

Factors Influencing Job Satisfaction among Health Workers in Tanzania: A Case of Kilimanjaro Christian Medical Centre Referral Hospital

Deogratius Msanya¹, Wanja Mwaura-Tenambergen¹, Musa Oluoch¹, Julius Pius Alloyce²

¹*Kenya Methodist University, P.O. Box 45240-00100, Nairobi, Kenya.*

²*Kilimanjaro Christian Medical Centre, Box 3010 Moshi Tanzania*

Correspondence email: deogratius.msanya@kcmuco.ac.tz

Abstract

A well-functioning health system is composed of six building blocks. Health workers are one among the six blocks. Human resource for health is vital for effective and efficient delivery of health care. However, there has been existing problem of inadequate staffing in the health care which weaken the health service delivery. It's of paramount importance to ensure that the available health workers are satisfied with their job for quality delivery of care. The purpose of this study was to ascertain factors which influence job satisfaction among human resource for health in Kilimanjaro Christian Medical Centre (KCMC), Tanzania. The objectives were to assess the influence of demographic characteristics, institutional governance, the working environment and professional related factors on job satisfaction among health care workers. This was an institution-based cross-sectional study and the target population was all health workers in KCMC. Sampling procedure was stratified probability sampling and a total of 257 respondents were included in the study. Data was collected using a structured questionnaire and analyzed using SPSS version 23. Logistic regression model was run to determine association between factor scores in the independent variables and the dependent variable at 95%CI whereas $P < 0.05$ was regarded statistically significant. Results showed that job satisfaction rate of health workforce at KCMC was 49%. Nurses is the cadre with the highest job dissatisfaction rate of 60.2% followed by doctors at 51.6%. The highest job satisfaction rate was revealed among the carder of allied health professional at the rate of 66.7%. Factors found to have significant association to job satisfaction were marital status ($P=0.006$), decision making process ($P=0.002$), supervisory support ($P=0.014$), relationship with co-workers ($P=0.001$), pay ($P=0.0001$), nature of work ($P=0.009$) and career advancement ($P=0.0001$). On measuring the satisfaction levels, it was promotion and income that had the lowest satisfaction rates of 14.1% and 14.7% respectively. The hospital management needs to improve on the factors which were identified as major contributors to job satisfaction for the purpose of enhancing job satisfaction among health workers. Therefore, major decisions must be participatory, supervisory support must be enhanced, salary increases or promotion should be regularly considered and career advancement opportunities must be provided for the employees to acquire more skills and competencies for quality health care delivery.

Key words: *Job satisfaction, health workers, performance, staff shortage*

1.0 Introduction

Human Resource for Health (HRH) is a key component for delivery of quality health and social welfare services to all the people wherever they are. Health service delivery is considerably affected when there is shortage of health workers. The largest needs-based shortages of health workers are in South-East Asia at 6.9 million and Africa at 4.2 million (WHO, 2016). These figures suggest that shortage of human resource for health at the global level is acute. Sub-Saharan Africa faces 25% of the global burden of disease with only 3% of the workforce.

The enormous shortage of health workers in sub-Saharan Africa (SSA) is a major contributor to the unacceptably high rates of morbidity and mortality in the region. This is especially true for patients whose illnesses and injuries require time-sensitive interventions (Terry et al, 2012). While much emphasis has been placed on addressing the shortage of health workers, the health workforce crisis in Tanzania is not only about personnel shortages but also poor motivation and performance, and low productivity.

It is reasonable therefore to study job satisfaction as one of the most important factors which determine quality of work, productivity, turnover and organizational performance (Ali & Wajidi, 2013). Although several studies have addressed job satisfaction among healthcare professionals in different parts of the world and in Tanzania, there has not been any study on job satisfaction at KCMC, a referral consultant hospital that has existed for about half a century. Thus, in the context of the acute shortage of health workers both at KCMC and at national level, satisfied workforce is critical for health facilities to perform to the expectations.

Maestad (2006) asserts that there are two main options to strengthen the health workforce: first, to increase the number of health workers; and second, to utilize the available workers more effectively. This study considers the option of effective utilization of the available workforce.

For effective utilization of health workers to be realized, they must be well motivated and satisfied with their job. According to Tzeng (2002), there is evidence of a positive correlation between professional satisfaction and patient satisfaction. However, a recent study in Tanzania has indicated that 54% of respondents were dissatisfied with their current job, and 35% intended to leave their job (Naburi *et al.*, 2017). Bhatnagar & Srivastava (2012) maintains that the key to effective work performance is in understanding what domains of work are important for job satisfaction among health workers.

Studies have shown that factors which influence job satisfaction include demographic variables, organizational support, social support, pay, professional growth and patient appreciation (Suresh, 2015; Kurtessis et al, 2015; Yarker et al, 2015; Ge et al, 2011; Deriba et al, 2017 & Kolo, 2018). In order to get employees satisfied with their job, the underlying factors which influence job satisfaction in that particular facility must be examined to guide proper interventions. This research sought to fill the gap on staff satisfaction at a situation where staff shortage is unquestionably a major issue, in order to enable maximum utilization of the few available staff.

This study aimed to assess the level of job satisfaction and to establish factors which influence job satisfaction among health workers at KCMC in Tanzania. Specifically, the study sought to determine

the influence of demographic characteristics, institutional governance, working environment factors, and professional related factors on job satisfaction among human resource for health.

2.0 Materials and Methods

This was a cross-sectional study design with quantitative data collection method. Data was collected using structured questionnaires. The target population was all staff members from all departments at KCMC. Stratified probability sampling was used to determine a sample of 272 respondents. To establish the validity and reliability of the research instrument, a pre-test was done in Mawenzi Regional Referral hospital. Cronbach's alpha reliability test was done to identify the point to which it is error-free. The results showed the degree to which multiple measures of the same thing would agree with one-another. The obtained cronbach's alpha score was 0.93, which indicated that the scale had high internal consistency.

Table 1

Demographic Characteristics of respondents (N=257)

Characteristics	n	%
Age in years		
<30	59	23.0
31-39	63	24.5
>40	135	52.5
Sex		
Male	91	35.4
Female	166	64.6
Marital status		
Married	167	65.0
Unmarried	90	35.0
Education		
Secondary/below	41	16.0
College (Certificate/diploma)	122	47.5
University (Degree/Masters/PhD)	94	36.6
Cadre		
Doctors	31	12.1
Nurses	108	42.0
Allied health professionals	33	12.8
Supportive staff	85	33.1
Working experience		
< 5 years	77	30.0
6-9 years	62	24.1
>10 years	118	45.9

Data was analyzed using both descriptive and inferential statistics using SPSS version 23. Bivariate analysis using both Chi square and logistic regression was carried out to determine the association of each factor that influence job satisfaction among health workers in KCMC.

All predictors with $p < 0.01$ in the bivariate linear regression were then subjected into multivariate linear regression model to control possible covariates. Ethical approval was obtained from Kenya Methodist University Science, Ethics, and Research Committee. Participants signed informed consent to participate in the study. Privacy and confidentiality was maintained all along the study.

3.0 Results and Discussions

Demographic Characteristics of the Respondents

The demographic characteristics of respondents are presented in **Error! Reference source not found..**

The study population presented a broad range of health care providers. The largest group was the nurses with a proportion of 108(42.0%), and the least were doctors 31(12.1%). Nearly half 118(45.9%) of the respondents had more than 10 years of

work experience. Half 135(52.5%) of the respondents were over 40 years old.

Logistic regression model was applied to determine the association between demographic characteristics and health workers' job satisfaction. (Error! Reference source not found.).

Table 2

Association between Socio-demographic Characteristics and Job Satisfaction

Variables	Dissatisfied (n=130) N(%)	Satisfied (n=127) N(%)	COR(95%CI)	AOR(95%CI)	P- value
Age in years					
<30	28(47.5)	31(52.5)	Ref		
30-39	35(55.6)	28(44.4)	0.72(0.35-1.47)	0.95(0.37-2.43)	0.910
40+	67(49.6)	68(50.4)	0.92(0.50-1.69)	0.89(0.30-2.68)	0.842
Sex					
Female	93(56.0)	73(44.0)	Ref		
Male	37(40.7)	54(59.3)	1.86(1.11-3.12)	1.71(0.95-3.08)	0.072
Marital status					
Married/cohabit	92(55.1)	75(44.9)	Ref		
Unmarried	38(42.2)	52(57.8)	1.68(1.01-2.82)	2.46(1.28-4.69)	0.006
Education					
Secondary/below	14(34.1)	27(65.9)	Ref		
College(Certificate/Diploma)	65(53.3)	57(46.7)	0.45(0.22-0.95)	0.49(0.18-1.36)	0.172
University(Degree/Masters/PhD)	51(54.3)	43(45.7)	0.44(0.20-0.94)	0.37(0.14-0.98)	0.046
Cadre					
Doctors	16(51.6)	15(48.4)	Ref		
Nurses	65(60.2)	43(39.8)	0.71(0.32-1.57)	0.55(0.20-1.50)	0.240
Allied health professionals	11(33.3)	22(66.7)	2.13(0.78-5.86)	1.92(0.64-5.74)	0.245
Supporting staff	38(44.7)	47(55.3)	1.32(0.58-3.01)	0.70(0.26-1.89)	0.487
Working experience					
< 5 years	40(51.9)	37(48.1)	Ref		
5-10 years	34(54.8)	28(45.2)	0.89(0.46-1.74)	1.25(0.52-3.01)	0.619
>10 years	56(47.5)	62(52.5)	1.20(0.67-2.13)	1.96(0.70-5.52)	0.201

COR: Crude Odds Ratio; AOR: Adjusted Odds Ratio

Female respondents were slightly more dissatisfied 93(56%) than the male respondents 37(40.7%). Respondents who were married/cohabit were less satisfied with their job 92(55.1%) compared to their

unmarried counterparts 38(42.2%). In unadjusted odds ratio, the characteristics which showed significant association were sex and marital status. Male had 1.86 times higher odds of satisfaction when compared

to female and this was statistically significant [COR=1.86, 95% CI:1.11-3.12]; Unmarried respondents had 1.68 times higher odds of satisfaction when compared to those who are married or with cohabitation status [COR=1.68, 95% CI: 1.01-2.82).

Results in the adjusted odds ratio indicated that only unmarried respondents remained a significant factor for job satisfaction [AOR=2.46, 95%CI: 1.28-4.69, P=0.006]. Being a male showed positive association but not statistically significant [AOR=1.63, 95%CI: 0.93-2.88, 0.091]. The probable explanation to this situation could be a result of the difficult work

environment such as harassment to women, accumulated family responsibilities on women and the culture that is largely patriarchal.

Influence of Institutional Governance on Health Workers’ Job Satisfaction

The study sought to find out the extent to which the respondents were satisfied with decision making processes and the job security as indicated in Error! Reference source not found..

Table 3

Satisfaction with Decision Making Process and Job Security (N=257)

Items	SD/D n(%)	U n(%)	SA/A n(%)	P-value
Decision making process				
Vision and mission of the institution are clear to me	19(7)	43(17)	195(76)	0.002*
There is effective communication in our institution	44(17)	39(15)	174(67)	<0.0001
I am usually involved in the decision making process	67(26)	62(24)	128(49)	<0.0001
My ideas to improve performance are valued	35(14)	62(24)	160(62)	<0.0001
Conflict resolutions at work place are well handled	30(11)	65(25)	162(63)	<0.0001
Job Security				
Problems can be expressed freely to my seniors	36(14)	52(20)	169(66)	<0.0001
I can conduct free discussion with my supervisors including challenging them where need be	51(19)	66(26)	140(55)	<0.0001
There is no threatening way of communicating the weakness of employees	53(21)	95(37)	109(42)	<0.0001
There are many rules and regulations which threatens my job	106(48)	73(28)	78(30)	0.014
Performance appraisal is fair and objective	37(14)	67(26)	153(59)	<0.0001

SD/D=Strongly Disagreed / Disagreed; U=Uncertain; SA/A=Strongly agreed / Agreed

*Fisher’s exact test, otherwise chi-square;

In the decision making process most 195(76%) agreed or strongly agreed that the vision and mission of the institution was clear to them and 174(67%) indicated that there is effective communication. Half of the respondents 128(49%) agreed or strongly agreed that they are usually involved in the decision making process. With regard to job security, slightly over half of respondents 153(59%) agreed or strongly agreed that the performance appraisal is fair and objective, and 140(55%) indicated that they have free discussion with their supervisors including

Table 4

Satisfaction with Team work and Supervision (N=247)

Items	SD/D n(%)	U n(%)	SA/A n(%)	P-value
Team work				
Team meetings are compelling, not boring	33(12)	78(30)	146(57)	<0.0001
Team work is highly promoted by management of the institution	34(13)	51(20)	172(67)	0.005
Workers are committed to decisions made as a team even when there was disagreement in the beginning	32(12)	77(30)	148(57)	<0.0001
During team meetings, the most important and difficult issues are put on table to be resolved	37(15)	47(18)	173(67)	<0.0001
Team members genuinely apologize to one another when they say or do something inappropriate or possibly damaging to the team	31(12)	74(29)	152(59)	<0.0001
Supervision				
My supervisor is usually fair to the subordinates	31(12)	39(15)	187(73)	<0.0001
My supervisor is interested with the general wellbeing of the subordinates	27(10)	53(21)	177(68)	<0.0001
Work assignments are clearly explained	24(9)	48(18)	185(72)	<0.0001
There is a good atmosphere of cooperation between staff and management	39(15)	79(31)	139(54)	<0.0001
My supervisor provide adequate support to the subordinates so as to improve performance	24(9)	50(19)	183(71)	<0.0001

SD/D=Strongly Disagreed / Disagreed; U=Uncertain; SA/A=Strongly agreed / Agreed

challenging them where need be. However, only a third 78(30%) strongly agreed or agreed that there are many rules and regulations which threaten their jobs. Overall, chi square results show that there were no differences among the respondents ($p < 0.05$).

The researcher further investigated respondents' satisfaction with team work and supervision. Results are shown in Error! Reference source not found..

*Fisher's exact test, otherwise chi-square

Most 172(67%) of the respondents strongly agreed or agreed that team work is highly promoted by management of the institution and over half 148(57%) indicated that workers are committed to decisions made as a team even when there was disagreement in the beginning. With regard to supervision, majority 187(73%) of the respondents indicated that their supervisors are usually fair and just over half 139(54%) felt that there was a good atmosphere of cooperation between staff and

management. Overall, chi square results show that there were no differences among the respondents ($p < 0.05$). This implies that institutional governance has created environment that perpetuate job satisfaction among employees.

A logistic regression model for the satisfaction level was employed to determine the association between institutional governance factors and health workers' job satisfaction (Error! Reference source not found.).

Table 5

Association between Institutional Governance Factors and Job Satisfaction

Variables	Unadjusted OR (95%CI)	Adjusted OR (95%CI)	P-value
Decision making	1.41(1.26-1.57)	1.21(1.07-1.38)	0.002
Job security	1.30(1.19-1.42)	1.08(0.97-1.20)	0.186
Teamwork	1.25(1.16-1.36)	1.04(0.93-1.16)	0.481
Good supervision	1.33(1.22-1.46)	1.16(1.03-1.31)	0.014

In the bivariate logistic regression factors that had a positive influence on job satisfaction included decision making [AOR (95%CI): 1.41(1.26-1.57)], job security [AOR (95%CI): 1.30(1.19-1.42)], team work [AOR(95%CI): 1.25(1.16-1.36)] and good supervision [AOR(95%CI): 1.33(1.22-1.46)]. All these factors were run in the multivariate model to adjust possible confounders and modified effects. In multivariate logistic regression, only decision making and good supervision remained statistically significant associated with job's satisfaction [1.21(1.07-1.38), $p=0.002$] and [1.16(1.03-1.31), $p=0.014$] respectively.

These findings are supported by the Herzberg's motivator-hygiene theory which states that 'hygiene' factors such as company policies, job security and working conditions are associated with job dissatisfaction. Gedif *et al.*, (2018) maintains that health care workers who got adequate support supervision in their work were more likely to be satisfied as compared to those who did not get adequate support.

Influence of Working Environment Factors and Job Satisfaction

The study sought to find out the extent to which the respondents were satisfied with

working environment which was measured by their relationship with co-workers, availability of working tools and **Table 6**

equipment, the workload, and competitive pay and compensation (**See Table 6**).

Satisfaction with Working Environment (N=257)

Items	SD/D n(%)	U n(%)	SA/A n(%)	P-value
Relationship with co-workers				
I like the people I work with	10(4)	26(10)	221(86)	0.004
There is harmonious working relationship with my colleagues	21(8)	29(12)	207(80)	<0.0001
I can depend on my colleagues for support when needed	21(8)	31(12)	205(80)	0.005*
I receive deserving support from my colleagues when I face social challenges	23(9)	40(16)	194(75)	<0.0001*
My job is valued by fellow co-workers	22(9)	45(17)	190(74)	<0.0001*
Tools and Equipment				
There are enough medical supplies and equipment to facilitate my job	65(25)	57(22)	135(53)	0.57
The available equipment are efficient and effective	63(24)	65(25)	129(51)	0.294
There is adequate availability of medicines/drugs	52(20)	76(30)	129(50)	0.145
Reagents to perform laboratory tests are readily available	48(18)	113(44)	96(38)	<0.0001
Workload				
There is too much work expected from me	84(33)	55(21)	118(46)	0.151
I am regularly stressed at workplace because I have too much to do	94(37)	52(20)	111(43)	0.427
I don't have to do overtime regularly due to adequacy of staff	142(55)	59(23)	56(22)	0.001
I never miss my break times for tea and launch because there is no much work	148(58)	46(18)	63(24)	0.001
Competitive pay and compensation				
When I do good job, I am appreciated by my supervisor	58(23)	64(25)	135(62)	<0.0001
I feel I am being paid a fair amount for the work I do	140(55)	53(21)	64(15)	<0.0001
My Income is sufficient to meet family expenses	173(68)	46(18)	38(14)	<0.0001
The pay and allowances scheme is clear and open to me	129(50)	58(23)	70(27)	<0.0001
The compensation scheme is good and usually adhered to	115(46)	94(37)	48(19)	<0.0001

SD/D=Strongly Disagreed / Disagreed; U=Uncertain; SA/A= Strongly agreed / Agreed

*Fisher's exact test, otherwise chi-square

With regard to competitive pay and compensation, most of the respondents

indicated that they were not satisfied with the pay. Only 64(15%) of the respondents

felt that they were paid a fair amount for the work they do. Similarly, only 38(14%) strongly agreed or agreed that their income was sufficient to meet their family expenses, and 70(27%) indicated that the pay and allowances scheme was clear and open. Overall, chi square results show that

there were no differences among the respondents ($p < 0.05$).

With regard to working environment related factors; both bivariate and multivariate logistic regressions were applied (**Error! Reference source not found.**).

Table 7

Association of Working Environment Factors and Job Satisfaction (N=257)

Variables	Unadjusted OR (95%CI)	Adjusted OR (95%CI)	P-value
Relationship with co-workers	1.21(1.12-1.32)	1.17(1.07-1.29)	0.001
Tools and Supportive Equipment	1.12(1.04-1.21)	1.01(0.91-1.11)	0.926
Working hours/workload	1.17(1.11-1.24)	0.96(0.86-1.06)	0.397
Competitive pay and compensation	1.31(1.22-1.41)	1.37(1.18-1.59)	<0.0001

The results in bivariate logistic model indicated that the relationship with co-workers [OR(95%CI): 1.21(1.12-1.32)], Tools and Supportive Equipment [OR(95%CI): 1.12(1.04-1.21)], Working hours/workload [OR(95%CI): 1.17(1.11-1.24)], and competitive pay and compensation [1.31(1.22-1.41)] were significantly associated with job's satisfaction. In the multivariate logistic regression model relationship with co-workers [AOR=1.17, 95%CI: 1.07-1.29, P=0.001] and competitive pay and

compensation [AOR=1.37, 95%CI: 1.18-1.59], P<0.0001] remained significant working-environment-related factors for job satisfaction

Influence of Professional Related Factors and Job Satisfaction

The study sought to find out the extent to which the respondents were satisfied with career advancement and the nature of their work (**Error! Reference source not found.**).

Table 8

Satisfaction with Professional Related Factors (N=257)

Items	SD/D n(%)	U n(%)	SA/A n(%)	P-value
Career advancement				
I have ability to improve knowledge and skills on my job	29(12)	61(24)	167(65)	0.003
Seminars and workshops are conducted for further carrier development	81(32)	70(27)	106(41)	<0.0001

I have opportunity to implement the knowledge acquired during training	51(20)	60(23)	146(56)	0.023
Management encourages staff to acquire additional qualifications through short term and long term programs	44(18)	73(28)	140(55)	<0.0001
I'm satisfied with opportunities for training and carrier development available	82(32)	68(26)	107(54)	<0.0001
I'm encouraged to participate in external training to build my knowledge and skills	71(27)	63(24)	123(48)	0.006
Nature of work				
I have enough freedom to how I do my job effectively	43(17)	57(22)	157(61)	<0.0001*
I feel a sense of pride in doing my job	25(10)	46(18)	186(72)	0.001*
I have ability to do the best of my work	13(5)	29(11)	215(83)	0.031*
I have happy life because I'm delighted of my career choice	33(12)	40(16)	184(71)	<0.0001
Patients/clients appreciate what I do for them	8(3)	26(10)	223(86)	0.003
I'm proud to be a staff of this hospital	20(8)	42(16)	195(76)	<0.0001*

SD/D=Strongly Disagreed / Disagreed; U=Uncertain; SA/A=Strongly agreed / Agreed

*Fisher's exact test, otherwise chi-square

With regard to career advancement, the result indicated that 167(65%) of the respondents strongly agreed/agreed that they had an ability to improve knowledge and skills on their jobs. With regard to the nature of the work, over half 157(61%) of the respondents strongly agreed/agreed to have enough freedom to do their job, and majority 223(86%) of the respondents

indicated that clients appreciated what they do for them.

With regard to professional related factors for job satisfaction; only two variables were included in the logistic regression model for the association with job satisfactions (**Error! Reference source not found.**).

Table 9

Professional related factors for job Satisfaction (N=257)

Variables	Unadjusted OR (95%CI)	Adjusted OR (95%CI)	P-value
Career advancement	1.17(1.10-1.24)	1.13(1.07-1.21)	<0.0001
Nature of the Work	1.32(1.17-1.48)	1.19(1.04-1.35)	0.009

These variables were career advancement and nature of the work. Both career advancement [OR(95%CI): 1.17(1.10-1.24)] and nature of work [OR(95%CI):

1.32(1.17-1.48)] indicated positive association with job satisfaction in the bivariate logistic regression model. Thus, nature of work and career advancement

were identified to have positive correlation with job satisfaction. Moreover, descriptive findings showed that those who had been involved in patient care were more likely satisfied when compared to supportive staff.

Overall Job Satisfaction

Overall job satisfaction was obtained after summing up the six items which showed that most of the respondents were satisfied with physical working condition 161(62.6%) but were least satisfied with income or benefit package 38(14.7%) and promotion were only 36(14.1%).

The median score was 18, with maximum score 28 and minimum score 7. Each individual score was converted to percent mean score for comparison and classification of the scores. This yielded a median score of 52%. Any score above the median was regarded as satisfied and the rest categorized as dissatisfied. This approach was adapted from the study in Ethiopia which also computed the satisfaction score basing on the stated criteria (Deriba *et al.*, 2017).

4.0 Discussion

Study findings showed that unmarried personnel and male were strongly associated with an increase in job satisfaction. These findings are comparable to a study by Ayodele *et al* (2014) in Nigeria which showed that employees who are married were not satisfied with job compared to unmarried ones.

However, these findings are different from a study that examined gender differences in job quality and job satisfaction among doctors in rural western China and found out female healthcare providers showed greater level of satisfaction (Miao *et al.*, 2017). Similarly, Garcia G *et al.*, (2013) studied the role of gender and age and job satisfaction among healthcare workers, and

reported that there was overwhelming evidence of the feminization of practically all healthcare professions with higher levels of job satisfaction among women than men.

McAuliffe *et al.*, (2013) and Gedif *et al* (2018) underscore the necessity of supportive supervision as a mechanism of facilitating job satisfaction and staff retention. The study revealed that decision making process is positively correlated with job satisfaction. Gedif *et al.*, (2018) in their study found that health workers who reported a democratic leadership style were more likely to be satisfied with their job than their counterparts.

Organizational support in regard to liberty of decision making improves work satisfaction and decreases work related exhaustion among physicians (Vultee *et al*, 2007). Based on this finding, leadership style can contribute to job satisfaction either positively or negatively.

A study by Mengistu & Bali (2015) found the strongest predictor of job satisfaction in their study to be performance evaluation that accounted for 53.29% of the variance of job satisfaction. The variable of team work from this study was affirmed to have significant association with job satisfaction. This conforms to a study by Kalisch *et al*, (2010) which established that within nursing teams on acute care patient units, a higher level of teamwork and perceptions of adequate staffing leads to greater job satisfaction with current position and occupation. The variable of competitive pay and compensation is a common predictor according to various studies (Khamlub *et al.*, 2013; Asuquo *et al.*, 2017, Goetz *et al*, 2011; Kaur, 2009 & Leshabari *et al.*, 2008).

It was established from this study that team work/collegial relationships motivate health workers on one hand, and on the other hand it could increase effectiveness,

mitigate excessive workload, improve job satisfaction and maintain retention (Dieleman & Harnmeijer, 2006; Goetz et al., 2011). In this study, the variable of tools and equipment was found not to have positive correlation to job satisfaction. Leshabari et al (2008), from Tanzania, came up with similar results. The findings were contrary to a study by Yami (2011) which showed that the major reasons for dissatisfaction among others was insufficient resources and supplies.

Workload was not identified as a variable with significant influence to job satisfaction. This is different from a study by Temesgen et al (2018) who established that health professionals who had high workloads were 3.99 times more unlikely to be satisfied than those professionals whose workload was low. Also Kokoroko & Sanda (2019) revealed that the workload of nurses had a positive effect on their job stress, such that as the workload of nurses increases their level of stress relating to their job also increases.

Corresponding to descriptive findings, those who had been involved in patient care were more likely satisfied when compared to supportive staff. This finding is consistent with other studies by Khadka & Chaulagain (2012) and Ramasodi (2010). In this study, the nature of work with variables namely autonomy and sense of pride for one's profession was established to have significant influence on job satisfaction which corresponds with a study by Khamlub (2013).

Career advancement was identified to have positive correlation with job satisfaction. Employees are more satisfied with their current job if they see a path available to move up the ranks and be given more responsibility along with its higher compensation (Akintola & Chikoko, 2016).

5.0 Conclusion

The findings of this study showed a moderate level of job satisfaction among the health workers surveyed, which indicated satisfaction percentage rate of 49. Demographic characteristics revealed to have significant association with job satisfaction was marital status in which married males were noted to be much more satisfied than the married females.

On the governance factor, the study found that there was a positive significant association between job satisfaction and the variables on decision-making process and supervisory support. These findings show that strengthening decision making process and supportive supervision would increase the likelihood of job satisfaction among employees.

Regarding working environment, it was established that the major predictors of job satisfaction were relationship with co-workers and competitive pay and compensation. The professional-related factors identified career advancement and the nature of work as the major predictors of job satisfaction among health workers.

6.0 Recommendations

Based on the findings from this study, the following four recommendations are made:

- i) The hospital management should intensify the employees' involvement in decision making decisions of the hospital for ownership purpose and successful implementation
- ii) The hospital management should introduce and use monetary and non-monetary forms of motivation frequently.
- iii) Enabling environment such as proper delegation and supervisory support should be created by the management to all departments to enable the employees apply the newly acquired knowledge and skills with sufficient freedom.

iv) The management should ensure that promotion criteria is known to

all employees and is carried out on fairness terms.

References

- Akintola, O & Chikoko, G. (2016). Factors influencing motivation and job satisfaction among supervisors of community health workers in marginalized communities in South Africa. *Human Resources for Health*, 14(54), 1-15
<https://doi.org/10.1186/s12960-016-0151-6>
- Ali, R.M., & Wajidi, F.A. (2013). Factors Influencing Job Satisfaction in Public Healthcare Sector of Pakistan. *Global Journal of Management and Business Research Administration and Management*, 13(8), 61-66
- Asuquo, E.O., Imaledo, J.A., Onyekwelu C.T., Abara, N.L., & Agugua, C.C. (2017). Job satisfaction among nurses in the University of Port-Harcourt Teaching Hospital, Port-Harcourt, Nigeria. *Central African Journal of Public Health*, 3(1), 1-7.
- Ayodele A.O., Lucy, A., & Babatunde, B.O. (2014). Age, Marital Status and Educational Background as Determinants of Job Satisfaction: A Case Study of Nigeria Workers. *European Journal of Research and Reflection in Management Sciences*, 2 (2), 1-7
- Bhatnagar, K., & Srivastava, K. (2012). Job satisfaction in health-care organizations. *Industrial Psychiatry Journal*. 21(1), 75-78.
- Deriba, B.K., Sinke, S.O., Ereso, B.M., & Badacho, A.S. (2017). Health professionals' job satisfaction and associated factors at public health centers in West Ethiopia in *Human Resources for Health*. 15(36), 1-7
<http://doi.org/10.1186/s12960-017-0206-3>
- Dieleman, M., & Harnmeijer, J.W. (2006). *Improving Health Worker Performance: In Search of Promising Practices*. World Health Organization, Geneva.
- Garcia, C.C., Ruiz, S.C.M., Roche, M., & Garcia, G. (2013). Job satisfaction among health care workers: the role of gender and age. *PubMed* 21(6), 1314-20.
- Gedif, G., Sisay, Y., Alebel, A., & Belay, Y.A. (2018) Level of job satisfaction and associated factors among health care professionals working at University of Gondar Referral Hospital, Northwest Ethiopia: a cross-sectional study *BMC Research Notes* 11(824), 1-7
<https://doi.org/10.1186/s13104-018-3918-0>
- Goetz K., Campbell, S.M., Steinhäuser, J., Broge, B., Willms, S., & Szecsenyi, J. (2011). Evaluation of job satisfaction of practice staff and general practitioners: an exploratory study. *PubMed*, 12(137), 1-6
<http://doi.org/10.1186/1471-2296-12-137>

- Kalisch, B.J., Lee, H., & Rochman, M. (2010). Nursing staff teamwork and job satisfaction. *Journal of Nursing Management*, 18(8), 938-947.
- Kaur, S., Sharma, R., Talwar, R., Verma, A., & Singh, S. (2009). A study of job satisfaction and work environment perception among doctors in a tertiary hospital in Delhi. *Indian Journal of Medical Science*, 63(4), 139–144.
- Khadka, D., & Chaulagain, N. (2012). Factors Influencing Job Satisfaction among Healthcare Professionals at Tilganga Eye Centre. *International Journal of Scientific & Technology Research*, 1(11), 32-35.
- Khamlub, S., Sarker, M.A.B., Hirosawa, T., Outavong, P., & Sakamoto, J. (2013). Job satisfaction of health-care workers at health centers in Vientiane capital and Bolikhamsai Province. *Nagoya Journal of Medical Science*. 75(3-4): 233–241.
- Kokoroko, E., & Sanda, M.A. (2019). Effect of Workload on Job Stress of Ghanaian OPD Nurses: The Role of Coworker Support. *Safety and Health at work*, 10(3), 341-346.
- Kolo, E.S. (2018). Satisfaction among healthcare workers in a tertiary center in Kano, Northwestern Nigeria. *Nigerian Journal of Basic and Clinical Sciences* 15(1), 87-91 <https://doi.org/10.3390/>
- Leshabari, M., Muhondwa, E., Mwangu, M.A., & Mbembati, N.A.A. (2008). Motivation of Health Care Workers In Tanzania: A Case Study Of Muhimbili National Hospital. *East African Journal of Public Health*, 5 (1), 32-37.
- Mæstad O (2006). *Human Resources for Health in Tanzania: Challenges, Policy Options and Knowledge Gaps* Bergen: Chr. Michelsen Institute.
- McAuliffe E., Daly, M., Kamwendo, F., Masanja, H., Sidat, M., DePinho, H. (2013). The critical role of supervision in retaining staff in obstetric services: a three country study. *PLoS ONE* 8(3): e58415 <https://doi.org/10.1371/journal.pone.0058415>
- Mengistu, M., & Bali, A. (2015). Factors associated to Job satisfaction among Healthcare Workers at Public Hospitals of West Shoa Zone, Oromia Regional State, Ethiopia: A Cross Sectional Study. *Science Journal of Public Health*, 3(2), 161-167.
- Miao, Y., Bian, Y., & Li, L. (2017). Gender Differences in Job Quality and Job Satisfaction among Doctors in Rural Western China. *BMC Health Services Research*, 17(848).1-9 <http://doi.org/10.1186/s12913-017-2786-y>
- Naburi, H., Mujinja, P., Kilewo, C., Orsini, N., Bärnighausen, T., Manji, K. ... & Sando Ekström A.M. (2017). Job Satisfaction and Turnover Intentions among Health Care Staff Providing Services for Prevention of Mother-to-Child Transmission of HIV. *Human Resource for Health Journal* (61).1-12 <http://doi.org/10.1186/s12960-017-0235-y>

- Ramasodi, J.M.B. (2010). Factors influencing job satisfaction among healthcare professionals at South Rand Hospital. [Master Thesis, University of Limpopo], South Africa
- Temesgen, K., Aycheh, M.W., & Leshargie, C.T. (2018). Job satisfaction and associated factors among health professionals working at Western Amhara Region. *Health and Quality of Life Outcomes*, 16(65).<https://doi.org/10.1186/s12955-018-0898-7>
- Terry, B., Bisanzo, M., McNamara, M., Dreifuss, B., Chamberlain, S., Nelson, S.W., Tiemeier, K., & Hammerstedt, H. (2012). Task shifting: Meeting the human resources needs for acute and emergency care in Africa. *African Journal of Emergency Medicine*, 2(4), 182-187.
- Tzeng, H.M. (2002). The Influence of Nurses' Working Motivation and Job Satisfaction on Intention to Quit: An Empirical Investigation in Taiwan. *International Journal of Nursing Studies*, 39(8), 867-878.
- Von Vultee, P.J., Axelsson, R., Arnetz, B. (2007). The impact of organizational settings on physician wellbeing, 2007. *International Journal of Health Care Quality Assurance*, 20(6), 506 – 515.
- World Health Organization (2016) *Health Workforce Requirements For Universal Health Coverage and The Sustainable Development Goals*; Background paper No. 1 to the Global Strategy on Human Resources for Health.
- Yami, A., Hamza, L., Hassen, A., Jira, C., Sudhakar, M. (2011). Job Satisfaction and its Determinants among Health Workers in Jimma University Specialized Hospital, Southwest Ethiopia. *Ethiopian Journal of Health Sciences*. 21(1), 19-27.