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St. Mary's University, Ethiopia

**FACTORS AFFECTING SATISFACTION LEVEL OF
HEALTHCARE PROFESSIONALS: THE CASE OF ADDIS
ABABA CITY ADMINISTRATION, ZEWUDITU MEMORIAL
HOSPITAL**

By: DANIEL MENGISTE HAILE

May, 2019

Addis Ababa, Ethiopia

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**A THESIS SUBMITTED TO SAINT MARY'S UNIVERSITY COLLEGE,
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ADDIS ABABA, ETHIOPIA

ST. MARY’S UNIVERSITY
SCHOOL OF GRADUATE STUDIES
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DECLARATION

I hereby declare that the work which is being presented in this thesis entitled “Factors affecting the satisfaction level of health care professionals: The case of Addis Ababa City Administration, Zewuditu Memorial Hospital” is original work of my own, has not been presented for a degree of any other university and that all sources of material used for the thesis have been rightfully acknowledged.

DANIEL MENGISTE _____

Date _____

CERTIFICATION

This is to certify that the thesis prepared by Mr. Daniel Mengiste, entitled “Factors affecting the satisfaction level of Healthcare professionals: The case of Addis Ababa City Administration, Zewuditu Memorial Hospital,” a thesis submitted to Saint Marry University, school of Graduate Studies, department of Business Administration in partial fulfillment of the requirements for the Degree of Master of Arts in General MBA, complies with the regulation of the university and meets the accepted standards with respect to originality and quality.

Advisor: Dr. GETIE ANDUALEM IMIRU (Asst. Professor)

Date_____

Signature_____

Place: Addis Ababa, Ethiopia

Table of Contents

Table of Contents	pages
CHAPTER I.....	1
1. INTRODUCTION	1
1.1 Background of the study	1
1.2 Statement of the problem	4
1.3 Research question	5
1.4 Research Objectives.....	5
1.4.1 Main Objective.....	5
1.4.2 Specific objective.....	5
1.5 Significance of the Study	6
1.6 Scope of the study.....	6
1.7 Limitations of the study	7
1.8 Organization of the Study	7
1.9 Operational Definitions.....	7
CHAPTER II.....	8
2. REVIEW OF RELATED LITRATURE	8
2.1 Introduction.....	8
2.2 The nature of job satisfaction.....	9
2.3 Job Satisfaction Theories	10
2.3.1 Content theories of job satisfaction.....	11
2.3.2 Maslow’s hierarchy of needs	11
2.3.3 Herzberg’s two-factor theory.....	12
2.3.4 “Hygiene” factors	13
2.3.5 Motivators	14
2.3.6 Process theories of job satisfaction	14
2.3.6.1 Expectancy theory.....	14
2.3.6.2 Job characteristics model	14
2.3.6.3 Equity theory.....	15
2.4 Job Design and the work Environment.....	15
2.5 The Human environment	16
2.6 Types of Job satisfaction Measurement Scale	16

2.6.1 The Job Satisfaction Survey.....	16
2.6.2 The Job Descriptive Index (JDI).....	16
2.6.3 The Minnesota Satisfaction Questionnaire (MSQ).....	17
2.7 Empirical Review.....	18
2.8 Outcomes of Job Satisfaction.....	20
2.8.1 Job Satisfaction and Employee Performance.....	21
2.8.2 Job Satisfaction and Labor Turnover.....	22
2.8.3 Job Satisfaction and Absenteeism.....	22
2.8.4 Impact on Employee Performance.....	23
2.10 Conceptual Framework.....	24
CHAPTER III.....	25
3. RESEARCH METHODOLOGY.....	25
3.1 Introduction.....	25
3.2 Research Design.....	25
3.3 Research Approach.....	25
3.4 Data Type and Source of Data.....	26
3.5 Data Gathering Technique and Instruments.....	26
3.6 Description of the Study Area.....	27
3.7. Sampling Design.....	27
3.7.1 Target Population.....	27
3.7.2 Sampling Frame and Sampling Technique.....	27
3.7.3 Sample Size.....	28
3.8 Data Analysis.....	29
3.9 Validity and Reliability.....	29
3.9.1 Validity.....	29
3.9.1.1 Internal Validity.....	29
3.9.1.2 External Validity.....	29
3.9.1.3 Construct Validity.....	30
3.9.1.4 Statistical Conclusion Validity.....	30
3.9.2 Reliability.....	30
3.10 Ethical Considerations.....	31

CHAPTER IV	32
4. DATA PRESENTATION AND ANALYSIS	32
4.1 Introduction.....	32
4.2 Demographic Background of the Respondents.....	33
4.2.1 Gender.....	34
4.2.2 Age.....	34
4.2.3Level of Education	35
4.2.4 Profession.....	35
4.2.5 Department.....	36
4.2.6 Work Experience in the hospital.....	36
4.3 Inferential Analysis.....	37
4.3.1 Correlation Analysis	37
4.3.2 Multiple Regression Analysis	39
4.4 Discussion on the Results	41
CHAPTER V	48
5. Summary, Conclusion and Recommendations	48
5.1Summary	49
5.2Conclusion	50
5.3 Recommendations.....	51
5.3.1 Policy makers.....	51
5.3.2 Healthcare workers	51
5.3.3 Impact on services.....	51
5.3.4 Other researchers	51
REFERENCES	52
Appendix	XII

LIST OF TABLES

Table 4. 1 Socio-demographics Characteristics of Respondents at ZMH	33
Table 4. 2 Gender Composition of Respondents	34
Table 4. 3The Age Composition of Respondents	34
Table 4. 4 Educational Levels of Respondents	35
Table 4. 5 Profession levels of respondents	35
Table 4. 6 Departments of the respondents.....	36
Table 4. 7 Work Experiences of Respondents	36
Table 4. 8 Correlations Matrix	38
Table 4. 9 model summaries	39
Table 4. 10 Anova results	39
Table 4. 11 Coefficients	40
Table 4. 12General satisfaction.....	42
Table 4. 13 Opportunity to Develop	43
Table 4. 14 Level of Responsibility	44
Table 4. 15 Findings related to Patient Care.....	45
Table 4. 16 Time Pressure.....	45
Table 4. 17Staff relations	47

LIST OF FIGURES

Figure 2. 1 Theoretical Development of Job Satisfaction.....	11
Figure 2. 2 Herzberg’s Theory- Factors Affecting JobSatisfaction.....	13
Figure 2. 3 Relationships between Job Satisfaction and Performance	21
Figure 2. 4 Conceptual framework	24

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ACRONYMS

ART	Anti-Retroviral Treatment
CDC	Center for Disease control
JDI	Job descriptive Index
JSS	Job Satisfaction Index
JHU	John Hopkins University
TSEHAI	Technical Support for the Ethiopian HIV AIDS Initiative
MDGs	Millennium Development goals
VIF	Variance Inflation Factor
FMOH	Federal Ministry of Health
MSQ	Minnesota Satisfaction Questionnaire
WHO	World Health Organizations
ZMH	Zewuditu Memorial Hospital
OPD	Out Patient Department

ABSTRACT

Relationships have been reported between job satisfaction, productivity, absenteeism and turnover among healthcare employees and as such it affects employees' organizational commitment and the quality of healthcare services. The aim of the study was to determine the factors influencing job satisfaction among healthcare professionals at Zewuditu memorial hospital; the study was conducted among 282 participants. Self-administered questionnaires were used to collect data from the participants. Data was then analyzed using statistical software SPSS20 version. The results showed relatively medium level of job satisfaction. Nearly 55.7% of participants were satisfied with their jobs, and there was association between job satisfaction and socio-demographic characteristics. Variables such as opportunity to develop, time pressure, staff relations were found to be significantly influencing job satisfaction and also there was a significant positive association between job satisfaction and responsibility and patient care for the professionals. Satisfaction with one's job can affect not only motivation at work but also career decisions, relationship with others and personal health. Those who are working in a profession that is extremely demanding and sometimes unpredictable can be susceptible to feelings of uncertainty and reduced job satisfaction. Job satisfaction is also an essential part of ensuring high quality care. Dissatisfied healthcare providers give poor quality, less efficient care. Interventions need to be implemented in order to improve the level of job satisfaction among the professionals.

CHAPTER ONE

1. INTRODUCTION

1.1 Background of the study

Health services consist of Medical professionals, organizations and ancillary health care workers who provide medical care to those in need. Health services serve patients, families, communities and populations. Health services are affected by many factors such as human resources, health delivery, and health infrastructures. Human resources are a vital component for delivering health services, and health systems cannot function effectively without sufficient numbers of skilled, motivated, and supported health workers (AMREF, 2005). Developing capable, motivated, and supported health workers is essential to overcome bottlenecks in achieving national and global health goals. The work force is central to advancing health in every health system (Gilson L, 1994).

There should be an optimal number and professional mix of human resources to deliver effective coverage and quality of the intended services. Despite health and poverty eradication being high on the international agenda, with significant achievements made in some developing countries, progress remains extremely slow in Africa. This is primarily due to weak health systems characterized by severe shortages, poor capacity, and de-motivated health workers at all levels across the continent (Willis-shattuck M, 2008; Gilson L, 1994).

The presence of high-quality and motivated staff is not only a key aspect of health system performance but also one of the most difficult inputs to ensure. Job satisfaction of health workers is important for motivating employees and improving efficiency (Mow dr., 1984 p 365-80) as higher job satisfaction is known to improve employee performance and patient satisfaction. Conversely, job dissatisfaction results in burn out, and high employee turnover exacerbates current shortages and results in serious under staffing of healthcare facilities (WHO Geneva 2006).

Job satisfaction can be quantified as the difference between the amount of rewards workers receive and the amount they believe they should receive. Several studies from Africa have shown that job dissatisfaction results from one or more attributes of the work environment such as poor living and working conditions, problems with leadership, inadequate equipment and supplies, lack of recognition for good work, stress due to heavy workloads, and limited opportunities for career development and advancement (Huddart J., 2003).

Ethiopia, as with many other sub-Saharan African countries, also faces shortages in skilled health professionals. This has been accelerated by a variety of factors and has resulted in health worker migration from the public sector, geographical imbalances in workforce staffing, and increasing attrition rates. This health workforce shortage, failures in employing professionals at the right time, retaining them, managing them, and budget shortages with irregular continuing education have critically affected the Ethiopian health system (Willis-Shattuck, 2008).

Health worker retention is critical for health system performance, and a key problem is how best to motivate and retain health workers. A study conducted on brain drain and retention of health professionals in Africa showed that the continent faces a health crisis due to the very low funding of health services and the deterioration of health service infrastructure. These factors threaten the performance of health workers and job satisfaction (Willis-Shattuck M. motivation and retention of health workers, 2008).

In Ethiopia, despite the fact that the government is making substantial programs toward increasing the number, category, and quality of health workers and health infrastructure, service programs still face problems. The national health services tend not to attract health workers since little attention is given to provide incentives, motivation, and adequate remuneration. Thus, effort needs to be made to develop and maintain health worker job satisfaction after identification of significant influencing factors (FMOH best practice in health, 2011).

According to the World Bank 2010 study, health workers tend to be unsatisfied with most aspects of their job in Ethiopia and especially their salary, training opportunities, and chances of promotion. Eighty percent of health professionals are either “unsatisfied” or “very unsatisfied” with their current salary (Bank W, 2010).

Although there have been many studies worldwide to address job satisfaction and its factors in health professionals working in hospitals, most previous studies have concentrated on specific profession categories such as nurses, pharmacists, or doctors. Few studies have investigated job satisfaction in different healthcare professionals in Ethiopia, and those that have do not include Zewuditu memorial hospital. Therefore, this study is going to assess the satisfaction level of healthcare professionals specifically in Zewuditu memorial hospital (Ethiopia Go, Bank.W. 2004).

Zewuditu Memorial Hospital is a hospital in central Addis Ababa, Ethiopia. It was built, owned and operated by the Seventh-day Adventist church, but was nationalized during the Derg Regime in about 1976 E.C. The hospital is named after Empress Zewuditu, the daughter of Minilik-II and cousin and predecessor on the throne of Emperor Haile Selassie. Today the ministry of health, health bureau of Addis Ababa city Administration, operates the hospital (Zewuditu Hospital, US Embassy Addis Ababa, 2009).

Zewuditu Memorial Hospital is Ethiopia's leading hospital in the treatment of ART patients and currently treats over 6,000 patients each month. CDC-Ethiopia helped launch Ethiopia's first ART program at the hospital in July 2013G.C, and in 2005E.C it received technical assistance from John Hopkins University's (JHU) TSEHAI Program.

The hospital became the largest HIV clinic in Ethiopia, with 14,000 patients in its care. Since, ART programs have been initiated in other hospitals around the country and also it become the highest referral hospital for Addis Ababa Health centers, relieving pressure on the hospital therefore this work will focus to study the satisfaction level of healthcare professionals in Addis Ababa City Administrations health bureau, Zewuditu memorial hospital. (Zewuditu Hospital, US Embassy Addis Ababa, 2009).

1.2 Statement of the problem

Healthcare professionals are expected to swear or promise to fulfill all the medical ethics expected from them in all their lifetime of service provision in the field of medicine. According to this oath (Promise), medicine is not only a profession taken simply as just a job, but rather, a life time devotional commitment to serve those who are in need of physical, mental and psychological help; differ from other professionals by the essence and impacts of their jobs and doings on the special need clients (Patients), healthcare providers in hospitals have lots of pressure, obstacles and challenges in their daily lives of work and in attaining any level of job satisfactions (https://www.nlm.nih.gov/hmd/greek/greek_oath.html).

WHO recommended minimum of 23 skilled health workers per 10,000 people required to provide the health coverage needed to achieve the health-related Millennium Development Goals (MDGs). Although there is large number of healthcare provider professionals than any other sub-Saharan African countries, this goal is not yet attained in Ethiopia; she has a health workforce of 0.7 per 1000 population, which is low compared with the WHO recommendation of 2.3 health workers per 1000 population. This implies that, the healthcare professionals have lots of pressure and extra commitment expected from them to satisfy the needs of the population (Ministry of health, 2010).

Addis Ababa is the capital city of Ethiopia with more than three million populations according to 2007 census and Ethiopia is the third country in the world with the highest number of people living under poverty next to India and Nigeria. It is not hard to imagine how much pressure it could put on the workers and professionals of the small number of hospitals and health care centers in the capital (Census 2007 tables, November 2010).

It is a well-known fact that Africa and many developing countries have the highest level of healthcare professional migrations to abroad. Due to different factors, but most importantly by the reason of dissatisfaction in terms of income and some other reasons which has to be professionally studied, healthcare providers, specifically physicians, nurses and health officers migrate to other countries for a better pay and to settle for other jobs. With this in mind, this work focused to study on factors affecting the satisfaction level of healthcare professionals in a governmental hospital. (Kirigia J, Graby A, Muthuri L, Nyoni J, Seddoh A, 2006). For the case study, the Addis Ababa City Administrations health bureau, Zewuditu memorial Hospital was chosen

1.3 Research question

This study was intended to provide answers for the following research questions:

- What is the level of job satisfaction among healthcare professionals at Zewuditu memorial Hospital?
- What factors influence job satisfaction among healthcare professionals at Zewuditu memorial hospital?
- What is the association between the socio-demographic characteristics of the healthcare professionals and job satisfaction?
- What is the relationship between the general satisfaction and job satisfaction?
- What is the relationship between opportunity to develop and job satisfaction?
- What is the relationship between responsibility and job satisfaction?
- What is the relationship between patient care and job satisfaction?
- What is the relationship between time pressure and job satisfaction?
- What is the relationship between staff relations and job satisfaction?

1.4 Research Objectives

1.4.1 Main Objective

- ✓ To identify factors affecting the level of job satisfaction among healthcare professionals at Zewuditu memorial hospital

1.4.2 Specific objective

- To determine the level of job satisfaction among healthcare professionals at Zewuditu Memorial Hospital.
- To determine the factors influencing job satisfaction among healthcare professionals at Zewuditu Memorial Hospital.
- To determine the association between socio-demographic characteristics and job satisfaction.

- To measure the relationship between job satisfaction and general satisfactions, opportunity to develop, responsibility, patient care, time pressure and staff relations among healthcare professionals.

1.5 Significance of the Study

This study is designed to provide information about factors affecting satisfaction level of healthcare professionals in Zewuditu memorial hospital and suggests professional, technical, personnel and administrative measures to be taken by the government specially Addis Ababa city administration health bureau in general and the hospital in specific to make sure job satisfaction of healthcare professionals is attained.

It also gives some highlights to policy makers, different stakeholders and healthcare professionals for developing regulations and guidelines. The result can also be used as reference by other researchers and students interested to explore more in the given title.

1.6 Scope of the study

Zewuditu memorial hospital is a hospital in central Addis Ababa, located in an area, which is called “Filwuha” Ethiopia. It was built, owned and operated by the Seventh-day Adventist church, but was nationalized during the Derg Regime in about 1976E.C. The hospital is named after Empress Zewuditu, the daughter of Minilik-II and cousin and predecessor on the throne of Emperor Haile Selassie. Today the ministry of health, health bureau of Addis Ababa city Administration, operates the hospital.

The hospital becomes the leading hospital in the treatment of ART patients and the largest HIV clinic in Ethiopia with more than 14,000 patients in its care. CDC-Ethiopia helped launch Ethiopia’s first ART program at the hospital in July 2013, and in 2015 it received technical assistance from JHU TSEHAI Program and also this hospital become the highest referral hospital for Addis Ababa Health centers. Therefore relieving pressure on the healthcare professionals regarding general satisfaction, relations with co-workers, career development and patient care, and it will identify the health provider’s satisfaction level and assess their internal and external environment so as to recommend possible solutions. The data were gathered from Physicians, Nurses, Pharmacists, Lab. Technologists and other healthcare professionals (Zewuditu Hospital, US Embassy Addis Ababa, 2009).

1.7 Limitations of the study

The study is only limited to a single hospital found in Addis Ababa, Zewuditu Memorial hospital and didn't cover other public and private hospitals; therefore the findings are not representative for other related hospitals.

1.8 Organization of the Study

The research is organized in such a way that, the background, literature review and research design and methodology are presented in chapter one, chapter two and chapter three respectively. Chapter four briefly presents data analysis, interpretations and discussions. The last chapter five contains summary of findings, conclusions, recommendations and Suggestions for further studies.

1.9 Operational Definitions

Health professionals maintain health in humans through the application of the principles and procedures of evidence-based medicine and caring. Health professionals study, diagnose, treat and prevent human illness, injury and other physical and mental impairments in accordance with the needs of the populations they serve. (WHO 2010; Gupta 2011).

Physician

A physician, medical practitioner, medical doctor, or simply doctor is a professional who practices medicine which is concerned with promoting, maintaining, or restoring health through the study, diagnosis and treatment of diseases, injury and other physical and mental impairments (WHO, 2010)

Pharmacists

Pharmacists or druggists are health professionals who practice in pharmacy the field of health sciences focusing on safe and effective medication use (HRD Canada, 2011).

Nursing

Nursing is a profession within the health care sector focused on the care of individuals, families, and communities so they may attain, maintain, or recover optimal health and quality of life (Dunphy L. M., Winland-Brown J. E. 2011).

CHAPTER TWO

2. REVIEW OF RELATED LITRATURE

2.1 Introduction

Job satisfaction is important in predicting systems stability, reduced turnover and worker motivation. If motivation is defined as the willingness to exert and maintain effort towards attaining organizational goals, then well-functioning systems should seek to boost factors such as morale and satisfaction, which predict motivation. A survey of ministries of health in 29 countries showed that low motivation was seen as the second most important health workforce problem after staff shortages (Mathaueret al, 2006).

Previous African studies have identified the most important human resources tools to manage job satisfaction; these include materials, salary, training, the working environment, supportive supervision and recognition (Mathauner et al, 2006). These findings are relatively consistent with those of the “Uganda Health Workforce Study”, where the effects of several job-related factors were evaluated to judge their relative importance in predicting job satisfaction. In order of importance, the following were the most significant contributors to overall satisfaction: job matched with workers’ skills and experience, satisfaction with salary, satisfaction with supervisor, manageable workload and job security (Uganda Ministry of Health, 2007).

Early theory in worker satisfaction and motivation identified compensation as a “hygiene” factor rather than a motivation factor. This means that basic salary satisfaction must be present to maintain ongoing job satisfaction, but this by itself will not provide satisfaction and increased amounts of salary will not contribute to an increasing level of job satisfaction. However some research done in Africa suggests that salary increases and other improvements in compensation, in the context of highly inadequate pay and benefits, may indeed contribute to workforce retention (Kober et al, 2006). Against this background, it is imperative to look at the definition of job satisfaction as outlined by different authors.

2.2 The nature of job satisfaction

Job satisfaction is a complex phenomenon that has been studied quite extensively. Various literature sources indicate that there is an association between job satisfaction and motivation, motivation is hard to define, but there is a positive correlation between job satisfaction, performance and motivation, whereby motivation encourages an employee, depending on their level of job satisfaction, to act in a certain manner (Hollyforde, 2002).

Job satisfaction is described at this point as a pleasurable or positive emotional state resulting from the appraisal of one's job or job experience. Job satisfaction results from the perception that one's job fulfills or allows the fulfillment of one's own important job values, providing that and to the degree that those values are congruent with one's needs. According to (Kreitner et al 2002). Job satisfaction is an affective and emotional response to various facets of one's job.

According to Woods et al (2004), job satisfaction can be achieved when an employee becomes one with the organization, performs to the best of their ability and shows commitment; moreover, job satisfaction and performance are positively influenced by rewards (Kreitner et al, 2002) identified various factors influencing job satisfaction, such as the need for management to create an environment that encourages employee involvement and manages stress in the workplace.

In order to understand job satisfaction it is useful to distinguish morale and attitude, and their relationship to job satisfaction (Locke, 1968).Morale can be defined as the extent to which an individual's needs are satisfied and the extent to which an individual perceives that satisfaction as stemming from the total job. Attitude can be defined as an evaluation that predisposes a person to act in a certain way and includes cognitive, affective and behavioral components. Job satisfaction affects employees' performance and commitment. It is therefore imperative that managers pay special attention to employees' attitudes as job satisfaction can decline more quickly than it develops. Managers need to be proactive in improving and maintaining employees' life satisfaction and not only satisfaction in the work environment as job satisfaction is part of life satisfaction, meaning an individual's life outside work may have an influence on one's feelings on the job(Staw, 1977).

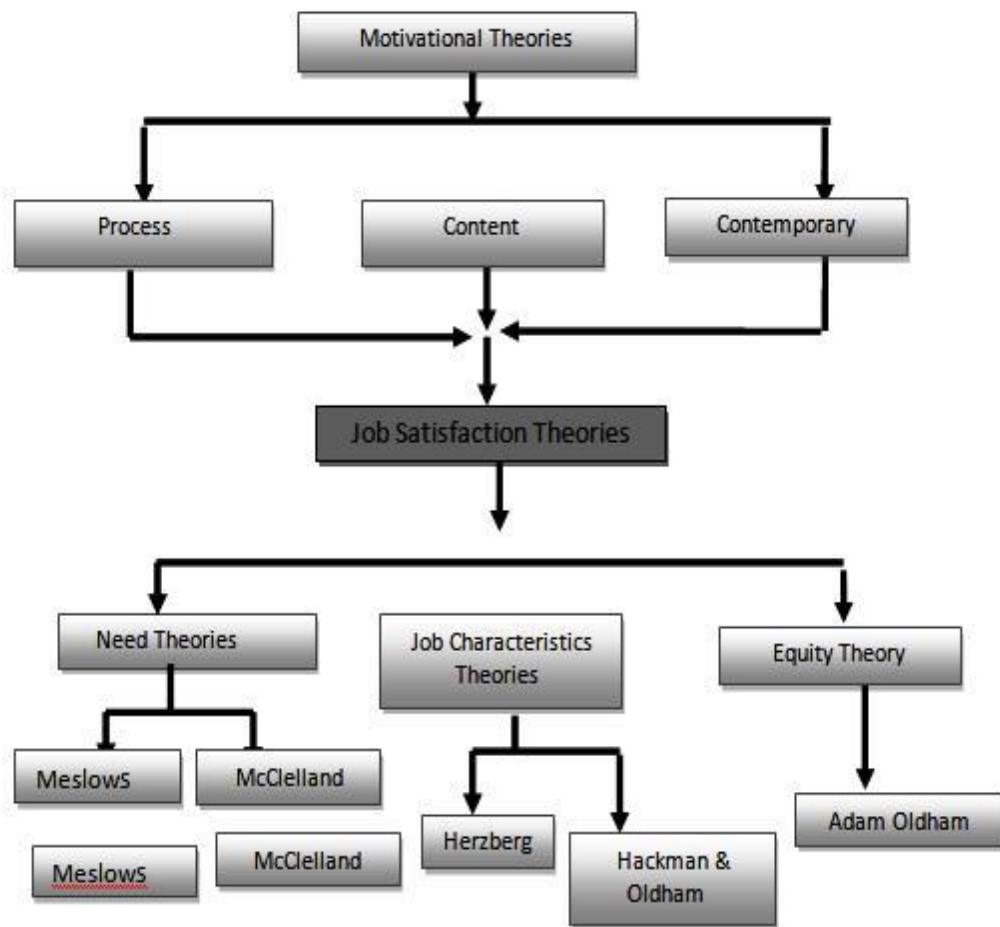
The level of job satisfaction across various groups may not be consistent, but could be related to a number of variables. This allows managers to predict which groups are likely to exhibit behavior associated with dissatisfaction. Older employees are generally satisfied with their jobs although this may change as their chances of advancement get diminished and they face the reality of retirement. Management also tends to be satisfied with their jobs, probably due to better remuneration, better working conditions and job content (Greenberg et al, 1997).

2.3 Job Satisfaction Theories

As Worrell (2004) states, there are numerous theories attempting to explain job satisfaction. Bitsch and Hogberg (2005) concur with Worrell (2004) attesting that job satisfaction has been studied in many different ways and that the theories are numerous (Bitsch and Hogberg (2005), add that this includes theories of motivation that have been interpreted as theories of job satisfaction in various empirical studies. In the context of this study it is necessary to discuss the relevant theories on motivation and how these theories impact on job satisfaction and employee performance (Peerbhai, 2006) supports Bitsch and Hogberg, affirming that job satisfaction is addressed through the theories of motivation. The link between the motivational theories and job satisfaction is illustrated in Figure 1 below.

Further, an overview of the motivational theories is provided and those pertaining specifically to job satisfaction are depicted in Figure 1 below. Peerbhai (2006) suggests that the motivational theories that address job satisfaction are the Need theories, the Equity theory and the Job Characteristics theories (Figure 1). However, Ramdhani2008 emphasizes that there is no single theory of motivation that can be applied to all situations Peerbhai (2006).

Figure2. 1 the Theoretical Development of Job Satisfaction



Source: Peerbhai, R. (2006). Adapted

2.3.1 Content theories of job satisfaction

The content theory of job satisfaction rests on identifying the needs and motives that drive people. The theory emphasizes the inner needs that drive people to act in a particular way in the work environment. These theories therefore suggest that management can determine and predict the needs of employees by observing their behavior.

2.3.2 Maslow's hierarchy of needs

According to Maslow's theory (1970), people's needs range from a basic to a high level. These needs are present within every human being in a hierarchy, namely physiological, safety and security, social, status and self-actualization needs. Failure to satisfy one need may have an impact on the next level of need. A low order need takes priority before the higher order needs are activated, so that needs are satisfied in sequence.

2.3.3 Herzberg's two-factor theory

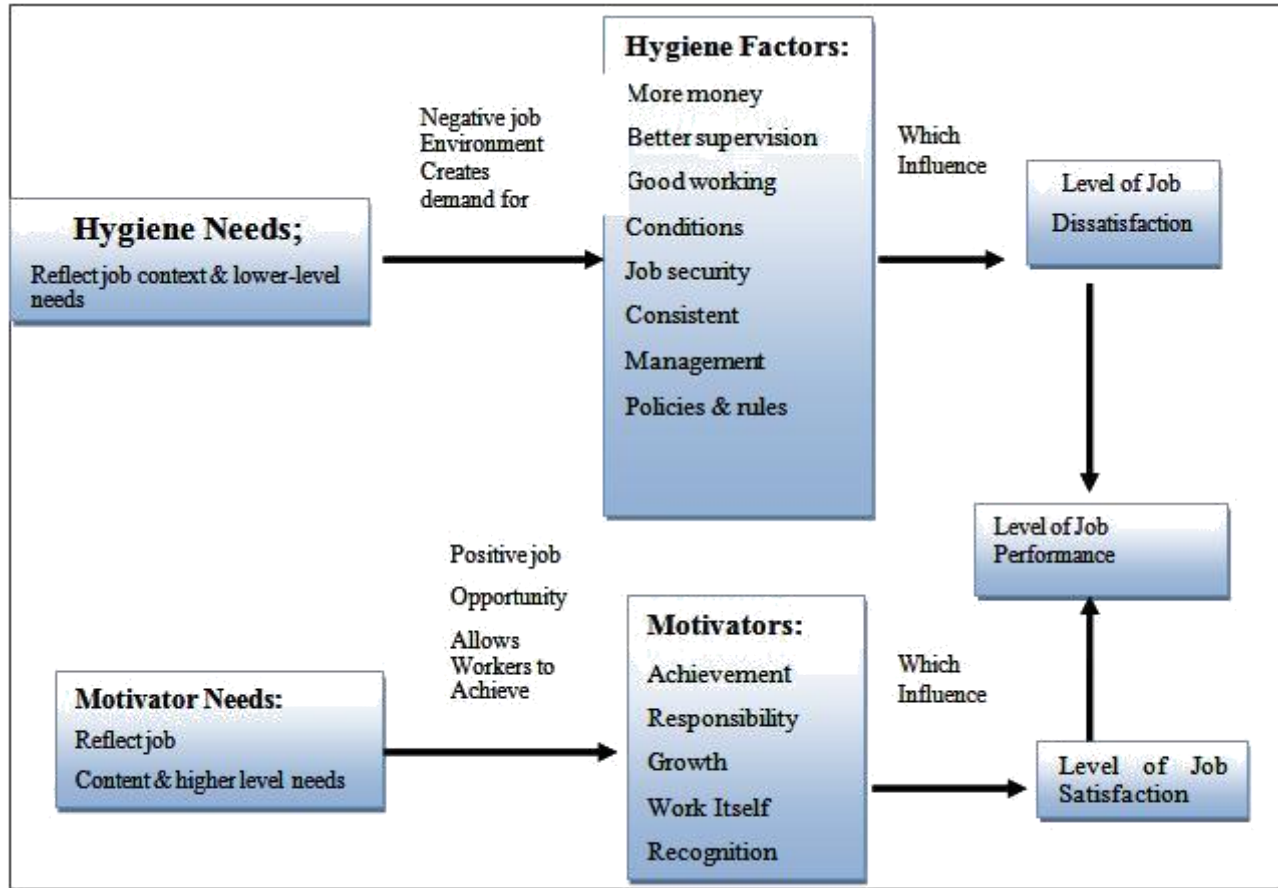
Herzberg expressed his theory of motivation in a similar perspective with Maslow's theory suggesting that the work itself could serve as a principal source of job satisfaction (Vecchio, 2000). According to Torrington and Hall (1991), the underlying assumption of this theory was that a satisfied employee would be a productive employee.

Herzberg, in his studies, found that the factors causing job satisfaction were different from those that caused job dissatisfaction (Mullins, 2007). Greenberg and Baron 2008 agree with (Mullin, 2007) suggesting that the Herzberg's Two-Factor Theory is a theory of job satisfaction where satisfaction and dissatisfaction stems from different groups of variables. This is illustrated in Figure 2 below. The satisfiers were referred to as motivators and dissatisfiers as hygiene factors. Herzberg as depicted in Figure 2 below, listed the top six factors causing dissatisfaction are company policy, supervision, relationship with the boss, work conditions, salary and relationship with peers and the top six factors causing satisfaction are Achievement, recognition, work itself, responsibility, advancement and growth.

Vecchio (2000) compares Herzberg's theory (Figure 2) with Maslow's Hierarchy of Needs Theory and concludes that the hygiene factors are similar but not identical to Maslow's lower level needs. The motivators are intrinsic factors that influence satisfaction and the hygiene factors are extrinsic variables that must be met to prevent dissatisfaction (Ivancevich, Konopaske and Matteson, 2008).

These hygiene factors prevent dissatisfaction, but they do not necessarily lead to satisfaction. Hygiene factors do not motivate, only the motivators can lead to motivation. Luthans (2005) equates this to Maslow's higher order needs. Thus, the theory espoused by Luthans (2005) reinforces the view that managers can motivate employees by applying the factors depicted in Figure 4 to their jobs. Therefore, employees will be dissatisfied when they have grievances about hygiene factors. Herzberg, as cited by Kreitner and Kiniki (2008) concluded that job satisfaction and dissatisfaction were not merely opposites. Poor working conditions may also lead to dissatisfaction but good working conditions did not necessarily result in job satisfaction either. Similarly, when employees are satisfied with their job, positive motivators are present, but removing the negative 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 for self-actualization.

Figure 2. 2Herzberg's Theory- Factors Affecting Job Satisfaction



Source: Peerbhai, R. (2006). Adapted

2.3.4 “Hygiene” factors

Hygiene factors are features of the job such as policies and practices, remuneration, benefits and working conditions, corresponding to Maslow’s lower order of needs. Improving these factors may decrease job dissatisfaction and thus increasing of motivators. Inadequate hygiene factors may lead to dissatisfaction, but at the same time adequate hygiene factors do not necessarily lead to job satisfaction. Hygiene factors need to be tackled first, and the motivators can follow.

Organizations cannot afford to ignore hygiene factors as employees will be generally unhappy and thus likely to seek other opportunities, while mediocre employees might stay on, and compromise the organization’s success.

2.3.5 Motivators

According to Herzberg, motivators include job content such as responsibility, self-esteem, growth and autonomy. These satisfy high order needs and can result in job satisfaction. Granting employees more responsibility and creativity in their jobs is an example of a motivator, which may encourage them to exert more effort and perform better.

2.3.6 Process theories of job satisfaction

Behavior is a fundamental indication of an individual's perception and expectations about a situation and possible outcome of behavior. Process theories define how and by which goals individuals are motivated. They are based on the assumption that people make conscious decisions regarding their behavior. The most common process theories are the equity theory, the expectancy theory and the job characteristics model.

2.3.6.1 Expectancy theory

This theory was developed by Vroom(1964) who asserts that job satisfaction is based on people's beliefs about the probability that their effort will lead to performance (expectancy) multiplied by the probability that performance leads to rewards (instrumentality) and the value of perceived rewards (valence). This theory is based on the belief that the amount of effort exerted on a job depends on the expected return and may result in increased pleasure or decreased displeasure, and that people may perform their job and be satisfied if they believe that their efforts will be rewarded. The fundamental principle of expectancy theory is the understanding of individuals' goals and the linkages between effort and performance, performance and rewards, and rewards and individual goal satisfaction. This theory recognizes that there is no universal principle that explains people's motivation and is regarded as a contingency model. Understanding what needs a person seeks to satisfy does not ensure that the individual perceives high performance as necessarily leading to the satisfaction of these needs.

2.3.6.2 Job characteristics model

Bergh and Theron (2000) describe this model as an interactive model that develops employees and the work environment to achieve maximum fit in the work environment. The model asserts that the job should be designed to possess characteristics to enable conditions for high motivation, satisfaction and performance.

There are five core characteristics of the job that influence workers' behavior and attitude, namely, skill variety, task identity, task significance, autonomy and feedback. The relationship between core job characteristics and work outcomes is moderated by employees' growth-need strength, knowledge, skill, and context satisfaction; therefore the relationship between core job characteristics and work outcomes may differ.

2.3.6.3 Equity theory

This theory emphasizes the comparison of existing conditions against some standard by using the relationship between two variables (inputs and outcomes). Inputs are what an individual contributes to an exchange, while outcomes represent what an individual obtains from an exchange. Equity theory suggests that individuals assign weights to various inputs and outcomes according to their own perception of relative importance. According to Daft and Noël (2001), equity theory is a process of job satisfaction that focuses on individuals' perceptions of how fairly they are treated compared to others. This implies that, if people perceive their treatment as less favorable than that of others with whom they compare themselves, they are likely to be less motivated to perform better. This theory therefore posits that people compare the ratio of their outputs to inputs with the ratio of outputs to inputs of others.

2.4 Job Design and the work Environment

Job design can be seen as an important factor influencing how employees feel and react to their job, thus affecting their performance and job satisfaction. According to Wood et al (2004), job design can be described as the planning and specifications of job tasks and the designated work settings where they are to be accomplished.

According to Smith (2002), people respond unfavorably to restrictive work environments so it is imperative for organizations to create a working environment that gives employees the ability and freedom to think, engaging and motivating the workforce to reach a higher level of job satisfaction. Ayers (2005) suggests that the work environment should motivate employees to perform at their best and show commitment to the organization, enhancing work conditions to support the organization's mission and thus impacting on job satisfaction. The conditions under which jobs are performed can have as much impact on people's effectiveness, comfort and safety as the intrinsic details of the task itself.

2.5 The Human environment

People are an organization's greatest resource. Attracting and retaining the right people is critical to the success of an organization, particularly service-oriented organizations (McCrery, 2005). The human environment focuses on human aspects that influence an employee's performance and job satisfaction. The extent to which employees experience psychological or personal job satisfaction within the job content environment determines the quality and quantity of their outputs (Nell et al, 2004).

2.6 Types of Job satisfaction Measurement Scale

Spector (2004), highlights the basic forms of measurement might include an interview, a single-item measure or a workplace observation. However, most researchers opt for a more objective and in-depth survey instrument. Worrell (2004) identifies and describes the three most widely cited survey instruments found in the literature as the following:

2.6.1 The Job Satisfaction Survey

The JSS was developed in 1997 by Paul E. Spector to assess employee's attitude about their job and aspects of the job (Prando, 2006). This instrument uses 36 items to measure nine job dimensions, which collectively assess the attitude of the employee and the aspects of the employee's job.

These facets include pay, promotion, benefits, supervision, contingent rewards, working environment, co-workers, nature of work, and communication (Worrell, 2004). Each of these facets is assessed with four items, and a total score is computed from all 36 items. Responses to each question range from strongly disagree to strongly agree and questions are written in both directions.

2.6.2 The Job Descriptive Index (JDI)

The JDI was first propagated in 1969 in the Smith, Kendall and Hulin's publication of the Measurement of Satisfaction in Work and Retirement (Spector, 1996). This instrument uses 72 "yes", "no" and "uncertain" questions to measure the reaction to five job dimensions which are, the work itself, pay, promotion, opportunities, and co-workers (Prando, 2006).

Worrell (2004) state the JDI has been widely used and researched for over 40 years and it has become one of the most popular job satisfaction survey instruments. The only limitation of the JDI is that it only has five facets (Spector, 1996). Prando (2006) highlight a further criticism of the JDI in that it does not follow its own conceptualization of measuring feelings but asks employees to describe their jobs.

2.6.3 The Minnesota Satisfaction Questionnaire (MSQ)

The MSQ, which is the second most popular measure of job satisfaction in use, was developed in 1967 by Weiss and Associates (Prando, 2006). According to Worrell (2004), the MSQ is designed to measure specific aspects of an employee's satisfaction with his or her job. It provides more information on the rewarding aspects of a job rather than more general measures of job satisfaction. Worrel (2004) asserts that the MSQ has been widely used in studies exploring client vocational needs, in counseling follow-up studies and in generating information about reinforces in jobs.

2.7 Empirical Review

In 2007, Aleksandra et al undertook a study on job satisfaction among Serbian healthcare workers who work with disabled patients. The study found very low levels of job satisfaction among healthcare workers. The lowest job satisfaction was found among nurses, while doctors were most satisfied with their jobs. More than half the respondents agreed that their working environment was not stimulating and that they did not find their job motivating.

One fifth of healthcare workers responded that they had no personal or clinical autonomy, and most indicated that they rarely participated in a decision-making process. Sixty-four per cent felt that they did not have adequate professional development or educational stimulation at their workplace. The study found that job satisfaction was associated with good hospital politics, good interpersonal relationships and a feeling of being able to provide good quality care.

Other studies suggest that there is a strong association between low levels of job satisfaction and organizational factors. Furthermore various studies conducted among healthcare workers show the importance of interpersonal relationships in job satisfaction.

In a study conducted by Shah (2001) on correlates of job satisfaction among healthcare professionals in Kuwait, the findings revealed a significant relationship between educational level and job satisfaction and respondents with a diploma reported the highest level of job satisfaction. Employees with longer experience were also more satisfied than those with short experience. Provision of orientation to the job was found to be positively associated with job satisfaction; respondents who received orientation and in-service education were more satisfied than those who did not.

A study by Unni et al (2000) in Norway looked at predictors of job satisfaction among doctors, nurses and auxiliaries in a Norwegian hospital; they found that the only domain of work that was significant in predicting high job satisfaction for all groups was positive evaluation of local leadership. The analysis suggested that professional development was most important for doctors, while support and feedback from one's immediate supervisor was the main explanatory variable for job satisfaction among nurses. Professional development and local leadership equally predicted Job satisfaction for auxiliaries.

A job satisfaction study among mental health professionals in Rome, Italy, showed that participants were dissatisfied with career prospects, decision latitude, and the availability and circulation of information. In general, mental health professionals working in the Italian National Health Service were not satisfied with their jobs. The findings revealed that job satisfaction increased with increasing age. No difference was found between the levels of job satisfaction among different professional roles.

Buciuniene et al (2003) study on the job satisfaction of physicians and general practitioners at primary health care institutions during the period of health care reform in Lithuania revealed that there was no significant difference in total job satisfaction between the two groups. However doctors who had a longer service were found to be more satisfied with their jobs.

The survey also showed that the participants were most satisfied with the level of autonomy, relationship with colleagues and management quality, while compensation, social status and workload caused the highest level of dissatisfaction among respondents. The author concluded that the nature of a primary health care doctor's work and rather low salaries result in low job satisfaction among Lithuanian primary health care doctors.

A study by Ali-Mohammed (2004) in Iran on factors affecting employees' job satisfaction in public hospitals found a moderate level of general satisfaction among participants. The study also showed that the opportunity to develop was a significant predictor of job satisfaction among study participants. The greater the chances for development within the organization, the greater the likelihood of a higher level of job satisfaction.

Nassab's study on factors influencing job satisfaction amongst plastic surgery trainees in the United Kingdom, showed that time pressure was strongly and positively associated with job dissatisfaction. Reduction in working hours may increase job satisfaction; however shift work may imply working unsociable hours and negatively impact on job satisfaction.

"Work satisfaction of professional nurses in South Africa: A comparative analysis of the public and private sectors" showed overall job dissatisfaction among participants. However, participants were satisfied with patient care and staff relations. Public sector nurses were highly dissatisfied with salaries, workload and resources, while private sector nurses were moderately dissatisfied with pay, workload and opportunities to develop.

De Stefano et al (2005) study on the relationship between work environment factors and job satisfaction among rural behavioral health professionals in Arizona indicated that the opportunity to develop was an important predictor of job satisfaction, while work and time pressure did not appear to be predictors of job satisfaction

A study by Ishara on public psychiatric services in Brazil found that general satisfaction was similar among different professional categories though greater satisfaction was observed among technicians, which according to the authors could be associated with their low level of responsibility.

A number of studies have concluded that teamwork leads to a higher level of job satisfaction, increased patient safety, improved patient care and increased patient satisfaction. A study in USA tested an intervention to promote teamwork and engagement among nursing staff in a medical unit of an acute care hospital. The results of this study indicated that the intervention increased staff relations, improved teamwork and decreased staff turnover.

Job satisfaction of mental health professionals providing group therapy in state correctional facilities by Ferrell in the United States explored how satisfied mental health professionals were with different aspects of their jobs. Participants in this study appeared to be satisfied with aspects of their jobs that involved patient care, e.g. provision of psychological services, but less satisfied with administrative tasks.

A study by Jain evaluated the level of job satisfaction among dentists and dental auxiliaries in India in relation to different work and environmental factors. The results of the study showed that dentists had higher job satisfaction scores than dental auxiliaries on the opportunity to develop professionally, quality patient care, income and recognition.

2.8 Outcomes of Job Satisfaction

Job satisfaction has consequences within the work environment and thousands of studies have been conducted examining the relationship between job satisfaction and organizational variables (Prando, 2006). A review of current literature has shown that there are a significant number of variables that are, to a lesser or greater extent, either positively or negatively related to job satisfaction.

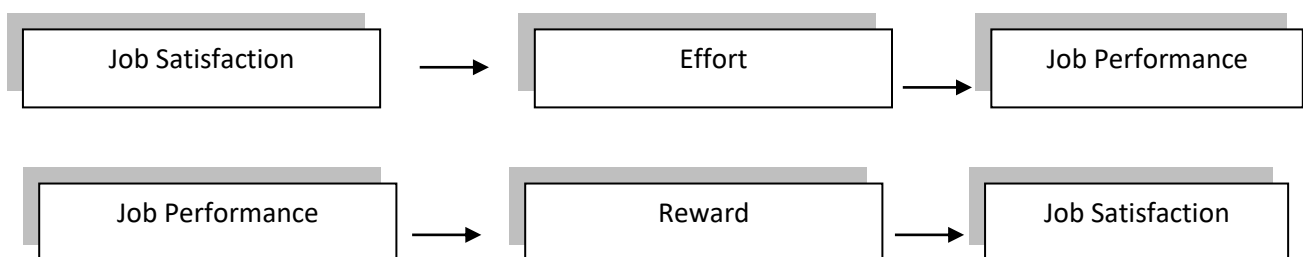
2.8.1 Job Satisfaction and Employee Performance

The debate on job satisfaction and its relationship to employee performance is ongoing. Kreitner and Kinicki, (2008) conclude that the relationship between job satisfaction and job performance is one of the biggest controversies in research within organizational behavior. Robbins and Judge (2007) emphasize that a person with high level of job satisfaction holds positive feelings about their job, whilst a person who is dissatisfied holds negative feelings about his\her job. According to Prando (2006), the findings suggest that while individual performance and job satisfaction are not directly linked, there is ample evidence that organizational job satisfaction and performance are positively related to a moderate extent.

Mullins (2007) is of the opinion that there are conflicting views with regards to the relationship p between job satisfaction and employee performance. Spector (1996) concurs with Mullins (2007) asserting that one view is that job satisfaction leads to better employee performance and the other is that good employee performance leads to job satisfaction.

Both these view are illustrated in Figure 3 below. In the top part of the Figure 3, satisfaction leads to effort, which in turn leads to performance. In the bottom part of Figure 3, performance leads to reward and rewards lead to satisfaction. Spector (1996) attests that the findings of a study conducted support the second part of the model.

Figure2. 3Relationships between Job Satisfaction and Performance



Source: Spector, P.E. (1996). Adapted

Bravendam Research Incorporated (2004) states that when employees are satisfied, they tend to care more about the quality of their work. They are also more committed to the organization, they have higher retention rates and they are generally more productive.

Documented evidence provided by Kreitner and (Kinicki2008) demonstrate that job satisfaction and performance are moderately related and that the relationship is much more complex than originally thought. According to Robbins and Judge (2007) studies suggest a strong correlation between job satisfaction and employee performance. (Ostroff, 2007) states that when satisfaction and productivity data are gathered for an organization as a whole, organizations with more satisfied employees tend to be more effective than organizations with fewer satisfied employees.

2.8.2 Job Satisfaction and Labor Turnover

Labor turnover is important to managers because it disrupts both organizational continuity and is very costly (Kinicki and Kreitner, 2008). Research has found that job satisfaction has a moderate negative relationship with labor turnover (Luthans, 2005).

According to Prando (2006), field studies have supported the predictions of the equity theory in that distributive and procedural justice are negatively related to intentions to leave, absconding and labor turnover and positively correlates to job satisfaction.

Kreitner and (Kinicki2008) highlight that attempts by managers to reduce labor turnover centers around job satisfaction. Luthans (2005) argues that job satisfaction in itself will not keep employee turnover low, however, job dissatisfaction is likely to lead to high employee turnover. Robbins (2005) contends that an important moderator of satisfaction-turnover relationship is the employee's level of performance. Luthans (2005) concludes that satisfied employees may leave for better job prospects but dissatisfied employees will continue working if job opportunities are scarce.

2.8.3 Job Satisfaction and Absenteeism

Kreitner and Kinicki (2008) highlight that one recommendation from a study done on McDonald's Fast food was that managers needed to increase job satisfaction in order to reduce absenteeism. This implies that there will be a strong negative relationship between job satisfaction and absenteeism. In other words, as job satisfaction increases absenteeism should decrease.

Research, which tracked this prediction, has shown that low levels of job satisfaction contributed moderately to the level of absenteeism (Prando, 2006). According to Robbins (2005) there is a constant negative relationship between job satisfaction and absenteeism with a moderate correlation.

Prando (2006) explains that this is possibly due to the fact that job satisfaction is just one of the many different factors affecting an employee's decision as to whether to report to work or not. It is unlikely, therefore that the manager will realize any significant decrease in absenteeism by increasing job satisfaction (Kreitner and Kinicki, 2008).

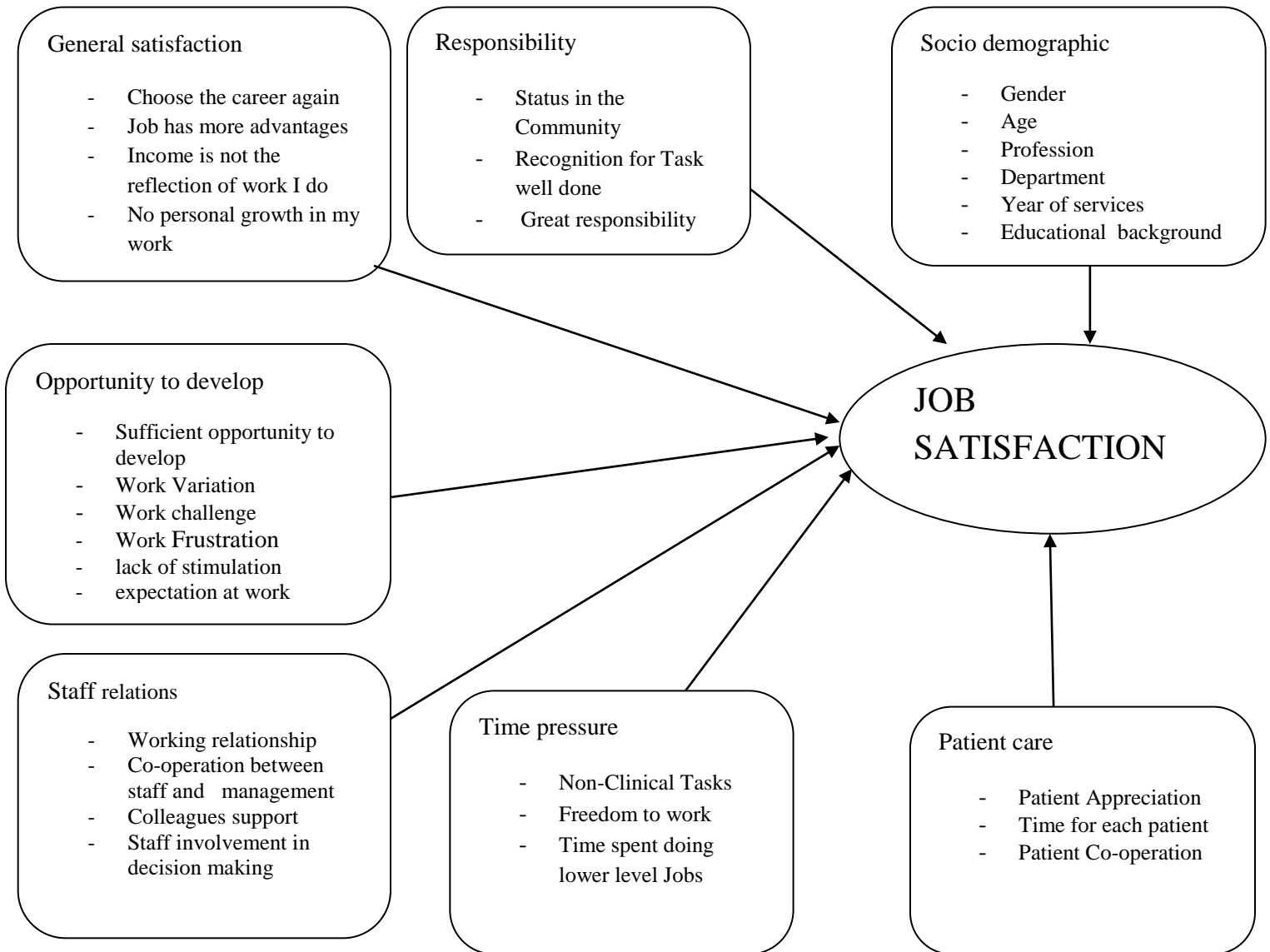
2.8.4 Impact on Employee Performance

Employee performance is, perhaps, the most important construct in industrial and organizational psychology and human resource management (Tubre, Arthur, Paul and Bennett, 1996). The nature of job performance in an organization depends on the demands of the job, the goals and mission of the organization and the beliefs in the organization about which behaviors are most valued (Befort and Hatstrup, 2003).

2.10 Conceptual Framework

The purpose of this chapter is to present the literature relevant to job satisfaction. Issues pertinent to an organization were explored in an effort to show how these factors contribute towards job satisfaction. The literature confirms that factors such as general satisfaction, patient care, opportunity to develop, responsibility, time pressure and staff relations have an effect on job satisfaction or dissatisfaction. The conceptual framework developed for this study is:

Figure2. 4: Conceptual framework



Source: own survey, 2019

CHAPTER THREE

3. RESEARCH METHODOLOGY

3.1 Introduction

In this chapter, the methods that were used in order to address the research questions and fulfill the purpose of the research are presented. It provides an overview of the research design, research approach, data type, sampling design; sources of data, research instrument, data analysis procedure, variables and measurement, validity and reliability and ethical considerations will be presented for this particular study.

3.2 Research Design

The research design, used for this study was descriptive and explanatory method with a quantitative nature. Creswell (2005) asserted, quantitative research is a type of research in which the researcher decides what to study, asks specific narrow questions, collects numeric (numbered) data from participants and analyzes these numbers using statistics, and conducts the inquiry in an unbiased, objective manner (Creswell, 2005). Variables can be defined as attributes or characteristics of individuals, groups, or sub-groups of individuals (Creswell, 2005). Quantitative study involves analysis of data and information that are descriptive in nature and qualified (Sekaran, 2003). Quantitative approach is one in which the investigator primarily uses post positive claims for developing knowledge, i.e., cause and effect relationship between known variables of interest or it employs strategies of inquiry such as experiments and surveys, and collect data on predetermined instruments that yield statistics data (Creswell, 2003). To achieve the objectives, therefore the study adopts a quantitative research approach, as the methodology to provide a quantifiable statistical analysis of the responses to the survey.

3.3 Research Approach

Quantitatively data were collected through questionnaires. Hence, this proposed study used a quantitative research approach.

3.4 Data Type and Source of Data

Primary and secondary source of data was used to undertake the study. The information gathered through questionnaires from the sample chosen respondents was used for primary data. According to Biggam (2008), primary data is the information that the researcher finds out by him/herself regarding a specific topic. The main advantage with this type of data collection is that it is collected with the research's purpose in mind. It implies that the information resulting from it is consistent with the research questions and objectives. Therefore, the respondents' response through questionnaire was used as a primary source of data and secondary data was also obtained from external sources such as the Internet and other documentations. The purpose of sourcing for secondary data was to help in the formation of problems, literature review and construction of questionnaire.

3.5 Data Gathering Technique and Instruments

The questionnaire was used to gather the primary data only from the healthcare professionals of Zewuditu memorial hospital Addis Ababa, which was distributed by the researcher to the respondents. For the purpose of this study, close-ended items were used to measure dependent and independent variable. The Likert-type scale method used to range of responses: strongly disagree, disagree, Neutral, Agree, and strongly agree, with a numeric value of 1-5, respectively. The usage of this particular scaling method ensured that the research study illustrated the ability to assess the responses and measure the responses quantifiably so that a pattern or trend may be produced in order to answer the research questions. As Neumann (2003) explained, it is a process of asking many people the same questions and examining their answers research questions.

The literature has revealed that the use of scales in measuring how respondents feel is a common practice (Maree, 2008). Cooper and Schindler (2001) state that a Likert scale is most appropriate for measuring attitude. Cameron and Price (2009) agree with Cooper and Schindler (2001) adding that the Likert scale is recommended for use when a respondent is required to reply to a statement via five degrees of agreement or disagreement.

As job satisfaction is something that individuals observe in an organization, the measuring instrument used in this research therefore structured in such a way that data on individual's perceptions were gathered. The measuring instrument can be described as a self-report questionnaire, which the participants had to indicate the degree to which they agreed or disagreed with each statement in every dimension in the questionnaire. The questionnaire totally consist 29 questions.

3.6 Description of the Study area

Zewuditu Memorial hospital is a hospital in central Addis Ababa, Ethiopia. It was built, owned and operated by the Seventh-day Adventist Church, but was nationalized during the Derg regime in about 1976. The hospital is named after Empress Zewuditu, the cousin and predecessor on the throne of Emperor Haile Selassie. Today the hospital is operated by MoH and it is Ethiopia's leading hospital in the treatment of ART patients and it becomes the highest referral hospital for Addis Ababa Health centers. This study was conducted in Zewuditu Memorial Hospital in Addis Ababa, Ethiopia. The hospital is providing comprehensive medical services under the management of Addis Ababa health bureau.

3.7. Sampling Design

3.7.1. Target Population

According to Hair (2006), target population is said to be a specified group of people or object for which questions can be asked or observed made to develop required data structures and information. Target population should be a set of all individuals relevant to a particular study and must be defined in terms of elements, geographical boundaries and time.

For this study, health care professionals of Zewuditu memorial hospital, Addis Ababa were selected as a population. The hospital have 1176 health care professionals including: 76 medical doctors, 756 nurses, 39 laboratory workers, 35 pharmacy staff and 270 other professionals.

3.7.2. Sampling Frame and Sampling Technique

The sampling frame is source material from which the sample is selected. In this research, the participants of the study were healthcare professional employees of Addis Ababa city administration Zewuditu memorial hospital.

3.7.3. Sample Size

Malhortra and Peterson (2006) stated that, larger the sampling size of a research, the more accurate the data generated but the sample size would be different due to different situation. For this study the formula used for determining the sample size is found from Suran Rose, Nigle Spinks and Ana Isabl work of management research, applying the principles (2015).

$$n = \frac{(1.96)^2 pq}{d^2}$$

Where

n = required sample size,

P = proportion of the population having the characteristics

$q = 1 - p$ and

d = the degree of precision.

The proportion of the population (p) may be known from prior research or other sources; if it is unknown use $p = 0.5$ which assumes maximum heterogeneity (i.e. a 50/50 split). The degree of precision (d) is the margin of error that is acceptable.

$$\text{Hence, } n = \frac{(1.96)^2 (0.5) (0.5)}{(0.05)^2} = 385$$

After finding the sample size since the population is finite, the sample size was adjusted by population correction for proportions formula as follows.

$n = n_0$

$$= \frac{\frac{1 + (n_0 - 1)}{N}}{1 + \frac{(385 - 1)}{1176}} = 290$$

Therefore, based on the above sample size determination method, out of total population the selected sample size was 290 employees and participated in this particular study and out of 290

questionnaires distributed 282 (97.2%) was found valid and used for further analysis. The healthcare professionals were selected by simple random sampling from each department of the hospital to gather as sufficient information as possible to understand and determine factors affecting their satisfaction level.

3.8. Data Analysis

Once data is collected, it is necessary to employ statistical techniques to analyze the information, as this study is quantitative in nature. Data was entered and analyzed using SPSS 25 version. Correlation analysis statistical tools were used to align with the objectives of the research, to test relationship between the variables. Regression analysis was employed to determine the effect of independent variables on dependent variable. Thus, both the strength of the relationship between variables and the influence of independent on dependent variable was assessed.

3.9. Validity and Reliability

3.9.1 Validity

Validity refers to whether an instrument measures what it was designed to measure; Hair et al. (2007) defined the validity as “the degree to which a measure accurately represents what is supposed to”. Validity is concerned with how well the concepts are defined by the measure(s). It also refers to the extent to which an empirical measure adequately reflects the real meaning of the concept under consideration.

However, an instrument cannot measure the attribute of interest if it is unpredictable, inconsistent, and inaccurate. Leary (2004) mentioned about four types of validity: Internal validity, External validity, constructs validity, and Statistical conclusion validity.

3.9.1.1 Internal Validity: is how the findings of the research match reality and as the researcher measure the things that are aimed to measure. The other measure of internal validity is whether the finding shaves strong foundation or not. Therefore, the finding in this specific study is strongly supported by the reality in the context and the general theory in the field.

3.9.1.2 External Validity: It refers to whether the observed associations can be generalized from the sample to the population, or to other people, organizations, contexts, or time (Leary, 2004). The more representative, the more confident we can be in generalizing from the sample to the

population. Hence, the researcher addressed this validity by taking adequate sample that can represent the population.

3.9.1.3 Construct Validity: It examines how well a given measurement scale is measuring the theoretical construct that it is expected to measure. It can be classified as face validity and content validity. Face validity refers to is whether the instrument is measuring what it claims to measure. We use content validity when we want to find out if the entire content of the behavior/ construct/ area is represented in the test. We compare the test task with the content of the behavior. This is a logical, not an empirical one. Many constructs in social science research such as empathy, resistance to change, and organizational learning are difficult to define, much less measure. We can also assess the degree to which individual items represent the construct being measured, and cover the full range of the construct (content validity). In this study, the researcher tried to address the construct validity through the review of literature and adapting instruments used in previous research and also collects data to demonstrate that the empirical representation of the independent variable produces the expected outcome.

3.9.1.4 Statistical Conclusion Validity: It examines the extent to which conclusions derived using a statistical procedure is valid. Because qualitative research designs do not employ statistical test, statistical conclusion validity is not applicable. This type of validity was addressed through selection of the right statistical method used for measuring the variables. Since this specific study is quantitative it is worthy full to consider the issue of statistical conclusion validity.

3.9.2 Reliability test

Reliability refers to be whether an instrument can be interpreted consistently across different situations. Reliability differs from validity in that it relates not to what should be measured, but instead to how it is measured (Hair et al, 2007). Cronbach's α measure the consistency with which participants answers items within a scale. Duffy et al. (2001) further stated, a high α (greater than .60) indicates that the items within a scale are measuring the same Construct.

A pilot test of 15 questioners was pre tested, feedback taken and the questioner re-corrected in order to achieve Cronbach's alpha, the study conducted a smaller sample. Therefore, the initial 15 questionnaire was delivered to health professionals at the hospital and collected to obtain some assessment related to the questions' reliability and adjustments have been taken on the questionnaire.

SPSS version 20 was used to check for reliability of the questions used in the questionnaire and this study depended on the Cronbach's alpha criteria to be above 0.60 to evaluate reliability: (Hair et al., 2010). The test result showed that Cronbach's alpha values are greater than 0.6 which confirms the fact that the constructs have adequate reliability.

Reliability test

Cronbach's Alpha	N of Items
.745	15

Source: own survey, 2019

3.10 Ethical Considerations

There are certain ethical protocols that have been followed by the researcher. The first is asking clear permission from the respondents. This ensures that their participation to the study was not out of their own decision. The researcher also ensured that the respondents were aware of the objectives of the research and their contribution to its completion. One other ethical measure exercised was treating the respondents with respect and good manners. This was done so that the respondents were at no difficulty and more likely to give honest responses to the questionnaire. There were also ethical measures that have been followed in the data analysis. To ensure the integrity of data, and also recommendation letter from St. Marry to Zewuditu Memorial Hospital has been also written.

CHAPTER FOUR

4. DATA PRESENTATION AND ANALYSIS

4.1 Introduction

As discussed in the previous chapters this study attempted to examine the relationship between general satisfaction, patient care, opportunity to develop, responsibility, time pressure and staff relations and Job Satisfaction. Therefore, the findings of the study were presented and analyzed in this chapter. The questionnaire was developed in five scales ranging from five to one; where 5 represents strongly agree, 4 agree, 3 Neutral, 2 disagree, and 1 strongly disagrees. These five scales are treated as interval scale to conduct statistical analysis. Harry and Deborah (2012) stated that Likert scale data, could analyze at the interval measurement scale. The composite score for the scale can be analyzed at the interval measurement scale. Descriptive statistics recommended for interval scale items include the mean for central tendency and standard deviations for variability. They stated that data analysis procedures used for interval scale items would include the Pearson and regression procedures. Therefore, the questionnaire developed for this study was Likert scale in nature.

In order to assess the relationship between dependent variable and independent variables, Correlation analysis was conducted for scale typed questionnaire. A total of 290 questionnaires were distributed to employees and 282(97.2%) questionnaire was obtained valid and used for analysis. The collected data were presented and analyzed using SPSS 25 software version. The study used correlation analysis to measure the degree of association between different variables under consideration.

4.2 Demographic Background of the Respondents

The demographic profile of the respondents was presented in this section. The personal profile of the respondents is analyzed as per their gender, age, educational qualification, profession, department and years of service in the hospital. Descriptive statistics was performed on the demographic variables as a means of describing the respondents. In addition, statistical test was conducted to investigate the difference of job satisfaction.

Table4. 1: Socio-demographics Characteristics of Respondents at ZMH

		Frequency	Percentage
Sex	Female	220	78.0%
	Male	62	22.0%
Please mention your age	20-30	56	19.9%
	31-40	169	59.9%
	41-50	34	12.1%
	Above 51	23	8.1%
What is your educational qualification	Certificate	0	0.0%
	Diploma	22	7.8%
	Degree	191	67.7%
	MSC/ MPH	69	24.5%
What is your Profession?	Medical Doctor	46	16.5%
	Nurse / Health Officer	173	61.2%
	Pharmacist	22	7.8%
	Laboratory tech.	24	8.5%
	Others	17	6.0%
What is your Department?	OPD	125	44.3%
	Ward	77	27.3%
	Emergency	22	7.8%
	Pharmacy	22	7.8%
	Laboratory	24	8.5%
	Management	12	4.3%
Years of experience in the Hospital?	<1year	12	4.3%
	1 - 3 years	89	31.6%
	4- 6 years	78	27.7%
	7-9 years	34	12.1%
	> 10 years	69	24.5%

Source: own survey, 2019

4.2.1 Gender

As the result shows in the table 4:2 below, females 220 (78.0%) & males 62 (22.0%) regarding gender majority of the respondents were females at 78.0% while male were 22.0% and this indicates that majority of the staff working in the hospital were female.

Table4. 2 Gender Composition of Respondents

Group Statistics						
	Sex	%	N	Mean	Std. Deviation	Std. Error Mean
Gender	Female	78.0	220	3.3229	1.02730	.06926
	Male	22.0	62	4.0184	.45244	.05746

Source: own survey, 2019

4.2.2 Age

Table 4:3 below shows, those respondents whose age is between 20-30 years consists 56 (19.9%) of the total sample size, 31-40 169 (59.9%), those whose age is between 41-50 are 34 (12.1) and those who are >51 are 23 (8.2%). Hence it indicates that relatively young population dominates the age composition of the hospital.

Table4. 3The Age Composition of Respondents

Please mention your age	%age	N	Subset for alpha = 0.05			
			1	2	3	4
20-30	19.9	56	2.7155			
31-40	59.9	169		3.4085		
41-50	12.1	34			4.1947	
above 51	8.1	23				4.7586

Source; Own Survey, 2019

4.2.3 Level of Education

From the total respondents the First degree holders have a lion share 191(67.7%) of the respondent and diploma holders contribute 22(7.8%) of respondents. The remaining 69 (24.5%) is coming from the master degree and masters of public health holders. Table 4:4 summarizes the educational level of the respondents.

Table4. 4Educational Levels of Respondents

What is your educational qualification	N	Subset for alpha = 0.05		
		1	2	3
Diploma	22	1.4828		
Degree	191		3.3640	
MSC/ MPH	69			4.4208

Source; Own Survey, 2019

4.2.4 Profession

The respondents were asked to show their professions, therefore 46 (19.9%) were medical doctors, 173 (61.1%) were nurses and health officers, 22(7.8%)were pharmacy professions, 24 (8.5%) were laboratory professionals and the remaining 17 (6.0%) are others.

Table4. 5Profession levels of respondents

What is your Profession?	N	Subset for alpha = 0.05			
		1	2	3	4
Others	17	1.4828			
Laboratory profession	24		2.4868		
Nurse / Health Officer	173			3.4504	
Pharmacy profession	22				4.1686
Medical Doctor	46				4.1835

Source; Own Survey, 2019

4.2.5 Department

Regarding the department, of the respondents, 77 (27.3%) was ward, 125 (44.3%) were from OPD, 22 (7.8%) were from pharmacy, 22 (7.8%) were emergency, 24(8.5%)were laboratory, and 12 (4.3%) were management.

Table4. 6departments of the respondents

What is your Department?	%Age	N	Subset for alpha = 0.05		
			1	2	3
Laboratory	8.5	24	1.4828		
Pharmacy	7.8	22		3.0345	
Ward	27.3	77		3.3203	
OPD	44.3	125		3.4336	
Emergency	7.8	22			4.1686
Management	4.3	12			4.4828

Source; Own Survey, 2019

4.2.6 Work Experience in the hospital

The respondents were asked to show their work experience, 12 (4.3%) of respondents had less than one year's work of experience, 89 (31.6%) between 1-3 years; 78 (27.7%) between 4-6 years, 34 (12.1%) between 7-9 years and the remaining 69 (24.5%) were greater than 10 years of experiences. This means that majority of those working in the hospital have more than one year experience.

Table4. 7 Work Experiences of Respondents

How many years of experience do you have in Zewuditu Memorial Hospital?	N	Subset for alpha = 0.05		
		1	2	3
Less than 1 year	12	2.4868		
1 - 3 years	89		3.0938	
4- 6 years	78		3.5429	
7-9 years	34		3.2414	
more than 10 years	69			4.4208

Source; Own Survey, 2019

4.3 Inferential Analysis

4.3.1 Correlation Analysis

Correlations are the measure of the linear relationship between the variables. A correlation coefficient has a value ranging from -1 to 1. Values that are closer to the absolute value of 1 indicate that there is a strong relationship between the variables being correlated whereas values closer to 0 indicate that there is little or no linear relationship. As described by Andy (2006), the correlation is a commonly used measure of the size of an effect: values of ± 0.1 represent a small effect, ± 0.3 is a medium effect and ± 0.5 is a large effect. Correlation analysis does show the relationship between the variables of interest; hence to answer the proposed research questions the following correlation analysis is undertaken by the researcher.

As it is going to be observed on table 4:8, the Correlation coefficient between opportunity to develop and employee satisfaction is found to be significant ($r = 0.973$, $p < 0.001$). Similarly, a strong and significant correlation coefficient found between responsibility and employee (healthcare professional) satisfaction ($r = 0.917$, $p < 0.001$) and also a strong and significant correlation coefficient between patient care and employee satisfaction ($r = 0.915$, $p < 0.001$) was found. The Correlation coefficient value between time pressure and employee satisfaction indicated a strong and significant relationship between the variables ($r = 0.970$, $p < 0.001$). The Correlation coefficient value between staff relations and employee satisfaction indicated a strong and significant relationship between the variables ($r = 0.951$, $p < 0.001$). Therefore based on the findings all the independent variables are significantly related to that of the dependent variable job satisfaction.

Table4. 8Correlations Matrix

Correlations		General Satisfact ion	Opport unity to develop	Respon sibility	Patient Care	Time Pressure	Staff Relation
General satisfaction	Pearson Correlation	1					
	Sig. (2-tailed)						
	N	282					
Opportunity to develop	Pearson Correlation	.973**	1				
	Sig. (2-tailed)	.000					
	N	282	282				
Responsibility	Pearson Correlation	.917**	.882**	1			
	Sig. (2-tailed)	.000	.000				
	N	282	282	282			
Patient Care	Pearson Correlation	.915**	.872**	.944**	1		
	Sig. (2-tailed)	.000	.000	.000			
	N	282	282	282	282		
Time Pressure	Pearson Correlation	.970**	.922**	.943**	.911**	1	
	Sig. (2-tailed)	.000	.000	.000	.000		
	N	282	282	282	282	282	
Staff Relation	Pearson Correlation	.951**	.914**	.906**	.887**	.965**	1
	Sig. (2-tailed)	.000	.000	.000	.000	.000	
	N	282	282	282	282	282	282
**. Correlation is significant at the 0.01 level (2-tailed).							

Source, own survey, 2019

4.3.2 Multiple Regression Analysis

Table4. 9 Model Summaries

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	1.000 ^a	.999	.999	.02695

Source, own survey, 2019

Predictors: (Constant), Staff Relation, Patient Care,
Opportunity to Develop, Responsibility, Time Pressure

The above table shows the model summary of this study. The R-value shows the total correlation of all the independent variables with the dependent variable. In this case, the correlation of all the independent variables i.e., general satisfaction, staff relations, patient care, opportunity to develop, responsibility and time pressure with the dependent variable, employee satisfaction is 1.000. It shows that there is a strong and positive correlation between independent and dependent variable.

R square shows the total effect of all independent variables on the dependent variable (employee satisfaction). The value of R square is 0.999. This value shows that 99% variance in employee engagement is due to change in all the independent variables and the remaining 1% employee's job satisfaction is explained by other variables. Adjusted R square shows the overall strength of the model. The value of adjusted R-square is 0.999. This shows that the model is 99% strong.

Table4.10ANOVA

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	266.803	5	53.361	734.851	.000 ^b
	Residual	.200	276	.001		
	Total	267.003	281			
a. Dependent Variable: Job Satisfaction						

Source, own survey, 2019

Predictors: (Constant), Staff Relation, Patient Care,

Opportunity to Develop, Responsibility, Time Pressure

The above ANOVA table, demonstrates the overall model significance, and this board help us to make sure the above model (on model summary table) is statistically significant predictor of the outcome i.e. employees job satisfaction and it is demonstrated that the model is statistically predictor of satisfaction for the reason that the p value is less than .001 therefore, a significant amount of employees' job satisfaction is influenced by the job satisfaction dimensions which constitutes staff relations, Patient care, Opportunity to develop, responsibility and time pressure. Furthermore, it can be concluded as, the overall regression model is significant, $F= 734.851$, $p < .001$, $R^2= .999$ (i.e., the regression model is a good fit of the data).

Table4. 11Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.	Collinearity Statistics	
		B	Std. Error	Beta			Tolerance	VIF
1	(Constant)	.094	.007		13.522	.000		
	Opportunity to develop	.316	.004	.338	75.470	.000	.136	7.364
	Responsibility	.059	.007	.056	8.751	.000	.068	14.811
	Patient Care	.144	.005	.145	27.947	.000	.101	9.873
	Time Pressure	.207	.007	.237	28.691	.000	.040	25.014
	Staff Relation	.243	.006	.258	39.788	.000	.064	15.512

Source, own survey, 2019

Dependent Variable: Job Satisfaction $Y= 0.094+.316$ (opportunity to develop) $+ .059$ (responsibility) $+ 0.144$ (patient care) $+ .207$ (time pressure) $+ 0.243$ (staff relations)

The above coefficients table shows the individual beta values of each independent variable. The beta value shows the effect of each independent variable on the dependent variable. The beta value of opportunity to develop is ($\beta = 0.316$) which shows that by keeping other factors constant, 1 unit change in opportunity to develop will cause a 0.316-unit positive change in employee satisfaction. And it is statistically significant at $p < 0.05$. The beta value of responsibility is ($\beta = 0.059$) showing that 1 unit change in responsibility will cause a 0.059 units' positive change in employee satisfaction. And it is statistically significant at $p < 0.05$, keeping other factors constant.

The beta value of patient care is ($\beta = 0.144$, $p < 0.05$) and significant, showing that 1 unit change in patient care will cause a 0.144 units' positive change in employee satisfaction. The beta value of time pressure is ($\beta = 0.207$) which shows that by keeping other factors constant, 1 unit change in time pressure will cause a 0.207-unit positive change in employee satisfaction. And it is statistically significant at $p < 0.05$. The beta value of staff relations ($\beta = 0.243$, $p < 0.05$) and significant, showing that 1 unit change in staff relation will cause a 0.243 units' positive change in employee satisfaction.

4.4 Discussion on the Results

In this part of the study's report, analysis conducted on data gathered to assess factors affecting satisfaction level of healthcare professionals at Zewuditu memorial Hospital and is presented in relation to the objectives of the study. Descriptive statistics was used to analyze the data in this study is based on the responses of sample respondents on their in to account that numbers 1, 2, 3, 4 and 5 represent strongly disagree, disagree, neutral, agree and strongly agree, respectively.

The result of this study showed that the scores of strongly disagree have been taken to represent a variable which had a mean score of 0 to 1.5, the scores of disagree have been taken to represent a variable with a mean score of 1.5 to 2.5, the score of neutral have been taken to represent a variable which had a mean score of 2.5 to 3.5, the score of agree have been taken to represent a variable which had a mean score of 3.5 to 4.5 and the score of strongly agree have been taken to represent a variable which had a mean score of above 4.5. A standard deviation of >0.9 implies a significant difference on the impact of the variable among respondents. The findings are presented below by starting from general satisfaction:

Table 4:12 General satisfaction level of the respondents

		Frequency	Percentage
If I could choose the career again I would make the same decision	Strongly disagree	34	12.1%
	Disagree	11	3.9%
	Neutral	124	44.0%
	Agree	78	27.7%
	Strongly agree	35	12.4%
My job has more advantages than disadvantages	Strongly disagree	12	4.3%
	Disagree	33	11.7%
	Neutral	102	36.2%
	Agree	112	39.7%
	Strongly agree	23	8.2%
My income is not a reflection of the work I do	Strongly disagree	22	7.8%
	Disagree	34	12.1%
	Neutral	91	32.3%
	Agree	112	39.7%
	Strongly agree	23	8.2%
There is no personal growth in my work	Strongly disagree	34	12.1%
	Disagree	11	3.9%
	Neutral	90	31.9%
	Agree	125	44.3%
	Strongly agree	22	7.8%
I would like to change my career	Strongly disagree	12	4.3%
	Disagree	55	19.5%
	Neutral	56	19.9%
	Agree	103	36.5%
	Strongly agree	56	19.9%
I really enjoy my work	Strongly disagree	0	0.0%
	Disagree	34	12.1%
	Neutral	67	23.8%
	Agree	90	31.9%
	Strongly agree	91	32.3%
In general I am satisfied with my work	Strongly disagree	0	0.0%
	Disagree	34	12.1%
	Neutral	91	32.3%
	Agree	122	43.3%
	Strongly agree	35	12.4%

Source: own survey, 2019

The above table 4:12 shows the results from the first section, general satisfaction. The results indicated that (12.4%) of participants strongly agreed as well as (27.7%) of participants agreed that if they had to choose a career again, they would choose the same career. Regarding advantageous aspects of their job; respondents (47.9%) agreed or strongly agreed that their job had more advantages than disadvantages. Respondents (39.7%) think that their income was not the reflection of the job they do, and (32.3%) respondents were neutral and only (7.8%) did think

that their income was the reflection of the job they do. While a total of (51.1%) of the respondents believed that there was no personal growth in their work as well as (47.9%) did not experience any personal growth. The study showed that majority of respondents (56.4%) think that they had opportunity to use knowledge & skills at work. Among respondents (32.3%) strongly agreed that they enjoyed their work, with another (31.9%) saying they agreed they enjoyed their work, while only (12.1%) disagreed. More than half the respondents (55.7%) indicated that in general they were satisfied with their jobs. In average healthcare professionals of the hospital were satisfied on general satisfaction.

Table 4.13: Opportunity to Develop

		Frequency	Percentage
Sufficient opportunity to develop	Strongly disagree	22	7.8%
	Disagree	34	12.1%
	Neutral	69	24.5%
	Agree	122	43.3%
	Strongly agree	35	12.4%
Work Variation	Strongly disagree	34	12.1%
	Disagree	33	11.7%
	Neutral	58	20.6%
	Agree	134	47.5%
	Strongly agree	23	8.2%
Work challenge	Strongly disagree	12	4.3%
	Disagree	55	19.5%
	Neutral	102	36.2%
	Agree	44	15.6%
	Strongly agree	69	24.5%
Work Frustration	Strongly disagree	0	0.0%
	Disagree	45	16.0%
	Neutral	124	44.0%
	Agree	44	15.6%
	Strongly agree	69	24.5%
Lack of stimulation	Strongly disagree	34	12.1%
	Disagree	11	3.9%
	Neutral	56	19.9%
	Agree	124	44.0%
	Strongly agree	57	20.2%
Expectation at work	Strongly disagree	22	7.8%
	Disagree	12	4.3%
	Neutral	45	16.0%
	Agree	168	59.6%
	Strongly agree	35	12.4%

Source: own survey, 2019

It can be seen in Table 4:13 that more than half the respondents (a total of 55.7%) agreed or strongly agreed that there were sufficient opportunities for self-development, while under half (a total of 47.5%) agreed or strongly agreed that they were satisfied with the variation within their work. Nearly(a total of 40.1%) reported that they find their work challenging

while at the same time a total of 40.0% agreed or strongly agreed that they experienced frustration in their work due to limited resources. The proportions agreeing and disagreeing about lack of stimulation were about 64.2%. However, a clear majority (a total of 72.0%) indicated that too much was expected from them at work.

Table4. 14 Level of Responsibility

		Frequency	Percentage
Status in the Community	Strongly disagree	22	7.8%
	Disagree	12	4.3%
	Neutral	23	8.2%
	Agree	225	79.7%
	Strongly agree	0	0.0%
Recognition for Task well done	Strongly disagree	34	12.1%
	Disagree	46	16.3%
	Neutral	45	16.0%
	Agree	123	43.5%
	Strongly agree	34	12.1%
Great responsibility	Strongly disagree	12	4.3%
	Disagree	22	7.8%
	Neutral	135	47.8%
	Agree	91	32.3%
	Strongly agree	22	7.8%

Source: own survey, 2019

The results in Table 4.14 shows that among respondents (79.8%) enjoyed their status in the community as healthcare professionals, and nearly 40.0%) perceive that they carry great responsibility and (55.7%) of respondents, agreed or strongly agreed that they receive recognition for tasks well done.

Table4. 15 Findings related to Patient Care

		Frequency	Percentage
Patient Appreciation	Strongly disagree	12	4.3%
	Disagree	22	7.8%
	Neutral	135	47.8%
	Agree	79	28.0%
	Strongly agree	34	12.1%
Time for each patient	Strongly disagree	0	0.0%
	Disagree	34	12.1%
	Neutral	91	32.3%
	Agree	101	35.7%
	Strongly agree	56	19.9%
Patient Co-operation	Strongly disagree	22	7.8%
	Disagree	12	4.3%
	Neutral	113	40.1%
	Agree	56	19.8%
	Strongly agree	79	28.0%

Source: own survey, 2019

As it can be seen in the above table around forty per cent of participants (40.1%) strongly agreed that the patients do appreciate what they do for them. More than a half of respondents (55.7%) indicated that they do have a time for each patient, and Opinions on patient co-operation were also assessed and the result showed that patient co-operation is nearly forty-eight percent (47.9%).

Table4. 16 Time Pressure

		Frequency	Percentage
Non-Clinical Tasks	Strongly disagree	22	7.8%
	Disagree	12	4.3%
	Neutral	113	40.1%
	Agree	90	31.8%
	Strongly agree	45	16.0%
Freedom to work	Strongly disagree	34	12.1%
	Disagree	0	0.0%
	Neutral	45	16.0%
	Agree	146	51.8%
	Strongly agree	57	20.2%
Time spent doing lower level Jobs	Strongly disagree	34	12.1%
	Disagree	11	3.9%
	Neutral	124	44.0%
	Agree	44	15.6%
	Strongly agree	69	24.5%

Source: own survey, 2019

Around forty eight percent of the respondents agreed or strongly agreed that they have to perform many non-clinical tasks (47.9%). Views about freedom to decide how they do their work were or regarding freedom of work respondents more than a half (72%) agreed that they have freedom to work. Just nearly forty percent's of the participants agreed or strongly agreed (40.1%) that they spend time doing tasks that could be done by lower cadres.

The result in the following table shows that majority of the respondents are neutral in answering the question (44.0%), their working relationship with their colleagues is unknown and only (39.9%) of the respondents have good working relationship with their colleagues. Among respondents (40.0%) of them agreed that there is an atmosphere of co-operation between staff and management and regarding channel of communication (64.2%) indicated that there is a clear channel of communication. More than half of the respondents (63.5%) agreed or strongly agreed that their managers especially their matrons are concerned about their wellbeing, and the proportions who believed staff involvement in decision-making were(20.2%) among the respondents. Nearly forty eight per cent (48.0% taken together) agreed or strongly agreed that they can depend on their colleagues for support, but opinions on management style were only 47%.

Table4. 17 Staff relations

		Frequency	Percentage
Working relationship	Strongly disagree	12	4.3%
	Disagree	33	11.7%
	Neutral	124	44.0%
	Agree	56	19.8%
	Strongly agree	57	20.2%
Co-operation between staff and management	Strongly disagree	0	0.0%
	Disagree	45	16.0%
	Neutral	124	44.0%
	Agree	44	15.6%
	Strongly agree	69	24.5%
Channel of communication	Strongly disagree	0	0.0%
	Disagree	45	16.0%
	Neutral	56	19.9%
	Agree	124	44.0%
	Strongly agree	57	20.2%
Managers concern about staff well being	Strongly disagree	0	0.0%
	Disagree	45	16.0%
	Neutral	58	20.6%
	Agree	110	39.0%
	Strongly agree	69	24.5%
Staff involvement in decision making	Strongly disagree	0	0.0%
	Disagree	100	35.5%
	Neutral	80	28.4%
	Agree	57	20.2%
	Strongly agree	45	16.0
Colleagues support	Strongly disagree	34	12.1%
	Disagree	11	3.9%
	Neutral	102	36.2%
	Agree	66	23.4%
	Strongly agree	69	24.5%
Management style	Strongly disagree	34	12.0%
	Disagree	11	3.9%
	Neutral	102	36.2%
	Agree	78	27.7%
	Strongly agree	57	20.2%

Source: own survey, 2019

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 SUMMARY

The findings of this study have limited generalizability and may need to be confirmed by further research in other government hospitals in Addis Ababa and this finding (55.7%) is comparable with previous studies conducted in East Gojjam Zone (54.2%) and India (50%). But, my finding is lower than satisfaction rate reported in Nigeria (90.4%), Nepal (76%), Eastern India (59.6%) and Spain (77.2%). The possible explanation for the above difference could be due to the difference in socio-economic characteristics and organizational set-up of health care workers. The other possible reasons for this variation might be due to the difference in study population, setting, and time. With this limitation in mind, the study evaluated factors influencing job satisfaction among healthcare professionals in Zewuditu Memorial Hospital and the results highlighted overall dissatisfaction.

Participants reported relatively medium level of satisfaction with salaries, not being involved in decision making, doing a lot of non-clinical tasks and not having sufficient appreciations from patients. Employees' needs and motivators vary so it is important to understand what motivates them to perform. In the current study, variables such as the opportunity to develop, responsibility, patient care and staff relations were seen to have a significant influence on job satisfaction. This is not surprising, in that these findings are in line with the two-factor theory proposed by Herzberg and Mausner, which lists the following factors as motivators resulting in satisfaction: responsibility, achievement, recognition and opportunities to develop.

The study showed that 44.3% of participants were dissatisfied with their job and the findings were supportive of the findings of Jovic-Vranes et al (2007) in Serbia, where the study found a very low level of job satisfaction and a generally low level of any kind of job-related satisfaction in Serbian healthcare workers. Overall dissatisfaction among healthcare professionals at Zewuditu Memorial hospital is a cause for concern, given that job satisfaction has implications for the efficiency, effectiveness and sustainability of the Ethiopian health system.

Regarding to socio demographic characteristics, determinants of job satisfaction, and this study has found out that the factors significantly associated were gender, age, educational background, year of services and profession. Female health professionals were found to be more satisfied with their job as compared to their counterparts. In addition, this study has found that aged (>51years) health professionals were more likely to be satisfied with their job as compared to their counterparts. In relation to education, health care professionals who got adequate educational background in their work were more likely to be satisfied as compared to those who did not get adequate education.

And also, health care professionals who have adequate years of experience (>10years) were more likely to be satisfied with their job than their counterparts. This study revealed a medium level of satisfaction of health care professionals. Job satisfaction was significantly associated with opportunity to develop, time pressure and staff relations. Future longitudinal studies should be conducted to identify factors that enhance job satisfaction for the hospital health professionals.

Dissatisfaction with income, lack of staff involvement in decision-making, the amount of time spent with patients, working conditions and management style are some of the problems identified in this study. Similar findings were observed in the job satisfaction study among Serbian healthcare workers. According to the authors, a possible explanation of these findings is that political, social and cultural transition in Serbia combined with the impact of conflict resulted in a deterioration of all aspects of life.

Ethiopia has dual healthcare system in which the public sector is usually under-resourced and serves the majority of the population and the private sector serves only less number of the population. The difference between these two sectors has increased the burden of the public sector, which is perceived as inefficient, ineffective and unable to deliver quality healthcare. It is possible that these conditions impact on job satisfaction among healthcare professionals.

Satisfaction with one's job can affect not only motivation at work but also career decisions, relationships with others and personal health. Those who work in a profession that is extremely demanding and sometimes unpredictable can be susceptible to feelings of uncertainty and reduced job satisfaction. Job satisfaction of healthcare workers is also an essential part of ensuring high quality care.

Dissatisfied healthcare providers not only give poor quality, less efficient care; there is also evidence of a positive correlation between job satisfaction and patient satisfaction (Tzeng, 2002). Given the critical role that healthcare professionals play in determining the effectiveness, efficiency and sustainability of health care systems, it is very important to understand what motivates them and the extent to which contextual variables and the organization satisfy them.

The aim of this study was to determine the factors affecting job satisfaction among healthcare professionals at Zewuditu memorial hospital. By employing a descriptive approach, the level of satisfaction, factors influencing job satisfaction and the relationship between the different dimensions of job satisfaction of two hundred eighty two healthcare professionals were surveyed using a self-administered questionnaire.

5.2 CONCLUSION

The findings of this study showed a relatively medium level of job satisfaction among the health care professionals at Zewuditu memorial hospital. However factors found to influence job satisfaction were the opportunity to develop, responsibility, patient care, time pressure and staff relations. Association was found between socio-demographic characteristics and job satisfaction. The study also found that there was a positive association between job satisfaction and opportunity to develop, patient care, responsibility and staff relations among health care professionals.

The study found medium level of job satisfaction among the healthcare professionals surveyed (55.7%), of health care professionals were satisfied with their job and almost all factors found to be significantly associated with job satisfaction; they were, opportunity to develop, responsibility, patient care, time pressure and staff relations ($p=0.000$). and also the study found a significant positive correlation between opportunity to develop, time pressure, staff relations, responsibility, patient care, and job satisfaction ($p=0.001$). Among all of the participants (47.9 %) did not think that their income was a reflection of the work they do and out of total population of the respondents (40.1%) experienced frustration at work due to limited resources. A total of 47.9% reported good working relationships with colleagues, but there were mixed responses to the issues of management style and being involved in decision-making. Overall, general satisfaction and all dimensions of job satisfaction had a positive relationship with each other at a medium level.

5.3 RECOMMENDATIONS

5.3.1 Policy makers

Although the results of a single survey cannot be considered as a solid foundation for making decisions in health planning, the results of this study suggest that interventions should be carried out to increase levels of job satisfaction among healthcare professionals at Zewuditu memorial hospital. Since job satisfaction has a strong correlation with job performance, it is necessary to strengthen relevant human resources polices, improving working conditions and compensation.

5.3.2 Healthcare workers

Priority should be given to improving relationships between management and staff, and increasing decision-making opportunity among staff members. Developing staff and empowering them to make decisions about their work is necessary to achieve quality outcomes. It is recommended that employees' job be redesigned to have a scope of improvement and be of interest.

5.3.3 Impact on services

Continuous service evaluations and monitoring of job satisfaction can be useful to determine aspects of the services that need improvement. Involving staff in a cooperative, team approach will allow for consideration of ways to improve aspects relating to job satisfaction. Improving the work environment so that it provides a framework in line with the aspirations of healthcare professionals is likely to increase job satisfaction and consequently have a positive effect on individual, organizational and quality of health care services.

5.3.4 Other researchers

This study may serve as a base for future studies in different hospitals on a larger scale. Further analysis of data is needed, as there are numbers of issues that can be explored further.

REFERENCES

- Al-Hussami, M.(2008). A study of nurses' job satisfaction: The relationship to organizational commitment, perceived organizational support, transactional leadership, transformational leadership and level of education, *European Journal of Scientific Research*, Vol. 22, No2: 286-285.
- Ali-Mohammed, M.R. (2004). Factors affecting employees' job satisfaction in public hospitals: Implications for recruitment and retention, *Journal of General Management*, Vol.34, No.4: 51-66.
- AMREF. Report on training needs assessment for health human resource development in Southern Sudan. AMREF Directorate of Learning Systems; 2005.<http://www.iss.it/binary/ures/cont/TNA.1160066497.pdf>
- Ayers, K. (2005).Creating a responsible workplace, *Human Resources Magazine*.http://findarticles.com/p/articles/mi_m3495/is_2_50/ai_n11841926
- A Situational Analysis of Human Resource Issues in the Pharmacy Profession in Canada. Archived 2008-12-03 at the Way back Machine Human Resources Development Canada, 2001. Accessed 15 July 2011.
- Befort, N. and Hatrup, K. (2003) Valuing Task and Contextual Performance: Experience, Job Roles, and Ratings of the Importance of Job Behaviors. *Applied HRM Research*, 8, 17-32.
- Buciuniene, I., Blazeviciene, A. & Bliudziute, E. (2003). Health care reform and job satisfaction of primary health care physicians in Lithuania, *BMC Family Practice*, Vol. 6: 6-10.
- Bhattacharjee S, Ray K, Roy JK, Mukherjee A, Roy H, Datta S. Job satisfaction among doctors of a government medical college and hospital of Eastern India. *Nepal J Epidemiol*. 2016; 6(3):596. doi: 10.3126/nje.v6i3.14762.
- Bodur, S. (2002). Job satisfaction of healthcare staff employed at health centers in Turkey, *Occupational Medicine Journal*, Vol. 52, No. 6: 353-355.
- Carrillo-García C, Solano-Ruíz MDC, Martínez-Roche ME, Gómez-García CI. Job satisfaction among health care workers: the role of gender and age. *Revista latino-americana de enfermagem*. 2013; 21(6):1314–1320. doi: 10.1590/0104-1169.3224.2369.

- Chaulagain N, Khadka DK. Factors influencing job satisfaction among healthcare professionals at Tilganga eye centre, Kathmandu, Nepal. *Int J SciTechnol Res.* 2012; 1(11):32–36.
- "Census 2007 Tables: Addis Ababa" Archived 14 November 2010 at the Way back Machine, Tables 2.1, 2.5, 3.1, 3.2 and 3.4.
- Duffy JF, Rimmer DW, Czeisler CA. Association of intrinsic circadian period with morningness-eveningness, usual wake time, and circadian phase. *BehavNeurosci* 115: 895-899
- Diallo K. The role of wages in the migration of health care professionals from developing countries. *Hum Resource Health.* 2004; 2(1):3.
- Daft, R.L. & Noël, R.A (2001). *Organizational Behavior*, South-Western Publishing: New York.
- DeStefano, T.J., Clark, H., Gavin, M. & Potter, T. (2005). The relationship between work environment factors and job satisfaction among rural behavioral health professionals, *Rural Mental Health*, 30.18-24
- Dunphy L. M., Winland-Brown J. E. (2011): *Primary care: The art and science of advanced practice nursing*. F.A. Davis. ISBN 9780803626478.
- Ethiopia Go, Bank. W. Health sector review. 1st ed. Addis Ababa: Ethiopian social sector studies; 2004. Bank. W. Discovering the real world, health workers' career choices and early work experience in Ethiopia. Washington, DC: Africa Human Development Series; 2010. p. 10.
- Ferrell, S.W., Morgan, R.D., Winterowod, C.L. (2000). Job satisfaction of mental health professionals providing group therapy in state correctional facilities, *International Journal of Offender Therapy and Comparative Criminology*, Vol.44, No. 2: 232-241.
- FMOH E. Best practice in health, first national workshops: regional presentations. Addis Ababa. https://www.unicef.org/.../2011_Esaro_Regional_-_SIA_evaluation_re.
- Gigantesco, A., Picardi, A., Chiaia, E., Balbi, A. & Morosini, P. (2003) Job satisfaction among mental health professionals in Rome, Italy. *Community Mental Health Journal*, Vol. 39: 349-355.
- Gilson L. Community satisfaction with primary health care services: an evaluation undertaken in the Morogoro Region of Tanzania. *SocSci Med.* 1994; 6: 767–80.

- Gilson L. Developing a tool to measure health worker motivation in district hospitals in Kenya. *Hum Resource Health*. 2009; 7: 40–51.
- Greenberg, J., Baron, R.A. (1997). *Behavior in organizations: understanding the human side of work*. 7th Edition. Canada: Prentice-Hall.
- Goblar, P.A., Warnich, S., Carrel, M.R., Elbert, N.F. & Hatfield, R.D. (2002). *Human Resources Management in South Africa*, Second Edition. London: Thomson Learning.
- Gualu Dessalegn Haile Tenaw, Zeleke Haymanot, Dessalegn Berhanu. Job satisfaction and associated factors among nurses in East Gojjam Zone Public Hospitals Northwest Ethiopia. *JNurs Care*. 2017; 6:398.
- Gupta N, et al. Human resources for maternal, newborn and child health: from measurement and planning to performance for improved health outcomes. *Human Resources for Health*. 2011; 9:16.)
- Hackett R.D. (1989), “Work attitudes and employee absenteeism: A synthesis of the literature”, *Journal of Occupational Psychology*, Vol. 62, No. 3, pp. 235-248.
- Hair J.F., Anderson R.E. Jr., Tatham R.L., and Black W.C. (1989), *Multivariate data analysis with readings*, 5th edition, Upper Saddle River, NJ: Prentice-Hall
- Health Sector Development Program IV, 2010/11–2014/15. Final draft (pdf 780.81kb). Addis Ababa, Government of Ethiopia, Ministry of Health, 2010
- Hollyforde, S. & Whiddett, S. (2002). *The Motivation Handbook*. London: CIPD.
- Huddart J. *The health sector human resource crisis in Africa*. Washington, DC: SARA Project, AED; USAID; 2003. An issues paper.
- Ishara, S., Bandeira, M. & Zuardi, A.W. (2007). Public psychiatric services: Job satisfaction evaluation, *Rev Bras Psiquiatr*, Vol. 30, No. 1: 38-41.
- Jain, M., Mathur, S., Joshi, S., Goklani, P., Kothari, B., Prabu, D. & Kulkarni, S. (2009). Job satisfaction assessment among dentists and dental auxiliaries in India, *Journal of Dental Science*, Vol. 7: 2.

- Kalesh, B.J., Curley, M. & Stefanov, S. (2007). An intervention to enhance nursing staff teamwork and engagement, *Journal of Nursing Administration*, Vol. 37: 77-84.
- Kirigia J, Gbary A, Muthuri L, Nyoni J, Seddoh A: The cost of health professionals' brain drain in Kenya. *BMC Health Services Research*. 2006, 6 (1): 89-10.1186/1472-6963-6-89.
- Kober, K. & Van Damme, W. (2006) Public sector nurses in Swaziland: Can the downturn be reversed? *Human Resources for Health*, Vol. 4: 13.
- Kolo ES. Job satisfaction among healthcare workers in a tertiary center in kano, Northwestern Nigeria. *Niger J Basic Clin Sci*. 2018;15(1):87. doi: 10.4103/njbcs.njbcs_31_17.
- Krietner, R., Kinicki, A. & Buelens, M. (2002). *Organizational Behavior. Second Edition*. Berkshire: McGraw-Hill.
- Locke, E. (1983). The nature and causes of job satisfaction. In *Handbook of Industrial and Organizational Psychology*. New York: J. Wiley & Sons.
- Martineau, T., Lehman, U., Matwa, P., Kathyola, J. & Storey, K. (2006) Factors affecting retention of different groups of rural health workers in Malawi and Eastern Cape Province, South Africa. http://www.who.int/hrh/migration/background_paper.pdf
- Mathauer, I., Schmidt, J.-O., & Wenyaa, M. (2008). Extending social health insurance to the informal sector in Kenya. An assessment of factors affecting demand. *Int J Health Plann Mgmt*, 23, 51–68
- McCraey, S. (2005). Motivating the workforce with a positive culture: Recognition that works. *Franchising World*, Vol. 37, No. 3: 54-57.
- Mayer, M. & Botha, E. (2004). *Organizational Development and Transformation in South Africa. Second Edition*. Durban: Lexis Nexis Butterworth.
- Mow dR. Strategies for adapting to high rate of employee turnover. *Hum Resource Management*. 1984; P 365–80.
- Nassab, R. (2008). Factors influencing job satisfaction amongst plastic surgical trainees: experience from a regional unit in the United Kingdom, *European Journal of Plastic Surgery*, Vol. 31: 55-58.

- Nel, P.S., Van Dyk, P.S., Haasbroek, G.D., Schultz, H.B., Sono, T.J. & Werner, A. (2004). *Human Resources Management*. Sixth Edition. Cape Town: Oxford.
- Pang T, Lansang MA, Haines A: Brain drain and health professionals. *BMJ*.2002, 324: 499-500. 10.1136/bmj.324.7336.499
- Piko, B.F. (2006). Burnout, role conflict, job satisfaction and psychosocial health among Hungarian health care staff: A questionnaire survey, *International Journal of Nursing Studies*, Vol. 43: 311-318.
- Peerbhai R. (2006), "Job Satisfaction at IT SMEs in Durban", M.B.A. Thesis, Business Studies Unit, Durban Institute of Technology. Available at: <http://hdl.handle.net/10321/88>
- Pillay, R. (2008). Work satisfaction of professional nurses in South Africa: a comparative analysis of the public and private sectors, *Human Resources for Health*, Vol. 7: 7-15.
- Rashid SSM. Determinants of job satisfaction among nurses at the Muhimbili National Hospital 2013.
- Robbins SP. *Organizational behavior: concepts, controversies, and applications*. 9th ed. Englewood Cliffs: Prentice-Hall; 2005. p.139–43. <https://www.amazon.com/Organizational-Behavior-Concepts-Controve>.
- Saifuddin A. Job satisfaction among nurses in Aceh Timur District Nanggroe Aceh Darussalam Province Indonesia. *J Public Health Dev*. 2008;6.www.aihd.mahidol.ac.th/sites/.../journal/janapr2008/research17.pdf.
- Shah, M.A., Al-Enezi, N., Chowdhury, R.I. & Shah, N.M. (2001). Correlates of job satisfaction among health care professionals in Kuwait. *Medical Principles and Practice*, Vol. 10: 156-162.
- Smith PC, Kendall LM, Hulin CL. *The measurement of satisfaction in work and retirement*. USA: Rand McNally; 1975. p. 5–20.
- Spector P.E. (1997), *Job satisfaction: application, assessment, cause, and consequences*, Thousand Oaks: Sage Publications.
- Staw, B.M. (1997). Motivation in organizations: towards synthesis & redirection, in B.M.Staw & G.R. Salancik. *New direction in organizational behavior*. Chicago: St Clair.

Trends and insights 2004.http://www.mckesson.ca/document/trends_2004.pdf). Accessed on 10 Feb 2014.

Tzeng HM. The influence of nurses' working motivation and job satisfaction on intention to quit: an empirical investigation in Taiwan. *Int J Nurs Stud.* 2002;39: 867–78.

Uganda Ministry of Health (2007). Uganda Health Workforce Study: Satisfaction and Intent to stay Among Current Health Workers. SAID-funded Capacity Project.

Unni, K., Dag, H., Veenstra, M. & Per, H. (2000). Predictors of job satisfaction among doctors, nurses and auxiliaries in Norwegian hospitals: Relevance for micro unit culture, *Human Resources for Health.* Vol.4: 3.

Vroom, V. (1964). *Motivation & Management Expectancy Theory.*

WHO Improving health worker performance: in search of promising practices. Evidence and Information for Policy, Department of Human Resources for Health Geneva; 2006.www.who.int/hrh/resources/improving_hw_performance.

World Health Organization: *Classifying health workers.* Geneva, 2010.

Willis-Shattuck M. Motivation and retention of health workers in developing countries: a systematic review. *Biomed Central Health Service Res.* 2008; 8(247):1472–6963.

Willis-Shattuck M. Motivation and retention of health workers in developing countries: a systematic review. *BMC Health Serv.* 2008; 8: 247.

Wood, G., Yaacob, A., & Morris, D. (2004). Attitude towards pay & promotion in the Malaysian higher education sector. *Employee Relations,* Vol.26, No. 2: 137-150.

Yaseen A. Effect of compensation factors on employee satisfaction—a study of doctor's dissatisfaction in Punjab. *Int J Hum Res Stud* ISSN.2013; 3.www.macrothink.org/journal/index.php/ijhrs/article/viewFile/.../2820.

Zewditu hospital to get a new outpatient department, US Embassy of Ethiopia, Nov 19, 2009, www.wikipedia.com , retrieved on 2018/12/20

Appendix 1

For Health Professionals Working at Zewuditu Memorial Hospital, Addis Ababa, Ethiopia

I am graduating class of MBA student at St. Marry University College. This questionnaire is prepared for research purpose entitled «Factors affecting satisfaction level of health care professionals, the case of Addis Ababa city administration Zewuditu Memorial hospital.» As a member of the hospital, your participation in this study will be valuable and greatly appreciated. Information gathered will be treated confidentially and will not be used for any other purpose.

Part I- Socio-demographic characteristics of the respondents

Please indicate your choice by putting a mark(√) among the given alternatives

1. Sex:

Male Female

2. Please mention your age

20-30 31-40

41-50 above 51

3. What is your educational qualification?

Certificate Diploma

Degree MSC/ MPH

4. What is your Profession?

Medical Doctor Laboratory profession

Nurse / Health Officer Others

Pharmacy profession

5. What is your Department?

OPD Pharmacy

Ward Laboratory

Emergency Management

6. How many years of experience do you have in Zewuditu Memorial Hospital?

Less than 1year 1 - 3 years 4- 6 years

7-9 years more than 10 years

Part II: Evaluation of job satisfaction

Kindly decide how you feel about the aspect of your job described by the statement and make the mark sign(√) in the appropriate box.

- 1= Strongly disagree
- 2 = Disagree
- 3 = Neutral
- 4 = Agree
- 5 = Strongly Agree

	GENERAL SATISFACTION	1	2	3	4	5
1	If I could choose the career again I would make the same decision					
2	My job has more advantages than disadvantages					
3	My income is a reflection of the work I do					
4	There is no personal growth in my work					
5	I would like to change my career					
6	I really enjoy my work					
7	In general I am satisfied with my work					
	OPPORTUNITY TO DEVELOP					
8	I have sufficient opportunity to develop in my work					
9	The variation in my work is satisfactory					
10	My work is mentally stimulating					
11	I experience frustration in my work due to limited resources					
12	I find my work routine non-stimulating					
13	Too much is expected from me at work					
	RESPONSIBILITY					
14	I enjoy the status in the community as a healthcare professional					
15	I receive recognition for tasks well done					
16	I am entrusted with great responsibility in my work					
	PATIENT CARE					
17	The patients appreciate what I do for them					
18	I have sufficient time for each patient					
19	My patients co-operate because they understand my working conditions					

	TIME PRESSURE					
20	There are many non-clinical tasks that I have to do					
21	I have enough freedom to decide how I do my work					
22	I spend more time doing what could be done by others with less					
	STAFF RELATIONS					
23	I have a good working relationship with my colleagues					
24	There is an atmosphere of co-operation between staff and management					
25	There is a clear channel of communication at my workplace					
26	My manager is concerned about my well being					
27	Management does involve staff in decision making					
28	I can depend on my colleagues for support					
29	I am happy with the management style in my department					

Thank you for your time!!!