐	☐	☐	☐	
2.	The opportunities for advancement in this position	☐	☐	☐	☐	☐
3.	Support for additional training and education	☐	☐	☐	☐	☐
4.	Hours worked each day and week	☐	☐	☐	☐	☐
5.	Recognition for work accomplished	☐	☐	☐	☐	☐
6.	Degree of independence associated with my work role (autonomy)	☐	☐	☐	☐	☐
7.	The way my supervisor handles employees	☐	☐	☐	☐	☐

		VS	S	N	DS	VDS

8.	The competence of my supervisor in making decision	☐	☐	☐	☐	☐
9.	The rate at which I am promoted	☐	☐	☐	☐	☐
10.	The way my supervisor delegates work to Staff members	☐	☐	☐	☐	☐
11.	The way my job provides for steady employment	☐	☐	☐	☐	☐
12.	Leadership style of the hospital management	☐	☐	☐	☐	☐
13.	The physical working conditions (light, water, air-conditioning, etc)	☐	☐	☐	☐	☐
14.	The physical surroundings (neatness, flowers, land scrapping, paint colur etc)	☐	☐	☐	☐	☐
15.	The necessary instruments and equipments	☐	☐	☐	☐	☐
16.	The availability of personal protective devices (gloves, face mask goggles, boots, lab coat apron)	☐	☐	☐	☐	☐
17.	Safe means of waste disposal	☐	☐	☐	☐	☐
18.	With regard to my profession (being a doctor or nurse)	☐	☐	☐	☐	☐
19.	The spirit of cooperation among my co-workers	☐	☐	☐	☐	☐
20.	The chance to have a definite place in the community	☐	☐	☐	☐	☐
21.	The way my co-workers get along with each other	☐	☐	☐	☐	☐
22.	Relationship with co-workers	☐	☐	☐	☐	☐
23.	Relationship with my supervisors	☐	☐	☐	☐	☐
24.	Relationship with my subordinates (if applicable)	☐	☐	☐	☐	☐
25.	Commitment of my colleagues to work	☐	☐	☐	☐	☐
26.	Working relationship between Doctors and Nurses	☐	☐	☐	☐	☐
27.	With regards to my present salary	☐	☐	☐	☐	☐
28.	The amount of pay for the work I do	☐	☐	☐	☐	☐
29.	The chance to make as much money as my friend	☐	☐	☐	☐	☐
30.	How my pay compares with that for similar positions in other health facilities	☐	☐	☐	☐	☐

31.	With regards to Benefits (Hazard allowance, health insurance life insurance etc)	☐	☐	☐	☐	☐
32.	With very good increase in my salary	☐	☐	☐	☐	☐
33.	With a perfect salary irrespective of all other aspects of my job	☐	☐	☐	☐	☐

Section C

34. In what ways do you think the management of FMC Yola can enhance job satisfaction of the Doctors and Nurses of the Institution?

_____

_____

_____

_____

35. Do you think there are some facilities (equipment/instruments) needed to enhance job satisfaction of the Doctors and Nurses of FMC Yola? If so, suggest them below:

_____

_____

_____

_____

36. In what ways can we the health care providers enhance our own job satisfaction?

_____

_____

_____

_____