THE RELATIONSHIP BETWEEN JOB SATISFACTION AND ORGANIZATIONAL COMMITMENT OF HEALTHCARE PROFFESIONALS IN JIMMA UNIVERSITY SPECIALIZED HOSPITALS (JUSH)

A Thesis Submitted To the School Of Graduate Studies, Jimma University, In Partial Fulfillment of the Requirements for the Degree Master of art in Business Administration (MBA)

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DECLARATION

I hereby declare that this thesis entitled "*the relationship between job satisfaction and organizational commitment of healthcare professionals in Jimma University Specialized Hospital* ", has been carried out by me under the guidance and supervision of Dr. Shimels Zewdie and Mrs Zinashbizu Lemma.

The thesis is original and has not been submitted for the award of any degree or diploma to any university or institutions.

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CERTIFICATE

This is to certify that the thesis entitles *“the relationship between job satisfaction and organizational commitment of healthcare professionals in Jimma University specialized Hospital (JUSH)”,* submitted to Jimma University for the award of the Degree of Masters of Business Administration (MBA) and is a record of bona fide research work carried out by Mr. Temesgen Girmay, under our guidance and supervision.

Therefore, we hereby declare that no part of this thesis has been submitted to any other university or institutions for the award of any degree or diploma.

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ABSTRACT

The general objective of this study was to assess the relationship between job satisfaction and organizational commitment of the healthcare professionals in Jimma University specialized hospital. A quantitative explanatory design was employed. From all healthcare professionals found in the hospital in the year 2016/2017 some of were subjects of the study. From the total of 488 healthcare professionals, 215 were selected using probability sampling method and from the selected sample 191 of them successfully completed and return the questionnaire. Healthcare professionals job satisfaction in the selected nine features of job and organizational commitment data were collected through questionnaire and interview. Descriptive statistics, correlations (zero order and partial), and multiple regressions were employed in the analysis of the data. The results of the study revealed that a) the majority of healthcare professionals in JUSH experience a very low over all job satisfaction. More specifically, healthcare professionals in the hospital were moderately satisfied with the work itself and co-worker relations. They were very slightly satisfied with supervision and autonomy while they were dissatisfied with pay and workload followed by physical environment & facilities. Also, healthcare professionals in the hospital were not satisfied with recognition and promotional opportunities. b) Healthcare professionals' overall commitment towards JUSH was very low. They had a slight, but relatively better affective commitment compared to other components of organizational commitment. Majority of healthcare professionals were not normatively committed to the hospital, they feel a very low obligation to remain in the hospital. Also, healthcare professionals in the hospital underestimated the associated costs of leaving the hospital. c) The correlation analysis also revealed a significant relationship between satisfaction with the selected features (recognition, pay, co-worker relation, work itself, autonomy, physical environment and facilities, work load, supervision, and promotion/growth) and overall job satisfaction of healthcare professionals. d) Only tenure had a significant negative relationship with job satisfaction of healthcare professionals in JUSH. Tenure and educational level also negatively and significantly correlated with affective commitment. e) Overall job satisfaction significantly explained the variance only in affective commitment of healthcare professionals in a positive direction. Therefore, it is recommended that the hospital administrators should provide different intrinsic and extrinsic rewards in order to raise healthcare professionals' satisfaction and organizational commitment; such as creating an environment which allow healthcare professionals to make additional financial benefits by doing extra hours, and appropriate compensations for healthcare professionals' extra workload. It is also recommended that providing an appropriate level of autonomy and recognition, smooth supervision, and good prospects of promotion opportunities might raise their satisfaction and commitment; especially for senior and better educated staffs. Finally, further studies on job satisfaction and organizational commitment are recommended.

Key words: Job satisfaction, Organizational commitment, affective commitment, normative commitment, continuance commitment and healthcare professionals

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CHAPTER ONE: INTRODUCTION

1.1. Background of the Study

The study of behaviors within organizational setting has highlighted critical variables that are supportive or detrimental to the performance of workforce. This notion holds true while focusing on quality of human resources that is major factor which contribute significantly to the organizational success (Pohlman& Gardiner, 2000).

Unquestionably, involved man power is the most important resource of all organizations. In case of good motivations, satisfaction and high commitment, they will apply their specific talents and power in the organization. As a result, any success and development of the organization is based upon its man power. In lack of efficient man power in any organizations, it is impossible for them to reach to their goals as well (Graham, 1982).

In order to have correct benefits from man power it will be so much important to consider and disclose the importance of various and multifarious dimensions of people including inborn/cultural/social and economic properties. Then it is possible point out to both variants such as *job satisfaction* and *organizational commitment*. In lack of any attention to these variants, the staff would be non-satisfied and will face with different problems including service abandon of them. Job satisfaction and Organizational commitment are widely studied factors in management literature (Allen & Meyer, 1990; Billingsley, Begley &Czajka; 1993 & Cross, 1992) which are the precursors of employees' performance. These factors are even greater importance to take a look in public companies which includes hospitals, particularly referral hospitals which can be the sources of human assets within the health sector and sole liable for caring the health of the people.

Job Satisfaction is defined as an attitude that individuals have about their jobs. It resultsfrom their perception of their jobs (Spector, 1997). Job satisfaction refers to the extent that the working environment meets the needs and values of employees and the individual's response to

that environment (Luthans, 1998). Job satisfaction refers to “a collection of attitudes that workers have about their jobs” (Gary &M.Saks, 2001).
In addition to the belief that job satisfaction is a summary evaluation that people make of their work, it should still be remembered that factors contributing for job satisfaction vary by place and person. Studies in different foreign countries reported that factors such as: Pay (Luthans, 1992), Work itself (Luthans, 1992), Supervision (Ting, 1997), Promotion Possibilities (Robbins (1998), relation with coworkers (Mowday& Sutton, 1993), recognition (Kraig, 2003) have a relationship with job satisfaction of employees. Also, factors related to demographic characteristics of the individuals such as: Term (Chambers, 1999), education (Saal& Knight, 1988), age (Jones Johnson & Johnson, 2000), and gender (Al-Mashaan, 2003) have a relationship with job satisfaction.

Moreover, research show that Job satisfaction is correlated to enhanced job performance, positive work values, high levels of employee motivation, and lower rates of absenteeism, turnover and burnout (Begley &Czajka, 1993). The effects job satisfaction has on an organization are numerous. Job satisfaction is one of the most researched areas of organizational behavior. Many researchers have suggested that job satisfaction is a predictor of organizational commitment (Mannheim et al., 1997; Price and Mueller, 1981; Taunton et al 1989; Williams & Hazer, 1986).

Therefore, the student researcher believe that it is important to study whether healthcare professionals are satisfied, because it is believed that workers who are more satisfied will likely exhibit more positive feelings, thoughts, and actions toward their job.

The other variable which is believed to have an influence on employees work behavior is organizational commitment. Organizational commitment, according to Myer and Allen (1997), is the individual's psychological attachment to the organization and has three components; Affective, continuance and normative commitment. Affective component of organizational commitment refers to employees’ emotional attachment, identification and involvement in the organization; Continuance component refers to commitment based on the costs that employees associate with leaving the organization; and normative commitment reflects an employee’s feeling of obligation to remain with the organization.

Organizational commitment is determined by a number of factors, including personal and organizational factors. All these things affect subsequent commitment (Northcraft& Neale, 1996). They also added that Organizational commitment in turn predicts other variables such as turnover, and job performance. Some of the factors such as role stress, empowerment, job insecurity and employability, and distribution of leadership have been shown to be connected to a worker's sense of organizational commitment.

Job satisfaction and organizational commitment have been found to both be inversely related to such withdrawal behaviors as tardiness, absenteeism and turnover (Yousef, 2000). Moreover, they have also been linked to increased productivity and organizational effectiveness (Buitendach& De Witte, 2005). This is furthermore postulated to have an influence on whether employees will have a tendency to remain with the organization and to perform at higher levels.

Though, there may be features which differentiate academic institutions with that of non-academic institutions, it is possible to say both variables such as job satisfaction and organizational commitment have an important implication. The healthcare profession ranks high on the success list of a society. Thus, understanding healthcare professional's behaviors and attitudes needs more attention in public hospitals. In order to effectively carry out the expected roles and responsibilities, it takes a lot of commitment on the part of the healthcare professionals, which takes into consideration their emotional or affective attachment to their job and workplace. According to Kimball and Nink (2006, as cited in Chua, 2008), employees who are committed tend to strive for excellence in their job than those who are not committed. Hence, a committed work force will be an added asset to institution which focused on quality and world class performance. Researchers (Kimball &Nink, 2006; Shin & Reyes, 1995; Whiteacre, 2006; cited in Chua, 2008) found that employee's commitment can be influenced by the extent of job satisfaction they experience in their job.

However, the working situations in the context of developing countries is not free from factors which create stress and let employees feel low attachment, and belongingness with the employing organization. Accordingly, in Ethiopia, the working environment in hospitals is criticized for inadequate provision of intrinsic and extrinsic rewards to fulfill employees' needs.

Inadequate provision of facilities, promotion/growth opportunities, financial benefits, and poor management are some of the factors associated with unfavorable feelings of employees.

If so, the issues surrounding job satisfaction and commitment should be of utmost importance to administrators. Often they have little understanding of these work attitudes practiced in their hospital. However, by increasing their understanding of staff's commitment and job satisfaction, administrators are able to retain talented human capitals that are committed to the goals of the hospital.

In general, what we can infer from the above literatures is that both job satisfaction and organizational commitment are important for better attainment of institutional objectives. Furthermore, these literatures revealed that those who are satisfied with the different dimensions of the job and are committed to their organization exhibit more involved and positive work behaviors. But the researcher's experience shows that there are specific signs of job dissatisfaction and low organizational commitment among healthcare professionals (expressing their complaint among themselves including heavy teaching medical students without reasonable pay, unreasonable demands and without sufficient setup. They also observed lack interest to attend occasional programs like students' graduation ceremony, being uncooperative with staff, not attend in different teaching activities, being absent, taking long tea breaks and set on to leave the hospital). Though studies had conducted at different parts of the country in different institutions related with job satisfaction and organizational commitment, to the best knowledge of the student researcher, there are no studies which addressed the role of different job dimensions on job satisfaction and organizational commitment of healthcare professionals particularly in JUSH.

Therefore, the purpose of this study was 'investigating the relationship of healthcare professionals' job satisfaction with the various job features and their organizational commitment' at Jimma University Specialized Hospital (JUSH).

1.2. Statement of the Problem

Jimma University Specialized Hospital (JUSH), as one of referral and teaching institution in the country, had given the responsibility to teaching medical students and giving service concerning the health of the community. So to attain these responsibilities, it is believed that the role of healthcare professionals who are committed for the success of their hospital is crucial.

However, with increasing roles and responsibilities healthcare professionals in Jimma University Specialized Hospital have to play today, it is not uncommon to find them expressing their complaint among themselves. Based on unrecorded conversations and a preliminary survey; their grievances include heavy workload with no reasonable pay, working without adequate resources, unsatisfactory financial benefits, and poorly equipped offices and setups is visible. Healthcare professionals in the hospital also listened discussing to leave the hospital, and bring malicious gossip about a superior and hospital administrator in the middle of their conversation. They also observed lack interest to attend occasional programs, meetings, being uncooperative for staff, being absent from class as well as exam, leave the class early, absent from rounds & bedsides, taking long tea breaks and spent time on working in private clinics & hospitals. In this connection, Rosse and Saturay (2004) indicated that employees who are not satisfied at work show different behaviors of work withdrawal: includes more short-term means of escaping from noxious work conditions, such as arriving late or leaving work early, being absent, or minimizing time spent on task. Similarly, Mullins (2005) indicated that employees show different defensive behaviors when they are frustrated by blockage of needs and personal goals at work. He further elaborated that the possible reactions to frustration caused by the failure to achieve or satisfy desired goals include: a physical or verbal attack on some person or object; for example, striking a supervisor, rage or abusive language, destruction of equipment or documents. It also includes different withdrawal behaviors like arriving at work late and leaving early, sickness and absenteeism, refusal to accept responsibility, avoiding decision-making or passing work over to colleagues. In addition to this there is a growing turnover in the hospital from specialist doctors to diploma level professionals. With these as signs of healthcare professionals' unfavorable attitudes towards their working environment, their sense of commitment and satisfaction with their job become questionable.

However, instead of relying on personal interpretation, suspicion and rumor, there was a pressing need for the student researcher to investigate further into these variables by means of a well-designed survey. Hence, this study was designed to assess healthcare professionals' work attitudes, specifically on their job satisfaction and commitment to Jimma University Specialized Hospital.

If healthcare professionals are expected to perform better, the issues surrounding job satisfaction and commitment cannot be ignored. Ideally, complete loyalty to the institution with the staff highly satisfied in their jobs is warranted, but the underlying questions are 'Are they highly satisfied with the different features of their job?', and 'Are the healthcare professionals committed to the hospital?' Therefore, it was important to address these issues as there are virtually no studies or literature investigating these two major variables and there features of healthcare professionals in JUSH.

As stated earlier, much of the perception of healthcare professionals of Jimma University Specialized Hospital had been taken from unrecorded conversations and preliminary survey. The exact levels of their job satisfaction and commitment have yet to be determined.

Therefore, this study was intended to consider different features of job that may contribute for job satisfaction and organizational commitment of healthcare professionals. Then, it would be possible to present some operational strategies for betterment of job satisfaction and organizational commitment by the use of extracted results. To do so, the student researcher raised the following basic questions.

1.3. Research Questions

The study considers the following leading questions:

1. What does the current job satisfaction of healthcare professionals in JUSH look like?
2. What does the organizational commitment of healthcare professionals in JUSH look like?
3. Is there a statistically significant relationship between the demographic characteristics (age, sex, tenure, and educational level) and job satisfaction of healthcare professionals in JUSH?

4. Do the selected features of job have a significant relationship with the overall job satisfaction of healthcare professionals?

5. Is there a statistically significant relationship between the demographic characteristics (age, sex, tenure, and educational level) and organizational commitment of healthcare professionals in JUSH?

6. Is there a statistically significant relationship between job satisfaction and organizational commitment of healthcare professionals in JUSH?

7. Does overall job satisfaction significantly explain the variance in organizational commitment of healthcare professionals?

1.4. Research Objectives

The general objective of this study was to assess the relationship between job satisfaction and organizational commitment of healthcare professionals in Jimma University Specialized Hospital. Specific objectives include:

- To investigate the level of job satisfaction among healthcare professionals in JUSH.
- To investigate the level of organizational commitment among healthcare professionals in JUSH.
- To examine whether the selected job features have a significant relationship with overall job satisfaction of healthcare professionals in JUSH.
- To examine if there is a significant relationship between job satisfaction and organizational commitment of healthcare professionals in JUSH.
- To examine if there are significant relationships between the demographic characteristics and job satisfaction of healthcare professionals in JUSH.
- To examine if there are significant relationships between the demographic characteristics and organizational commitment of healthcare professionals in JUSH.
- To examine whether overall job satisfaction significantly explain the variance in organizational commitment of healthcare professionals in JUSH.

1.5. Significance of the Study

It is important to note that previous research findings show there are various features of job which contribute for job satisfaction of healthcare professionals. These studies also revealed that those who satisfied with their job are more likely to have a strong organizational commitment. In addition, employees with higher level of satisfaction and organizational commitment are more likely to be productive and strive for the realization of the organization's goal. Therefore, it is necessary to be aware of healthcare professional's attitude towards the working environment: their level of satisfaction (what makes them satisfied/dissatisfied?) and their organizational commitment if we expect high productivity and realize institutional goals. Thus, the findings of this study are expected to be an important input and source for different pertinent bodies. The potential benefits include:

- Providing useful information for hospital administrators and higher officials on the job satisfaction and organizational commitment of healthcare professionals; and recommend further measures in order to raise healthcare professional's job satisfaction and organizational commitment.
- The findings of the study may help hospital administrators and officials in designing interventions to improve the existing job satisfaction and organizational commitment of healthcare professionals. Hence, promoting positive work behaviors.
- The findings may use as a base for other researchers who wants to study job satisfaction and organizational commitment in relation to other job related behaviors such as turnover, absenteeism, healthcare professionals' performance and the like.

1.6. Delimitation of the Study

The purpose of this study was to investigate healthcare professionals' satisfaction with the different aspects of their job and organizational commitment in JUSH. Due to resource availability, data manageability, time and cost constraints,, this study could not assess all

factors contributing for the job satisfaction and organizational commitment of healthcare professionals. Therefore, this study examined only nine potential forerunner of healthcare professionals' job satisfaction namely: work itself, pay, recognition, opportunities for promotion/growth, supervision, co-worker relation, physical environment, workload, and autonomy; and organizational commitment consisting affective, continuance, and normative components. The study also controlled for some selected demographic characteristics of healthcare professionals such as gender, age, educational level, and tenure since these variables exhibited significant relationship with job satisfaction and organizational commitment of healthcare professionals in some of the reviewed studies.

This study was conducted on healthcare professionals in Jimma University Specialized Hospital. Five groups of healthcare professionals were included. These groups are medical doctors, nurses, anesthetists, lab technicians and pharmacists.

1.7. Limitations of the Study

The current study attempted to consider different things in order to maximize the worth of research findings. But, it is not to mean that this study was free from limitations; and the researcher acknowledged them as follows.

While healthcare professional responses remained confidential, the situational impact or social bias could have led healthcare professionals to respond in a manner different from their true feelings. The necessity of honest responses from participants and the assumption that the data given reflected honest opinions could be possible limitations of this study.

Again, from the sample size of 215 healthcare professionals in the hospital, 191(88.8%) of them completed and returned the questionnaire. The remaining 11.2(24%) of healthcare professionals didn't return the questionnaire or didn't fill it properly. The result may differ if all the respondents fill and return the questionnaire.

1.8. Operational Definition of Terms

Feature satisfaction is the measurement of healthcare professional's feelings and attitudes towards eachspecific aspect of the job: recognition, pay, autonomy, work itself, supervision, promotion/growth, workload, physical environment, or co-worker relation.

Overall Job satisfaction is the aggregate measurement of healthcare professional's total feelings andattitudes towards recognition, pay, autonomy, work itself, supervision, promotion/growth, workload, physical environment & facilities, and co-worker relation in JUSH.

Organizational commitment is the degree to which a healthcare professional identifies with Jimma University Specialized Hospital and its goals, and wishes to maintain membership in the hospital.

CHAPTER TWO: LITERATURE REVIEW

This chapter presents a conceptual framework of the study and a discussion of job satisfaction and organizational commitment with reference. Definitions and concepts of job satisfaction and organizational commitment, as well as theories related to job satisfaction, dimensions and determinants of organizational commitment and job satisfaction are discussed in detail. It also includes related research findings in the area. The summary of reviewed literatures provided at the end of the chapter.

2. Theoretical literature review

2.1. Job Satisfaction

2.1.1 Definitions and Concepts of Job Satisfaction

Job satisfaction is one of the most researched areas of organizational behavior and education. It is perceived as an attitudinal variable measuring the degree to which employees like their jobs and the various aspects of their jobs (Spector, 1997). This is an important area of research because job satisfaction was correlated to enhanced job performance, positive work values, high levels of employee motivation, and lower rates of absenteeism, turnover and burnout (Begley &Czajka, 1993). Locke (cited in Sempane et al 2002) defined job satisfaction as "a pleasurable or a positive emotional state resulting from the appraisal of one's job or job experience." Therefore, job satisfaction can be viewed as an employee’s observation of how well their work presents those things which are important to them. Simply put, job satisfaction is an attitude, people have about their jobs.

Moreover, Job satisfaction is defined as "the measurement of one's total feelings and attitudes towards one's job" (Graham, 1982). It indicates that job satisfaction is the feelings a worker has about his or her job or job experiences in relation to previous experiences, current expectations, or available alternatives. It means, job satisfaction can be expressed with reference to the needs and values of individuals and the extent to which these needs and values are satisfied in the

workplace. In conjunction with this, Robbins (1998) indicated that job satisfaction is based on "the difference between the amount of rewards workers receive and the amount they believe they should receive."

Because job satisfaction may be an indicator of whether individuals: will be affectively connected to an institution, will merely comply with directives, or will quit (Ma & Macmillan, 1999), administrators ought to have some understanding of the factors that influence healthcare professionals' satisfaction with their work, lives and the impact this satisfaction has on their involvement in their institution, especially when changes are implemented.

In general, the above explanations shows that job satisfaction is a multi-dimensional concept, which indicate employees' attitudes towards their job and it can be recognized in different factors in the working environment and personal characteristics of the individuals.

2.1.2. Theories Related to Job Satisfaction

To understand job satisfaction it is necessary to know the source of motivation of employee's for their job. Campbell et al (1970) categorized job satisfaction theories into either content theories or process theories. Content theories are based on various factors which influence job satisfaction. Process theories, in contrast, take into account the process by which variables such as expectations, needs and values, and comparisons interact with the job to produce job satisfaction.

In terms of content theorists, there is an emphasis on the type of goals and incentives that people endeavor to achieve in order to be satisfied and succeed on the job. Scientific management believed at first that money was the only incentive; later other incentives also became prevalent for example; working conditions, security and a more democratic style of supervision. Maslow, Herzberg, Alderfer and McClleland focused on the needs of employees with respect to job satisfaction and performance (Luthans 1998).

2.1.2.1 Maslow's Theory of Needs Hierarchy

Maslow believed that people, who come out of an environment which does not meet their basic needs, tend to experience psychological complaints later in life. Based on the application of this

theory to organizational settings, it can be argued that people who do not meet their needs at work will not function efficiently. Maslow's theory is based on two assumptions; that is: people always want more and people arranged their needs in order of importance (Smith & Cronje, 1992).

The behavior of a person is influenced by different factors. Various theories have been offered to provide insight into how people behave in certain way or what factors motivates them towards specific behavior. Among all these, the most influential theory was presented by Abraham Maslow (1970) which was termed as Need-Based Theory of Motivation. According to Smith and Cronje (1992), this theory provided hierarchy of factors that motivate an employee such as physiological/basic needs, safety and security, belongingness and affiliation, self-esteem, and self-actualization. They indicated that in organizational context, an employee is first motivated due to physiological factors such as food, clothing, shelter …etc or in short he/she needs pay to fulfill his basic needs. Then security and safety needs are activated. Employees need secure jobs, safe working conditions, protection against threats etc. Later, belongingness and affiliation needs are required to be fulfilled. Then, employees look for love and association which induce them be a part of groups and coalitions. Afterwards, he/she needs respect, autonomy, recognition. The last ladder comprises the need for self-actualization where employees seek to realize personal potential and interested in fulfilling their potential.

However, Robbins et al (2003) argued that research does not validate the theory, since Maslow does not provide any empirical confirmation, and a number of studies that were seeking validation for the theories have similarly not found support for it.

2.1.2.2 Herzberg's Two-Factor Theory

In terms of Herzberg's motivation-hygiene theory, factors that make employees feel good about their work, are different from factors that make them feel bad about their work. According to Herzberg (cited in Schultz et al 2003), employees who are satisfied at work attribute their satisfaction to internal factors, while dissatisfied employees ascribe their behavior to external factors. Factors that play a role in contributing to the satisfaction of employees are called motivators, while hygiene factors contribute to job dissatisfaction. These two factors are also called the intrinsic (internal) and extrinsic (external) factors respectively.

It can be argued that if the hygiene factors are removed, that it is unlikely workers will be satisfied. Both the hygiene factors and motivators play an important role in the satisfaction of the individual. Criticism against Herzberg's theory is that the relationship between motivation and dissatisfaction is too simplistic as well as the relationship between sources of job satisfaction and dissatisfaction (Smith & Cronje, 1992).

2.1.2.3 Alderfer's ERG Theory

Alderfer revised Maslow's theory to align work with more empirical research (Robbins, et al 2003). Alderfer's theory is referred to as ERG theory and is based onthe following three needs; existence, relatedness and growth. Existence is involved with providing individuals with their basic existence requirements and it subsumes the individual's physiological and safety needs. Relatedness is the desire to keep good interpersonal relationships, which Maslow labeled social and esteem needs. Growth needs are an intrinsic desire for personal development based on the self-actualization needs of Maslow.

The ERG theory suggests that more than one need is in operation at the same time. When the aspiration to satisfy a higher need is passive, the desire to satisfy a lower order level need increases. Alderfer (1972) mentioned two forms of movement which will become important to a person. The first one is referred to as satisfaction-progression. The second movement is the frustration-regression, which provides additional insight about motivation and human behavior. According to Alderfer, when a person's needs are frustrated at higher level, it leads to movement down the hierarchy and called it satisfaction-regression.

2.1.2.4 Mcclelland's Theory of Needs

McClelland's needs theory focuses on the need for achievement, power and affiliation (Luthans, 1998). It can be briefly described as follows: need for achievement (it is a drive to excel to meet standards and try to be successful), need for power (to let others behave in such a way that they do not behave otherwise), and need for affiliation (to have a friendly disposition and good interpersonal relationships) (Luthans, 1998).

Despite the various theories relating to job satisfaction, there are several dimensions of job satisfaction addressed by different scholars. They indicated that there are several dimensions that influence job satisfaction, like the work itself, pay, supervision, promotion, recognition, workload, autonomy, physical environment facilities and the workgroup. Each of which is briefly addressed below.

2.1.3 Dimensions of Job Satisfaction

In order to understand job satisfaction in detail, it may be necessary to identify variety of aspects in one's job. Locke (1976, cited in Sempane et al., 2002) presented a summary ofjob dimensions that have been established to contribute significantly to employees' job satisfaction. As to Locke, the particular dimensions represent characteristics associated with job satisfaction. Based on the above idea, nine selected dimensions of job are discussed below for the purpose of this study. These are: co-workers, work it-self, promotion, pay, supervision, physical environment & facilities, autonomy, workload, and recognition.

2.1.3.1 Co-worker relation

There are empirical evidences that co-worker relations are an antecedent of job satisfaction. Research (Mowday& Sutton, 1993), suggested that job satisfaction is related to employees' opportunities for interaction with others on the job. An individual's level of job satisfaction might be a function of personal characteristics and the characteristics of the group to which he or she belongs. Relationships with both co-workers and supervisors are important.

In addition, Luthans (1998) forwarded that work groups characterized by co-operation and understanding amongst their members tend to influence the level of job satisfaction or dissatisfaction. When cohesion is evident within a work group it usually leads to effectiveness within a group and the job becoming more enjoyable. However, if the opposite situation exists and colleagues are difficult to work with, this may have a negative impact on job satisfaction.

2.1.3.2 The Work Itself

Luthans, (1992) stated that the nature of the work performed by employees has a significant impact on their level of job satisfaction. According to Luthans (1992), employees derive satisfaction from work that is interesting and challenging, and a job thatprovides them with

status. This implies work that is personally interesting to employees is likely to contribute to job satisfaction. Similarly, research suggests that task variety may facilitate job satisfaction (Eby et al 1999). This is based on the view that skill variety has strong effects on job satisfaction, implying that the greater the variety of skills that employees are able to utilize in their jobs, the higher their level of satisfaction. Sharma and Bhaskar (1991) postulated that the single most important influence on a person's job satisfaction experience comes from the nature of the work assigned to him/her by the organization.

2.1.3.3 Promotion opportunities

An employee's opportunities for promotion are also likely to exert an influence on job satisfaction. Robbins (1998) maintains that promotions provide opportunities for personal growth, increased responsibility, and increased social status. He further elaborated that many people experience satisfaction when they believe that their future prospects are good. This may translate into opportunities for advancement and growth in their current workplace, or enhance the chance of finding alternative employment. If people feel they have limited opportunities for career advancement, their job satisfaction may decrease. It is also possible to add that employees' satisfaction with promotional opportunities will depend on a number of factors including the probability that employees will be promoted, as well as the basis and the fairness of such promotions. Supporting this, Luthans (1992) indicated that promotions may take a variety of different forms and are generally accompanied by different rewards.

2.1.3.4 Pay/compensation

Pay refers to the amount of financial compensation that an individual receives as well as the extent to which such compensation is perceived to be equitable. Compensation and earnings are a cognitively complex and multidimensional factor in job satisfaction. According to Luthans (1998), salaries not only assist people to attain their basic needs, but are also instrumental in satisfying the higher level needs of people.

According to Boone and Kuntz (1992), offering employees fair and reasonable compensation, which relates to the input the employee offers the organization, should be the main objective of any compensation system. Included in the category of compensation are such items as medical

aid schemes, pension schemes, bonuses, paid leave and travel allowances. Lambert et al (2001) found financial rewards to have a significant impact on job satisfaction.

2.1.3.5 Supervision

Research indicates that the quality of the supervisor-subordinate relationship will have a significant, positive influence on the employee's overall level of job satisfaction (Luthans, 1992). Ting (1997) also holds the idea that dissatisfaction with supervision is a significant predictor of job dissatisfaction. Luthans (1992) also added that supervisors who allow their employees to participate in decisions that affect their own jobs will, in doing so, stimulate higher levels of employee satisfaction. It indicates that setting up shared decision-making processes in educational institutions, such as management committee, academic committee allows healthcare professionals to participate in institutional processesrather than feel subordinate to their principals; and it likely contributes for healthcare professional's satisfaction.

2.1.3.6 Physical environment and facilities

Physical environment covers infrastructure of the hospital buildings, patient examination room, operation theater, class rooms, furniture, healthcare professional's tea room, toilets, computer facilities, telephone, fax, communication and location of the hospital. A physical working condition is a factor that has a moderate impact on the employee's job satisfaction (Luthans, 1992). According to Luthans (1992), if people work in a clean and resourceful environment, they will find it easier to come to work. If the opposite happen, they will find it difficult to accomplish tasks.

Though, empirical studies show that the physical working environment and facilities have a potential to influence healthcare professionals satisfaction, in Ethiopia, now days it is not uncommon to see different working conditions inadequate allocation of resources to health institutions and expected the outcome to be the same as the previous ones. Rylance and Bongers (2001) added that the environment within which employees work under determine whether they were satisfied or not. That is, an increase in the availability of facilities, clean and well-arranged offices increase the probability of better job satisfaction.

2.1.3.7 Autonomy

Autonomy is expressed interims of the control, influence, participation and authority that one has over his/her job. Task autonomy is the extent to which employees have a major say in scheduling their work and deciding on procedures to be followed. In line with this, it is also suggested that autonomy and empowerment at a work place enhances the satisfaction of the employees (Kim and Loadman, 1994). In addition, Rylance and Bongers (2001) reported that autonomy had relationship with employee's job satisfaction;and autonomy at work increase the satisfaction level. Similarly, Spector (1997) indicated that autonomy in the work place had a positive relationship with job satisfaction.

The above definitions and findings indicate that autonomy is the degree to which the job provides substantial freedom for an employee; and the extent to which workers are allowed freedom in the work place, independence when performing their job tasks and duties. If there is greater autonomy in a work, it is likely to increases the satisfaction of employees.

2.1.3.8 Recognition

According to Spector (1997), recognition is a process of giving an employee a certain status within an organization; and this is a very crucial factor towards an employee motivation. Recognition describes how the work of an employee is evaluated and how much appreciation he/she receives in return from the organization. It also specifies the way an organization gives its employee the reward and status for his/her work and activities.

Herzberg, et al. (1959, cited in Schultz et al., 2003) also suggested that the need for recognition is one of the motivators and it enhances the worker's satisfaction. It means that recognition has a positive relationship with employee's satisfaction. It tells how the work of an employee is assessed and how much appreciation he/she gets in return from the people around. Supporting this idea, Kraig (2003) suggested that the effective reward package enhances the productivity of the employee's such as recognition and appreciation from the boss which leads to satisfaction of the employees. Moreover, Luthans (1998) found that recognition was positively related with the satisfaction of employees.

2.1.3.9 Workload

Several studies have highlighted the harmful consequences of high workloads or work overload. Workload creates stress-can be defined as reluctance to come to work and a feeling of constant pressure accompanied by the general physiological, psychological, and behavioral stress symptoms (Rehman et al., 2012) also mentioned in his study that one of the six factors of occupational stress was pressure originating from workload; it had a relationship with employee's satisfaction. However, Rehman et al. (2012) concluded that workload is positively related with job satisfaction of employees. They further interpreted that this positive relationship was resulted from poverty; and employees demand extra work and they want to increase their income. This finding indicates that the relationship between workload and job satisfaction is dependent up on the compensation system a particular organization follows; and economical level of employees.

2.1.4 Demographic correlates of job satisfaction

2.1.4.1 Gender

The literature with respect to the relationship between gender and job satisfaction is inconsistent. Some studies report that women have higher job satisfaction, whereas other studies find that men are more satisfied, yet other studies find no significant difference between the genders.

According to (Coward et al 1995) female employees demonstrate higher levels of job satisfaction than their male counterparts across most work settings whereas (Al-Mashaan 2003) stated that male employees in comparison to female employees, reported higher levels of job satisfaction. This, he attributes to the better chances for employment men are argued to have, and opportunities to advance in their jobs at a more rapid pace than females. However,

Miller and Wheeler (1992) maintain that women are inclined to be less satisfied in their jobs because they tend to hold positions at lower levels in the organizational hierarchy where pay and promotion prospects are less attractive. Numerous studies across a variety of occupational settings have, however, found no significant gender differences in job satisfaction, despite the fact that women on average have inferior jobs in terms of pay, status, level of authority, and opportunities for promotion (Jones Johnson & Johnson, 2000).

2.1.4.2 Age

Regarding the relationship between age and job satisfaction of employees, majority of research suggests that older employees tend to experience higher levels of job satisfaction (Jones Johnson & Johnson, 2000).This difference may be attributed to better adjustment at work, better conditions and greater rewards at work. (Blood et al2002) also support the view that older respondents were more likely to report higher levels of job satisfaction than younger respondents.

In addition, it was argued that older workers are more comfortable and tolerant of authority and may learn to lower expectations for their jobs (Spector, 1997). Brush et al. (1987, cited in Blood et al., 2002) postulated that older workers may have jobs that use their skills better, work under better job conditions, benefit from advancements and promotions, and appreciate fringe benefits more than younger, less experienced workers.

2.1.4.3 Tenure

Tenure refers to the length of time for which the individual has worked for the organization (Lim et al., 1998). Research (Jones Johnson & Johnson, 2000) indicates that employees with longer tenure have a greater tendency to be satisfied with their jobs than employees with shorter tenure. Conversely,

Moreover, a study by Chambers (1999) established that employees with longer tenure were more satisfied with their work itself as well as their level of pay. From this it might be concluded that satisfaction increases with time and that those benefits that increase in time, such as security and experience, are likely to have an important influence on employee satisfaction. On the other hand, Lambert et al. (2001) concluded that an inverse relationship existed between tenure and job satisfaction.

The reason the literature is both inconsistent and inconclusive in this regard may be because the relationship between these variables depends on the specific organization and how tenure is viewed. In some organizations, senior employees are highly respected, while high tenure is viewed as a problem in other organizations.

2.1.4.5 Educational Level

The level of education and job satisfaction of employees is investigated by different scholars. According to Ting (1997), research is unequivocal with respect to the relationship between job satisfaction and educational level. Proponents (Saal& Knight, 1988) maintain that the relationship between education and job satisfaction is positive in nature.

2.2. Organizational Commitment

2.2.1. Definitions and Concepts of Organizational Commitment

Organizational commitment has emerged as an important construct in organizational research owing to its relationship with work-related constructs such as absenteeism, turnover, job satisfaction, job-involvement and leader-subordinate relations. Organizational commitment can be defined as the strength of an individual's identification with, and involvement in the organization (Allen & Meyer, 1997). Organizational commitment is distinguished from job satisfaction in that organizational commitment is the affective response to the whole organization, while job satisfaction is an immediate affective response to specific aspects of the job (Williams & Hazer, 1986).

According to (Mowday et al 1982) people who are committed are more likely to stay in an organization and work towards the organization's goals. Therefore, it is possible to say that organizational commitment is a useful tool to measure organizational effectiveness. According to Morrow (1993, cited in Meyer and Allen, 1997), "organizational commitment is a multidimensional construct that has the potential to predict outcomes such as performance, turnover, absenteeism, tenure and attainment of organizational goals."

Researchers have also viewed commitment as involving an exchange of behavior in return for valued rewards. According to (Scarpello and Ledvinka 1987), organizational commitment is the outcome of a matching process between the individual's job-related and vocational needs on the one hand and the organization's ability to satisfy these needs on the other.

2.2.2 Components of organizational commitment

Bussing (2002) identifies three sources of commitment: the instrumental, affective and normative source. Affective commitment emphasizes attachment to the organization; individuals put all their energy into their work, which is not expected of them. Whereas instrumental commitment focuses on the idea of exchange and continuance, and Normative commitment focuses on an employee's feelings of obligation to stay with an organization.

Bagraim (2003) stated that, although various multidimensional models of organizational commitment exist, the three models, which are proposed by (Allen and Meyer 1997), are widely accepted in organizational research. It includes: affective, continuance and normative commitment.

2.2.2.1 Affective Commitment

Affective organizational commitment is conceptualized as "an individual's attitude towards the organization, consisting of a strong belief in, and acceptance of, an organization's goals, willingness to exert considerable effort on behalf of the organization and a strong desire to maintain membership in the organization" (Mowday et al., 1982 cited in Eby et al., 1999).

Meyer and Allen (1984) defined affective commitment as the employee's "positive feelings of identification with, attachment, and involvement in the work organization." (Bagraim (2003) indicated that affective commitment develops if employees are able tomeet their expectations and fulfill their needs within the organization. It is an indication that affective commitment is associated with the employees' level of satisfaction.

Affective commitment results in employees staying within an organization because they want to; and according to (Meyer and Allen 1997), these employees will generally act in the organization's best interest and are less likely to leave the company. (Eisenberger et al 1986) stated that individuals expend different degrees of effort and maintain differing affective responses to an organization depending upon perceived commitment of an organization to an employee within the organization. Therefore, employees will exhibit organizational commitment in exchange for organizational support and rewards.

2.2.2.2 Continuance Commitment

Buitendach and de Witte (2005) posit the view that continuance commitment can be conceptualized as the tendency for employees to feel committed to their organization based on their perceptions of the associated costs of leaving the organization. Similarly, Meyer and Allen (1984) indicated that continuance commitment can be used to refer to anything of value that an individual may have invested (e.g. time, effort, and money) that would be lost to be deemed worthless at some perceived cost to the individual if he or she were to leave the organization. Such investments might include contributions to non-vested pension plans, development of organization specific skills or status, use of organizational benefits such as reduced mortgage rates and so on. The perceived cost of leaving may be exacerbated by a perceived lack of alternatives to replace or make up for the foregone investments.

Therefore, continuance commitment reflects the recognition of costs associated with leaving the organization, and anything that increases perceived costs can be considered as an antecedent.

2.2.2.3 Normative Commitment

Normative commitment can be conceptualized as the belief that "employees have a responsibility to their organization" (Bagraim, 2003). According to Bagraim (2003), employees experience normative commitment due to their internal belief that it is their duty to do so. Sparrow and Cooper (2003) put forward that normative commitment encompasses an employee's felt obligation and responsibility towards an organization and is based on feelings of loyalty and obligation.

Scholl (1982, cited in Meyer and Allen, 1991) also elaborated that normative commitment may also develop when an organization provides the employee with different rewards such as paying hospital tuition and costs associated with different job trainings. Recognition of these investments on the part of the organization may create an imbalance in the employee-organization relationship and cause employees to feel an obligation to reciprocate by committing themselves to the organization until the debt has been repaid.

Generally, organizational commitment is understood based on the aforementioned three dimensions. Because these components arise from quite different antecedents, and it is necessary to consider that these components have their own implications in an organization.

A number of job related and personal determinants have been associated with organizational commitment. Satisfaction with the different features of job and demographic/personal characteristics of employees are given due consideration in this study.

2.2.3. Demographic correlates of organizational commitment

There have been a number of studies that have investigated the personal correlates of organizational commitment. Characteristics such as age, tenure, educational level, and gender have been found to influence organizational commitment; and these variables are considered in this study too.

2.2.3.1 Organizational Commitment and Age

Concerning the relationship between age and organizational commitment, researchers (Meyer & Allen, 1997; and Luthans, 1992) support the view that the relationship between organizational commitment and age is significant. They indicated that older employees were more committed than younger ones. Still others postulate the idea that, as individuals become aged, alternative employment opportunities become limited, thereby making their current jobs more attractive (Mathieu &Zajac, 1990).

We can also hypothesize that older individuals may be more committed to their organizations because they have a stronger investment and a greater history with the organization while younger employees are generally likely to be more mobile and to have lower psychological and social investments in the organization. Again, the older employees become, the less willing they are to sacrifice the benefits and distinctive credits that are associated with seniority in the organization. As a result older employees may exhibit higher commitment to the organization. But, it is necessary keep in mind that there may be organizations in which older employees are excluded from different staff benefits causing dissatisfaction and less commitment.

2.2.3.2 Organizational Commitment and Tenure

The view that, tenure or the length of service in a particular organization has a significant relationship with employees' levels of commitment towards that organization is supported by different researchers. Researchers (Meyer & Allen, 1997) support the view that a positive relationship exists between organizational commitment and tenure. Similarly,

Some of the possible reasons for the positive relationship between tenure and organizational commitment (Lim et al., 1998) may be resulted from the reduction of employment opportunities and the increase in the personal investments that the individual has in the organization. This is likely to lead to an increase in the individual's psychological attachment to the organization. However, researchers such as (Luthans et al 1985, cited in Lim et al., 1998) failed to find support for the relationship between tenure and organizational commitment.

2.2.3.3 Organizational Commitment and Level of Education

The relationship between employee's educational level and organizational commitment was studied by different researchers and come up with different findings. (Luthans et al. 1987) indicated that majority of studies show an inverse relationship between organizational commitment and an individual's level of education.

Research maintains that the higher an employee's level of education, the lower that individual's level of organizational commitment (Mathieu &Zajac, 1990). It was further interpreted that the negative relationship may result from the fact that highly qualified employees have higher expectations that the organization may be unable to fulfill. However, Meyer and Allen (1997) indicated that the level of education does not seem to be consistently related to an employee's level of organizational commitment.

On the other hand, more educated individuals may also be more committed to their profession. As a result, it would become difficult for an organization to compete successfully for the psychological involvement of these employees, which leads to less organizational commitment (Mowday et al., 1982 cited in Ebey et al., 1999). However, there are researchers (Billingsley and

Cross, 1992;) failed to find support for a significant relationship between level of education and organizational commitment.

2.2.3.4 Organizational Commitment and Gender

Similarly with education, the influence of gender on organizational commitment remains unclear. It is indicated that the majority argument appears to be that women tend to be more committed to their employing organization than are their male counterparts (Mathieu &Zajac, 1990). Mathieu and Zajac (1990) indicated that women were more likely to report that they are proud to work for their organization, that their values and the company's values are similar, and that they would accept almost any job offered to them in order to remain with their current employer.

Several explanations have been offered to account for the greater commitment of female employees. Mowday et al. (1982, cited in Ebey et al., 1999) maintain that women generally have to overcome more barriers to attain their positions within the organization.

They concur that the effort required to enter the organization translates into higher commitment of female employees.

There are also researchers, however, failed to find support for a relationship between gender and organizational commitment (Billingsley & Cross, 1992). Tesfaye (2004) also failed to find a significant relationship between gender and organizational commitment of Healthcare professionals. It may, thus, be concluded that the relationship between sex and organizational commitment is inconsistent.

2.3. Empirical review

A number of previous researchers have reported mixed findings on the relationship between job satisfaction and organizational commitment of employees. For instance, Curry et al (1986) found no significant relationship between job satisfaction and organizational commitment. However, Mannheim et al. (1997) found that job satisfaction was a significant predictor of organizational commitment. It is also indicated that some researchers argued job satisfaction reflects immediate affective reactions to the job while commitment to the organization develops more slowly after

the individual forms more comprehensive evaluations of the employing organization, its values, and expectations and one's own future in it. Therefore, job satisfaction is seen as one of the determinants of organizational commitment (Mannheim et al., 1997). It is thus expected that highly satisfied workers will be more committed to the organization.

Different researchs has found a positive correlation between job satisfaction and organizational commitment (Mathieu & Zajac, 1990). Williams and Hazer (1986) found a direct link between job satisfaction and organizational commitment, whereby job satisfaction is an antecedent of organizational commitment. This thought process assumes that an employee's orientation toward a specific job precedes his or her orientation toward the entire organization.

Job satisfaction and organizational commitment have been shown to be positively related to performance (Benkhoff, 1997; Klein & Ritti, 1984), and negatively related to turnover (Clugston, 2000; Mathieu & Zajac, 1990) and turnover intent (Lum, Kervin, Clark, Reid & Sirola, 1998). The vast majority of research indicates a positive relationship between satisfaction and commitment (Aranya, Kushnir & Valency, 1986; Boshoff & Mels, 1995; Harrison & Hubbard, 1998; Johnston et al., 1990; Knoop, 1995; Kreitner & Kinicki, 1992; Morrison, 1997; Norris & Niebuhr, 1984; Ting, 1997) and their relationship has an influence on performance and turnover intent (Benkhoff, 1997; Clugston, 2000; Klein & Ritti, 1984; Lum, et al., 1998; Mathieu & Zajac, 1990).

Job satisfaction is one of the attitudinal constructs that has been shown to be related to organizational commitment (Steers, 1977), but its treatment as an independent construct should be emphasized. A number of factors distinguish job satisfaction from organizational commitment. Mowday et al., (1979) argue that organizational commitment is "more global, reflecting a general affective response to the organization as a whole" while job satisfaction "reflects one's response either to one's job or to certain aspects of one's job". Thus organizational commitment focuses on attachment to the employing organization as a whole, including the organization's goals and values, while job satisfaction focuses on the specific task environment where an employee performs his or her duties (Mowday et al., 1979).

Organizational commitment is less influenced by daily events than job satisfaction; it develops more slowly but consistently over time, and therefore is seen to be a more complex and enduring

construct (Mowday et al., 1979). Furthermore, job satisfaction and organizational commitment do not necessarily occur simultaneously: it is possible that an employee may exhibit high levels of job satisfaction without having a sense of attachment to, or obligation to remain in, the organization. Similarly, a highly committed employee may dislike the job he/she is doing (exhibiting low levels of job satisfaction) (McPhee & Townsend, 1992).

While generally research supports a positive association between commitment and satisfaction the causal ordering between these two variables remains both controversial and contradictory (Martin & Bennett, 1996). Kalleberg and Mastekaasa (2001) found that previous research on the relationship between job satisfaction and organizational commitment has not shown any consistent and easily reconcilable findings. Accordingly, Lincoln & Kalleberg (1990), Porter et al. (1974), and Tett and Meyer (1993) maintain that a satisfaction-to-commitment model assumes that satisfaction is a cause of commitment. A second commitment-to-satisfaction model holds that commitment contributes to an overall positive attitude toward the job (Tett & Meyer, 1993; Vandenberg & Lance, 1992).

Similarly, Aydogdu and Asikgil found that job satisfaction significantly and positively explain thevariance in organizational commitment. It means the variability in organizational commitment of employees were highly associated with their level of job satisfaction. Further, a number of researches suggested that job satisfaction plays a significant role in understanding of the effects of various antecedent constructs of commitment. Earlier studies investigated organizational commitment (Price and Mueller, 1981; Williams and Hazer, 1986; Taunton et al, 1989) suggested that the various antecedents of commitment are mediated through job satisfaction. For example, Williams and Hazer (1986) concluded that a number of variables such as age, pre-employment expectations, perceived job characteristics and leadership style, all influence organizational commitment via their effects on job satisfaction.

2.4. Summary

This chapter had provided an overview of job satisfaction and organizational commitment. Job satisfaction is defined in different words but almost similar meanings. Some others defined job satisfaction as one’s attitude towards the different dimensions of his/her job while others define it as the totality of feelings that employees form based on their evaluations of how much of their

needs fulfilled. Job satisfaction is considered as a complex construct and different scholars recommended the importance examining various issues in order to understand one's job satisfaction.

Different theories and models are available to form the constructs of job satisfaction in an organization. The most widely used theories to understand employees' job satisfaction are the content theories of satisfaction. In terms of content theorists, there is an emphasis on the type of goals and incentives that people endeavor to achieve in order to be satisfied and succeed on the job. For the purpose of this study, four content theories of job satisfaction are discussed in order to give a theoretical ground for the selected job features. Accordingly, nine featurs of job namely: recognition, pay, autonomy, promotion/growth opportunities, co-worker relation, work itself, workload, supervision, and physical environment and facilities are discussed considering their importance to understand job satisfaction of healthcare professionals in JUSH.

Though the theories discussed in this chapter differ in their classifications of the above dimensions, they all recognize the importance of these features in understanding employees' job satisfaction. For example: Maslow classified employees' needs in to five categories in a hierarchy starting from physiological needs to the last ladder comprises the need for self-actualization where employees seek to realize personal potential/growth and interested in fulfilling their potential; while Alderfer's theory is referred to as ERG theory and is based on the following three needs: existence, relatedness and growth. Existence is involved with providing individuals with their basic existence requirements and it subsumes the individual's physiological and safety needs. Relatedness is the desire to keep good interpersonal relationships, which Maslow labeled social and esteem needs. Growth needs are an intrinsic desire for personal development based on the self-actualization needs of Maslow. McClelland's needs theory also focuses on the need for achievement, power and affiliation. And the fourth Herzberg et al.'s two factor theory classify the job features into two categories saying 'motivator' referred as internal rewards (recognition, autonomy, achievement, the work itself, growth) and 'hygiene' factors refer to external rewards (such as facilities, pay, co-worker relation, supervision).

Moreover, different research findings are included into the literature to show the practical importance of the selected dimensions in understanding job satisfaction. Most of the reviewed studies showed that all the above dimensions have an influence on employees' level of satisfaction, though differences in their magnitude observed. Also, the findings related with the relationship between job satisfaction and demographic variables (age, sex, tenure, and level of education) found inconclusive.

The other important variable, organizational commitment is conceptualized as having three components (affective, continuance, and normative). Affective commitment according to Allen and Meyer is a result of one's' internal belief in the goals and values of an organization, and they call it 'desire based'. On the other hand, continuance commitment is 'cost based' and it indicates employees' decision to be committed considering the associated costs of leaving an organization. Normative commitment is defined as 'obligation based'. Though all these components are necessary, Allen and Meyer arranged these components of organizational commitment as affective, normative, and continuance according to their importance for an organization.

The reviewed studies in the area indicated that both job satisfaction and organizational commitment are important variables to understand and determine employees work behavior such as productivity, absenteeism, turnover, turnover intentions and the like. It is also indicated that there is a relationship between job satisfaction and organizational commitment of employees. But still there are discrepancies in the findings of the reviewed studies.

Since majority of the reviewed studies indicated that both job satisfaction and organizational commitments have a paramount effect on employees' work behavior and organizational success, it was reasonable to investigate towards these variables in order to be aware of healthcare professionals feelings about their job and the hospital as an organization. Then, it could be possible to suggest important measures to create favorable feelings.

Generally, this chapter gave an important overview of the variables related with job satisfaction and organizational commitment. Where corresponding local research based on the topic was obtained, it was integrated into the literature review.

2.5. Conceptual frame work

This section contains the conceptual framework for the study. As it is indicated earlier, the general objective of this study was examining healthcare professionals' satisfaction with the different aspects of job and their organizational commitment. To achieve this goal, the following conceptual framework was developed from the above review of literature on job satisfaction and organizational commitment of employees. Though, a number of different theoretical perspectives and models have been applied to employee satisfaction, this study mainly uses Herzberg et al.'s Two Factor Theory of Needs, Maslow's Needs Hierarchy Theory, Alderfer's ERG Theory, and Mcclelland's Theory of Needs as a theoretical ground. The one among these theories, Herzberg et al.'s two factor theory categorized man's work needs as follows: achievement, promotion, autonomy, recognition and work itself; they called them 'the motivating factors' whereas the hygiene factors are pay/salary, job security, working conditions, policy and administration, supervision and interpersonal relationships. Though the above theories have their own distinct approaches to satisfaction, this study was not intended to check their approaches. Rather, the selected areas of needs from the above theories formed the components of job satisfaction in this study.

In addition to the features of job selected based on the aforementioned theories and research findings, selected demographic characteristics of employee's are included in the model since they have exhibited significant correlation with job satisfaction and organizational commitment in some of the reviewed studies.

First, attempt was made to identify factors assumed to contribute for job satisfaction of healthcare professionals. The factors found in the reviewed studies were organized into two broad categories. These are: (a) Work and work environment related factors namely: work itself, pay, recognition, opportunities for promotion/growth, supervision, co-worker relation, physical environment, workload, and autonomy; and (b) demographic characteristics of healthcare professionals such as age, gender, educational level, and tenure. In addition, the three model conceptualization of organizational commitment namely: affective, continuance, and normative commitment developed by Allen and Meyer (1997) was used to determine how much healthcare

professionals identify themselves with JUSH and its goals, and wishes to maintain membership in the hospital. Then, a causal link was established between overall job satisfaction and organizational commitment of healthcare professionals based on the findings of previous studies.

The following major features of job and demographic characteristics that became the domain were identified. These include: (1) work itself, (2) pay, (3) recognition, (4) Promotion/growth opportunities, (5) supervision, (6) co-worker relation, (7) autonomy, (8) physical environment and facilities, (9) workload, (10) gender, (11) tenure, (12) age, (13) educational level, (14) affective commitment, (15) continuance commitment, and (16)normative commitment.

Each feature is assumed to have causal relationship with overall job satisfaction; and the other underlying assumption was that overall job satisfaction leads to organizational commitment. This framework assumes that if a healthcare professional is satisfied with the selected aspects of his or her job, the decision is often made to be a committed one for the institution. If a healthcare professional is not satisfied with these aspects of his/her job, the decision is often made to become not committed for the hospital.

Therefore, the relationships between the factors/job-features and overall job satisfaction; and healthcare professional's overall job satisfaction and organizational commitment are the theoretical framework in this study.

In line with majority of the above studies, this proposed model (Figure 1) logically tests overall job satisfaction as an important correlate of organizational commitment.

Figure 1: conceptual frame work

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CHAPTER THREE
RESEARCH DESIGN AND METHODS

This chapter provides an outline of the research methods and procedures employed in the investigation of healthcare professionals' job satisfaction and organizational commitment in Jimma University Specialized Hospital. The selection of study population, data collection instruments, procedures of data collection, and the analysis techniques utilized relating to the research are described.

3.1. Research Design

According to (Kothari 2004; Selltiz 1962; Sidhu 1985) a research design is the arrangement of conditions for the collection and analysis of data in a manner that aims to combine relevance to the research purpose with economy in procedure. It is a blue print for the data collection, measurement and analysis of data.

In order to address the research questions and objectives mentioned in chapter one, explanatory design was employed in order to explain the existing facts. For such design a quantitative approach was used in order to provide more reliable and informative data generating through careful and scientific manner.

3.2. Source & Type of Data

Primary data sources had been used for this study. Primary data were sourced from the JUSH through the use of self-administered questionnaire.

3.3. Sampling Design

A sample design is a definite plan for obtaining a sample from a given population. It refers to the technique or the procedure the researcher would adopt in selecting items for the sample (Kothari, 2004). Sampling design is determined before any data are collected and it includes the target population, sample size and sampling technique.

3.3.1. Target Population

Marczyk et al (2005) defined a population as encompassing "the total collection of all members, cases or elements about which the researcher wishes to draw conclusions." The population for this research included healthcare professionals from Jimma University Specialized Hospital. To achieve the intended objectives of the study, all healthcare professionals of five different main departments in Jimma University Specialized Hospital in the year 2016/2017 were consider as the target population of the study which are medical doctors, anesthetist, lab technicians, nurses and pharmacist. Thus the total number of healthcare professionals found in the hospital was about 488.

Table 1: Total number of professionals in each department

Department	Male	Female	Total	Proportion to the total population
Doctors	42	5	47	9.6%
Nurses	150	162	312	63.9%
Anesthetist	10	4	14	2.9%
Lab technicians	39	18	57	11.7%
Pharmacists	38	20	58	11.9%
Total	279	209	488	

Source: Jimma University Specialized Hospital

Table 1 shows that the number of healthcare professionals in different department. 9.6% of the total population is doctors, 63.9% were nurses, 2.9% were anesthetists, 11.7% were lab technicians and the rest 11.9% were pharmacists. Accordingly the sample was taken using proportional random sampling.

3.3.2. Sample size

Due to resource, manageability, time and cost constraints, it is difficult to address all JUSH staffs. Thus, the sample size is determined based on the Krejcie & Morgan's (1970), sample size formula for finite population. The student researcher has applied a confidence level of 95% with a confidence interval (more commonly referred to as a margin of error) of $\pm$ 5 points which is

defaulted to the most commonly used references. Accordingly, the sample size of the study was 215 respondents using the following formulas;

$$S = \frac{X^2 NP(1-P)}{D^2(N-1) + X^2 P(1-P)}$$

Where:

S: required sample size.

X = Z value (1.96 for 95% confidence level)

X^2 = the table value of chi-square for 1 degree of freedom at the desired confidence level $(1.96)^2=3.841$

P= the population proportion (assumed to be 0.5 since this would provide the maximum sample size)

N= the population size

d= the degree of accuracy expressed as a proportion (0.05)

$$S = \frac{3.841*488*0.5(1-0.5)}{0.05^2(488-1) + 3.841^2*0.5(1-0.5)}$$

$$= \underline{\underline{\mathbf{215}}}$$

Thus, based on the above formula and other online sample size calculators, sample size of the study was 215 respondents i.e. 44% of the total population.

3.3.3. Sampling Technique

After having the above sample survey size, the next step is to define techniques of sampling, i.e. the way how those sample respondents are going to be selected and for this purpose the probability sampling method was applied in order to give each element a known probability of being included in the sample. It involves selection of every k^{th} element in the sampling frame where k is the ratio between number of elements in the population and the sample size.

According to (Kothari 2004; Selltiz 1962) if a population from which a sample is to be drawn does not constitute a homogeneous group, stratified sampling technique is generally applied in order to obtain a representative sample. Under stratified sampling the population is divided into

several sub-populations that are individually more homogeneous than the total population (the different sub-populations called 'strata') and then items are selected from each stratum to constitute a sample. Similarly, for this study due to the population from which a sample is to be drawn does not constitute a homogeneous group, i.e. there are 5 different professions among healthcare professionals in JUSH which have different characteristics and natures and then stratified sampling technique has been applied which creates more homogeneity than the total population so as to obtain a representative sample.

In this study the total number of population, i.e. total number of are 488 which are found under 5 different departments. Therefore, in order to give equal chance for all departments, the student researcher had used each department as a stratum and this population was stratified in to 5 strata (Doctors, Nurses, Anesthetists, Lab technicians and Pharmacists). Thus the number of items to be selected from each stratum is made proportionate to the relative size of that stratum and this is explained through the use of the stratified sample formula.

Sample size of the stratum = size of entire sample / population size * layer size

After having strata and total number of respondents in each stratum which is shown in the above table 3.1, through the use of the previously mentioned formula; sample size of each stratum was determined accordingly.

Table 2: Determination of sample size by department

Strata	Total No. of professionals in the strata	Sample taken from the strata
Doctors	47	215/488*47= 21
Nurses	312	215/488*312= 137
Anesthetist	14	215/488*14= 6
Lab technicians	57	215/488*57= 25
Pharmacists	58	215/488*58= 26
Total	**488**	**215**

Source: Own computation based on the JUSH data's.

As it is shown in the above table 3.2 the sample size was made proportional to the strata and accordingly; 21 medical doctors, 137 nurses, 6 anesthetists, 25 lab technician and 26 pharmacists were taken as a sample from the strata.

Once the Sample size of each stratum is determined, the next step is to decide on which sampling technique to use on each stratum. According to Kothari (2004), the most practical way of sampling is to select every i^{th} item on a list. Sampling of this type is known as systematic sampling. Therefore, for this study systematic sampling technique in each stratum was adopted to select the survey participants. In order to use this technique the first thing that had been done is to list down the professionals in each stratum and select every i^{th} item on a list.

This is to mean that, for the first strata i.e. Doctors, the sample size allotted for the Doctors are 21 and total number of population in the doctor strata is 47. By dividing the total population of doctors to the sample size allotted for the doctors the ith item on a list is known, i.e. 47/21= 2.2 which means sample had selected at fixed intervals with approximately every second item from the list was automatically included in the sample and the first unit was selected randomly. The same formula was applied for the rest of all strata until 215 respondents were reached.

3.4. Data Collection Instruments and Its Administration

The primary data required for this study was collected using self-administered questionnaires for healthcare professionals in Jimma University Specialized Hospital. For the self-administered questionnaire, only close-ended questions were developed.

The questionnaire incorporates nine sub-scales for job satisfaction (recognition, pay, co-worker relation, promotion, autonomy, physical environment and facilities, workload, supervision and work itself); and three components of organizational commitment (affective, continuance, and normative).

3.4.1. Questionnaire Preparation

Various items of Job Satisfaction and Organizational Commitment questionnaires were used. Since the concepts of job satisfaction and organizational commitment are complex to measure,

attempts were made to assure the inclusion of the different dimensions of job satisfaction and organizational commitment based on theory and previous studies.

3.4.1.1. Job Satisfaction Questionnaire

Job satisfaction was measured using job satisfaction questionnaire that assesses nine dimensions of job; which includes recognition, pay, co-worker relation, autonomy, work itself, promotion opportunities, workload, supervision, and physical environment and facilities.

The items included in the questionnaire were a 5-point scale (1 = strongly disagree, 5 = strongly agree). Though there are no specific cut scores that determine whether an individual is satisfied or dissatisfied, in other words, we cannot confidently conclude that there is a particular score that is the dividing line between satisfaction and dissatisfaction. However, Spector (1994) indicated that where there is a need to draw conclusions about satisfaction versus dissatisfaction for samples or individuals, two approaches can be used. The first one is the normative approach in which one's level of satisfaction is described in comparison to others in the sample; and the second approach is the absolute approach in which numbers are arbitrarily assigned to represent dissatisfaction versus satisfaction.

Therefore, given the job satisfaction questionnaire in this study uses 5-point likert's scale (strongly agree=5, Agree=4, Neutral=3, Disagree =2, and strongly disagree =1), we can assume that agreement with positively-worded items and disagreement with negatively-worded items would represent satisfaction, whereas disagreement with positive-worded items; and agreement with negative-worded items represents dissatisfaction. Hence, the mean score (after the negatively worded items are reveres coded) less than three represents 'dissatisfaction' (slightly dissatisfied to strongly dissatisfied) while a mean score above three is considered as 'satisfaction' (slightly satisfied to strongly satisfy). The mean score equal to three indicates 'neither satisfied nor dissatisfied' in this study. A similar approach was employed to analyze the organizational commitment scales.

A five-point Likert type scale (1 = *strongly Disagree, 2 = Disagree, 3 = neutral, 4 =Agree,* and 5 = *Strongly Agree*) was used. There were reverse scored items in the Job Satisfaction

Questionnaire such as 'My pay is low compared to what others get for a similar work in other institutions'. These items were reverse coded when entering the data.

The instrument was pilot tested on a randomly selected thirty five healthcare professionals; and the resulting Cronbach Alpha testing will be used as it is the most well accepted reliability test tools applied by social researcher (Sekaran, 2006). In Cronbach's Alpha reliability analysis, the closer Cronbach's Alpha to 1.0, the higher the internal consistency reliability.(Cronbach's Alpha; Cronbach, 1946).

Table 3: Reliability Coefficients for the Sub-scales in Job Satisfaction Questionnaire

Dimensions	No of items	Cronbach's Alpha
Co-worker relation	4	.91
Promotion and growth	6	.87
Recognition	5	.85
Physical environment & facilities	3	.84
Supervision	5	.84
Work itself	4	.82
Autonomy	4	.80
Pay	4	.75
Workload	5	.71
Total	**40**	**.82**

3.4.1.2. Organizational Commitment Questionnaire

Organizational commitment was operationalized using Meyer and Allen's (1997) organizational commitment scale (OCS). The original instrument was prepared to measure the extent to which employees are committed to the employing organization and was adapted to the specific purpose. The scale measures three distinct dimensions of commitment - affective commitment (AC), continuance commitment (CC), and normative commitment (NC).

A five-point Likert type scale (1 = "Strongly Disagree" and 5 = "Strongly Agree") was used. There were reverse scored items in the Organizational Commitment Questionnaire such as 'I do

not feel like part of the family in the hospital'. These items were reverse coded when entering the data. A mean score was determined for the items matching the three dimensions of the Organizational Commitment Questionnaire. The organizational commitment questionnaire was pilot tested on thirty five healthcare professionals; and the resulting Cronbach's alpha values of the current study were .95 for affective commitment, .73 for Continuance Commitment, .71 for Normative Commitment, and .87 for total Organizational Commitment.

- Affective Commitment was measured by 6 items: A sample item for affective commitment was 'I feel a strong sense of belonging to the hospital'
- Continuance Commitment was measured by 3 items: A sample item for continuance commitment was 'It would be very hard for me to leave this hospital right now, even if I wanted to'.
- Normative Commitment was measured by 4 items: A sample item for normative commitment was 'I would feel guilty if I left the hospital now.'

3.4.2. Reliability and Validity of the Questionnaire

According to Marczyk et al 2005, a consideration of the psychometric property (validity and reliability) is always an essential first step. The authors also indicated that the reliability and validity of measurements can be maximized through different techniques. The research started with a wide-ranging review of the literature. The Herzberg's two factor Theory, Maslow's Hierarchy of Needs, Alderfer's ERG Theory, and Mcclelland's Theory of Needs mentioned in the literature, were considered to be a good theoretical support to identify the sub-scales in job satisfaction questionnaire: recognition, payments, supervision, promotion/growth opportunities, workload, co-worker relations, work itself, autonomy, and physical environment and facilities. Then, items were adapted from Allen and Meyer's three model conceptualization of organizational commitment were adapted to assess healthcare professionals feeling towards JUSH.

Finally, 59 items for job satisfaction and 23 items for organizational commitment were pilot tested on randomly selected 35 healthcare professionals to see the reliability of the questionnaire. The resulting Chronbach's alpha coefficients for job satisfaction questionnaire ranged between

0.71 and 0.91; and 0.71 to 0.87 for organizational commitment sub-scales. The pilot test also helped to improve ambiguous item and improve the questionnaire.

To achieve the purpose of this study, data were collected from 191 respondents which make up the response rate 89%. This commendable response rate was attributed to the data collection procedure, where the student researcher personally administered the respondents and questionnaires in order to get the required and necessary data. Together with the JUSH administration office, the student researcher employ its maximum effort on those respondents by making brief description about the study and the ethical consideration issue, after that once those respondents get clear idea they were confident and ready to participate. In addition, since respondents from each stratum were selected at a fixed interval i.e. every second item, when those selected respondents are not willing to participate or not available in the area, substitution of respondent by other was done.

Finally, at the time of respondent's filling those questionnaires, close follow up by the student researcher was there to help respondents. Therefore, the overall follow up of the respondents results on the willingness of the respondents to participate in the study and responded as needed.

3.5. Data Processing and Analysis Techniques

3.5.1. Data Processing

After questionnaires were collected it must be arranged because out of all received questionnaires some of them are useful and others not and therefore in this step, these received questionnaires must be edited, coded and classified.

3.5.1.1. Editing

The purpose of editing is that careful inspection of all collected questionnaires to produce completeness and error-free information. After data were collected, to detect errors and omissions, to assure that the data are accurate, uniformly entered, as completed as possible and to facilitate coding, classification and editing of those collected questionnaires was done.

3.5.1.2. Coding

Coding refers to the process of assigning numerals or other symbols to answers so that responses can be put into a limited number of categories or classes. For the purpose of this study, questions and responses were coded to facilitate the use of SPSS software that was used for the analysis.

3.5.1.3. Classification

Most of the time research studies result in a large volume of raw data which must be reduced in to homogeneous groups in order to get meaningful relationships. This fact necessitates the classification of data which happens to be the process of arranging data in groups or classes on the basis of common characteristics. Data having a common characteristic are placed in one class and in this way the entire data get divided into a number of groups or classes.

In this study the collected responses were divided into different departments that have been previously used as strata. This classification helps that to check data's are collected in accordance to the sample response required in each category.

3.5.2. Data Analysis Techniques

According to Kothari (2004) Data Analysis is categorized as descriptive analysis and inferential analysis (often known as statistical analysis). Descriptive analysis is largely the study of distributions of one variable and allows the researcher to describe the data and examine relationships between variables. On the other hand, inferential analysis/statistical analysis concerned with the various tests of significance for testing hypotheses or research questions to indicate some conclusions. In order to achieve the purpose of this study, both the descriptive and inferential analysis had been used. Descriptive analysis was applied to describe the data and examine relationships between variables. In addition, the inferential analysis helped the student researcher to answer research question and examine causal relationships of variables to generalize the findings resulted from sample to the population.

Descriptive statistics: the mean, median, standard deviation, histogram, and percentages applied to determine the current level of job satisfaction and organizational commitment of healthcare professionals. Also, scatter plots were employed to check the data for statistical assumptions.

Pearson's correlation (zero-order) and Partial correlation: To determine the relationships among the study variables. In both zero-order and partial correlations, the effect size for correlation coefficients interpreted based on Cohen's (1988) conventions. Cohen (1988 cited in Hinton, 2004) suggested a correlation coefficient of .10 is thought to represent a weak or small association; a correlation coefficient of .30 is considered a moderate correlation; and a correlation coefficient of .50 or larger is thought to represent a strong or large correlation.

Multiple Regressions: is conducted to examine which among the three dimensions in independent variables is the most important in explaining the relationship between organizational commitment and job satisfaction among employees.

Finally, the analyses were done with the help of Statistical Packages for Social Sciences (SPSS) version 19. After the data were coded, entered and cleaned, different statistical methods were employed accordingly with the research questions.

3.6. Ethical Consideration

The study gives due consideration to ethical issues such as confidentiality and anonymity. In order to keep those issues at each stage of conducting this study the student researcher had been using the plagiarism checker not to copy others work.

For the purpose of this study at the time of data collection the student researcher had only collect and gathers those data's and information after getting full permission of the office. In addition to that the student researcher had been making sure that those data's obtained to be kept confidential and not be given to the third party.

In order to make the study ethically acceptable, an attempt was made to first explain the objectives and significance of the study to the JUSH administration office and respondents. The subject also assured that their responses would be used for the purpose of the study and therefore would be kept confidential.

Moreover, respondents were assured that their identity would be anonymous and this was also mentioned in the opening letter accompanying the questionnaire. The respondents had expressed their informed consent by filling in the questionnaire and return it.

Finally, after the final study is completed, a copy of the study was given for the JUSH administration office to let them know about the study and for their further action.

CHAPTER FOUR
RESULT AND DISCUSSION

The main objective of this study was to investigate the job satisfaction and organizational commitment of healthcare professionals in Jimma University Specialized Hospital. Accordingly, different questions were raised and the results obtained from the data are presented in this chapter. The analysis and presentation of the data is categorized into three parts. The first part deals with the descriptive statistics for the variables in the survey and can be viewed in Tables 3 up to 9. Then, the relationships among the study variables are presented in Tables 10 up to 13. Finally the multiple regression results are presented.

4.1. Profile of Respondents

Seventy six (39.8%) of respondents were female while one hundred fifteen (60.2%) were male. One hundred fifteen of the respondents belong to the 20-30 years age group (60.2%), forty nine (25.5%) are 31 to 40 years age group, 51 to 60 years above age group are twenty one(10.9%), 41 to 50 years age group are six (3.4%) . The result show that one hundred four (54.7%) of respondents are single.

Seventy eight have Bachelor's Degree (40.8%), fifty seven (29.8%) Diploma holders, sixteen (8.4%) of the respondents have specialty, ten (5.2%) of the respondents have Master's Degree, seven (3.6%) respondents have PhD, twenty respondents are medical doctor (MD)/ general practitioners (10.6%) and 3 (1.6%) of the respondents have sub-specialty as their highest educational level of qualifications.

Fifty four (28.4%) have served less than a year, forty eight (24.9%) for 1 to 3 years, forty five (23.8%) for 3 to 6, twenty seven (14.3%) for 6 to 9 years, thirteen (6.6%) for 9 to 12 years and four (2%) for more than 12 years.

Table 4: Profile of Respondents

		Frequency N = 119	Percent (%)
Gender	Male	115	60.2
	Female	76	39.8
Age	20 years to 30 years	115	60.2
	31 years to 40 years	49	25.5
	41 years to 50 years	21	3.4
	51 years to 60 years	6	10.9
Education	Sub specialty	3	1.6
	Specialty	16	8.4
	MD	20	10.6
	Diploma	57	29.8
	Degree	78	40.8
	Masters	10	5.2
	PhD	7	3.6
Length of Service	Less than 1 year	54	28.4
	1 to 3 years	48	24.9
	3 to 6 years	45	23.8
	6 to 9 years	27	14.3
	9 to 12 years	13	6.6
	More than 12 years	4	2

4.2. Descriptive Results

This section presents the results of descriptive statistics. Accordingly, Healthcare professionals' overall job satisfaction, satisfaction on the separate dimensions of job, and organizational commitment has been described from the sample as well as by sex and level of education.

4.2.1. Healthcare professionals' Job satisfaction in JUSH.

In order to examine healthcare professionals' feelings about the favorableness of their job, a self-reporting questionnaire including nine features of job were employed. The data collected were organized in such a way that indicates healthcare professionals' level of satisfaction in each facet and their overall job satisfaction.

4.2.1.1. Healthcare professionals' Overall Job Satisfaction.

Healthcare professionals' overall job satisfaction in this study indicates their aggregate scores in the selected nine features of job, and divided by the number of items in the job satisfaction questionnaire. Therefore, the overall job satisfaction of healthcare professionals ranged between 1 and five. Table 5 presents the summary of healthcare professionals' overall job satisfaction in JUSH. Table 5 below is the mean, standard deviations, minimum, and maximum scores for the study sample in relation to overall job satisfaction.

Table 5: Summary of Healthcare professionals' Overall Job Satisfaction

	N	Minimum	Maximum	Mean	Std. Deviation	Skewness	
	Statistic	Statistic	Statistic	Statistic	Statistic	Statistic	Std. Error
JOBSATISFACTION	191	1	3	2.54	.29367	-.096	.176
Valid N (listwise)	191						

Though there are no specific cut for scores that determine whether an individual is satisfied or dissatisfied, Spector (1994) indicated that where there is a need to draw conclusions about satisfaction versus dissatisfaction for samples or individuals, two approaches can be used. The first one is the normative approach in which one's level of satisfaction is described in

comparison to others in the sample; and the second approach is the absolute approach in which numbers are arbitrarily assigned to represent dissatisfaction versus satisfaction.

Therefore, using the job satisfaction questionnaire in this study uses 5-point Likert's scale) we can assume that agreement with positively-worded items and disagreement with negatively-worded items would represent satisfaction, whereas disagreement with positive-worded items; and agreement with negative-worded items represents dissatisfaction. Hence, the mean (after the negatively worded items are reveres coded) is less than three represents 'dissatisfaction' (slightly dissatisfied to strongly dissatisfied) while a mean is above three it is considered as 'satisfaction' (slightly satisfied to strongly satisfied). The mean score equal to three indicates 'neither satisfied nor dissatisfied' in this study. It can be seen from the above Table that the mean score for overall job satisfaction (Mean=2.54) is slightly lower than the boundary (*neither satisfied nor dissatisfied*) at which healthcare professionals gave their responses undecidedly. This mean score is an indication that not all but a large number of healthcare professionals reported a very slight dissatisfaction, inclined to undecided. Healthcare professionals in the hospital felt that their needs are not responded as well. In addition, the cumulative percentile in about 51.3% of the samples job satisfaction scores fallen below 3(considered as neither satisfied nor dissatisfied in this study). It means a more than half of the healthcare professionals in the study feel dissatisfied.

On the other hand, about 47.6% of healthcare professionals' job satisfaction scores were at the boundary which is indicating ambivalent about their satisfaction in their job.

Healthcare professionals with the mean score between 1.00-1.66= highly dissatisfied, 1.67-2.32=moderately dissatisfied, 2.33-2.99 = slightly dissatisfied, 3= ambivalent (neither satisfied nor dissatisfied), 3.01-3.66 = slightly satisfied, 3.67- 4.33 = moderately satisfied, and scores equal or above 4.34 were categorized as highly satisfied. On the basis of this categorization; it is found that 66.9% of healthcare professionals were slightly dissatisfied, 24.1% moderately dissatisfied, 7.9% of healthcare professionals reported ambivalent, and only 1.1% of healthcare professionals who participated in the study are slightly satisfied.

The other descriptive statistics presented in Table 5 above is skew ness, which indicates the distribution of job satisfaction scores. The skew ness -0.096 shows that the job satisfaction scores were a little bit skewed to the left; that is a large number of scores found extremely below the mean score 2.54. The skewness parameter indicated that the job satisfaction scores were

normally distributed and can be used for further analysis. The histogram in Figure 3 also evidenced the normality of the distribution.

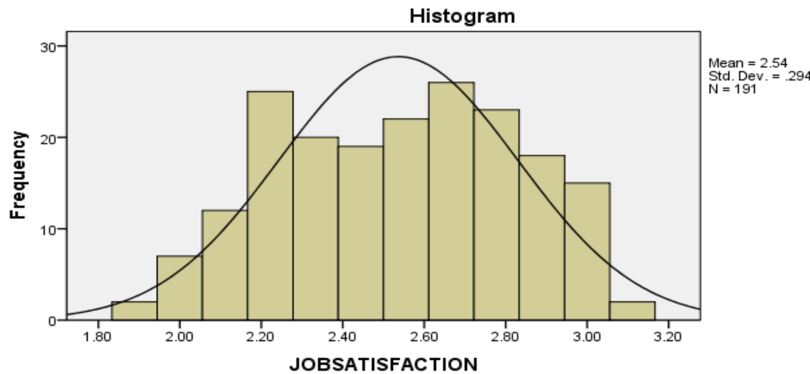

Fig. 2: A Histogram showing the distribution of Job satisfaction scores in JUSH

The histograms above shows how the job satisfaction scores were distributed along the normal curve with a standard deviation of .294 and mean 2.54.

This is an important area of research because job satisfaction is correlated to enhanced job performance, positive work values, high levels of employee motivation, and lower rates of absenteeism, turnover and burnout (Begley &Czajka, 1993). Locke (1976, cited in Sempane, Rieger, and Roodt, 2002:23) defined job satisfaction as "a pleasurable or a positive emotional state resulting from the appraisal of one's job or job experience." Job satisfaction can be viewed as an employees' observation of how well their work presents those things which are important to them. Simply put, job satisfaction is an attitude, people have about their jobs.

As it is stated on the above paragraph, previous studies observed how job satisfaction interrelate with different behaviors of an employee and inject for the attainment of organizational goals. This is true in public healthcare centers and hospitals too, which are the corner stone in developing bright and heath generation and responsible in producing a skilled man power in the healthcare sector. So that, healthcare professionals' job satisfaction in Jimma University Specialized Hospital was examined assuming that understanding their attitude towards their job has an important input for the betterment of healthcare professionals' satisfaction where by improving their performance and their students learning.

Two approaches are available in the literature to conclude about employees' level of satisfaction. The first one is the normative approach in which one's level of satisfaction is described in

comparison to others in the sample; and the second approach is the absolute approach in which numbers are arbitrarily assigned to represent dissatisfaction versus satisfaction. Therefore, given the job satisfaction questionnaire in this study uses 5-point likert's scale (strongly agree=5, Agree=4, Undecided=3, Disagree =2, and strongly disagree =1) we can assume that agreement with positively-worded items and disagreement with negatively-worded items would represent satisfaction, whereas disagreement with positive-worded items; and agreement with negative-worded items represents dissatisfaction. Hence, the mean score (after the negatively worded items are reveres coded) less than three represents 'dissatisfaction' (slightly dissatisfied to strongly dissatisfied) while a mean score above three is considered as 'satisfaction' (slightly satisfied to strongly satisfied). The mean score equal to three indicates 'neither satisfied nor dissatisfied' in this study.

On the basis of this assumption, it can be seen from the analysis in chapter four, Table 4 that the mean score for overall job satisfaction (Mean=2.54, Standard Deviation = 0.29) is slightly lower than the boundary/ neither satisfied nor dissatisfied; at which healthcare professionals gave their responses ambivalently. This average score is very low to say healthcare professionals in the hospital have good feelings towards their job. It is an indication that not all but a significant number of healthcare professionals reported their unfavorable feelings about the job. More specifically, about 51.6% of the respondent's job satisfaction score fallen below 3(considered as neither satisfied nor dissatisfied in this study). It means a considerable number of respondent's feel dissatisfied. These amounts of unsatisfied reports might have a negative influence on the attainment of organizational goals in the hospital. Healthcare professionals have difficulties in meeting the needs of patients, if their own needs are not met. Previous studies in the job satisfaction asserted that healthcare professional's satisfaction in their jobs would determine the quality of the service delivery for their respective communities (Haas JS and et al 2000)

Also the histogram in Fig. 3 indicated that the majority of job satisfaction scores found to the left side of mean 2.54. It's difficult to satisfy all professionals with the limited resource provided by the federal government. But this dissatisfaction will grow and cost a lot the hospital because the dissatisfaction of healthcare professionals mostly exhibited by leaving the hospital.

Because job satisfaction may be an indicator of whether individuals: will be affectively connected to an institution, will merely comply with directives, or will quit (Ma & Macmillan, 1999), principals ought to have some understanding of the factors that influence healthcare

professionals' satisfaction with their work lives and the impact this satisfaction has on patients quality of service and students learning. Dissatisfaction with the work is directly reflected by the poor output of the organizations (MacDermid JC 2008). Results of another study confirmed the contribution of emotional demands to prediction of emotional exhaustion and their effects on job satisfaction levels [Martinez-Inigo 2009]. Numerous studies conducted among healthcare professionals point to the importance of the interpersonal relationships in job satisfaction, and that it is likely to increase the client safety, improved quality of care and greater client satisfaction. So that, it is very crucial to understand that organizations can influence service quality by influencing healthcare professionals' performance via job satisfaction.

Generally, the job satisfactions of healthcare professionals in JUSH were very low, putting their performance under question mark. It is obvious that the primary aim of the hospital is training healthcare professionals who have the necessary skills and attributes to serve the society. In order to achieve the predefined goal, the role of healthcare professionals who are satisfied with their job is crucial. Different studies indicated that employees who are satisfied with their job are more likely to perform better at work. If so, it is necessary to recognize that healthcare professionals' unfavorable feelings towards their job can retard their performance. As a result, it may be impossible to move towards the desired quality of trainees in the hospital.

4.1.1.2. Healthcare professionals' Satisfaction in each Feature of Job.

Since the first goal of this study was to study healthcare professionals' satisfaction through feature approach, which is suitable for further intervention, Table 6 presents healthcare professionals' level of satisfaction in each selected facet of job. This Table indicates that the mean satisfaction with the selected dimensions of job ranged between 2.74 for *payment/compensation* and 3.81 for *work itself*. These dimensions are arranged in a decreasing order based on their mean scores. In the first six out of nine selected featurs of job, the mean score is found to be above the boundary (neither satisfied nor dissatisfied). The highest satisfaction was reported in the *work itself* (mean=3.81) followed by *co-worker relation (mean*=3.61), *supervision* (mean=3.44), and *autonomy* (mean=3.22). Also the mean scores in *promotion* and *recognition* were very slightly above the boundary. Healthcare professionals' meansatisfaction with the remaining three dimensions namely *pay, workload*, and *physicalenvironment & facilities* were below the boundary indicating dissatisfaction.

Healthcare professionals in the hospital were moderately satisfied with the work itself while they were slightly satisfied with their relationships with co-workers, their interaction with supervisors, and the extent to which the job gives them autonomy. Also healthcare professionals were very slightly satisfied with promotion and the recognition that they received from the hospital. Moreover, the mean scores indicated that healthcare professionals were dissatisfied with physical environment & facilities, workload, and compensation systems.

Table 6: Summary of Healthcare professionals' Satisfaction in Each Aspect of Job

Feature	N	Min	Max	Mean	Std. Dev.	% below 3
Recognition	191	1	5	2.28	1.140	71.2
Pay	191	1	3	1.79	.724	82.1
Promotion	191	2	4	2.59	.554	44.5
Coworker	191	2	5	3.62	.653	1
Supervision	191	1	3	2.41	.633	51.3
Physical Environment	191	2	4	2.82	.986	59.2
Autonomy	191	1	3	2.21	.834	52.3
Work Itself	191	1	5	2.30	.864	63.3
Workload	191	1	5	2.81	1.159	40.3
Valid N (list wise)	191					

To understand healthcare professionals' level of satisfaction in each dimension of their job, mean and percentage are used. As it has been seen in table 5 the apart coworkers every feature of job satisfaction's mean is below three, it means this shows that there is a clear dissatisfaction in every features of job satisfaction. To show how many participants express dissatisfaction the percentage of healthcare professionals who were express their dissatisfaction were employed. Large number of respondents replays below three on *pay* (82.1 %). There is a satisfaction or undecided respond on *coworkers* (1%) which shows that 99% of healthcare professionals in JUSH satisfied or undecided on satisfaction concerning their colleagues. In the other hand percent of *promotion* and *work load* shows that most of the respondents either slightly satisfied or undecided (44.5% & 40.3% respectively). The rest of job satisfaction features shows that healthcare professionals express their dissatisfaction *recognition(71.2%)*, *physical environment*

facilities (59.2%), supervision(51.3%), autonomy(52.3%, work itself 63.3%). Generally from the mean and the percentile below three there is dissatisfaction among healthcare professionals who are participated in the study.

The importance of using the feature approach to measure job satisfaction is that it allows understanding the areas to which healthcare professionals feel satisfied and/or dissatisfied; and take measures accordingly. Keeping this in mind, nine selected dimensions were used to measure healthcare professionals' job satisfaction in JUSH. The entire features are discussed below starting from the *work itself* in which healthcare professionals reported moderate satisfaction to the most dissatisfying aspect (pay/compensation) of job in JUSH.

i. Satisfaction with the Work itself.

The mean score for work itself was (Mean=2.30). It implies that healthcare professionals were relatively satisfied with the nature of the work that they were doing though it was not to the expected level. A relatively higher proportion (63.3%) of healthcare professionals reported that they were dissatisfied with the nature of the work that they were doing. Only (36.7%) were satisfied with their work. Though, (63.3%) of healthcare professionals reported their unfavorable feelings about the work itself, it should ignite a big concern since their satisfaction had a significant relationship with overall job satisfaction whereby it influences their further actions. In line with this, Luthans (1992) stated that the nature of the work performed by employees has a significant impact on their level of job satisfaction.

Dissatisfaction with the work itself in JUSH was attributed for the negative feedback resulted from the medical students' and residents poor achievement. Healthcare professionals expressed their feelings unfavorably for the reasons that the number of students and residents had been enrolled and number patients in the hospital were above the resource of the hospital. As a result, the outcome becoming poor and lead the healthcare professionals to not value their effort at work. Therefore, even if reducing the number of students is impossible there should be a mechanism to improve the set up that accommodate them, and to allocated the necessary resource to give adequate service to the community. But it is not simply to raise healthcare professionals' satisfaction, rather to improve their activities and work behavior at work.

ii. Satisfaction with Co-worker relation.

Research (Mowday& Sutton, 1993) showed that job satisfaction is related to employees' opportunities to communicate with others on the job. Therefore, it is shown in table 6 that healthcare professionals in JUSH are satisfied with their colleagues. Further, a very high proportion (99%) of healthcare professionals reported that they are satisfied with the relationship they had with co-workers..Luthans (1998) forwarded that work groups characterized by co-operation and understanding amongst their members tend to influence the level of job satisfaction or dissatisfaction. When cohesion is evident within a work group it usually leads to effectiveness within a group and the job becoming more enjoyable.

Therefore, closely monitoring and evaluating healthcare professionals' satisfaction with their co-worker relation and always strife to enhance it means improving their overall job satisfaction and it also contributes a lot for the success of the hospital by improving their work related behaviors.

iii. Satisfaction with Supervision.

Studies revile that the relationship between supervisor and subordinate will have a significant, effect on the employee's overall of job satisfaction. It is why to what extent healthcare professionals in JUSH feel satisfied was given due attention in this study. The average score (Mean=2.41) in Table 6 indicated that healthcare professionals were dissatisfied with the relationship and the technical support that they obtain from immediate supervisors. When we look at the percentage of healthcare professionals in a similar Table, about 55.3% of healthcare professionals feel dissatisfied while the remaining 44.7% reported that they are satisfied with their immediate supervisors. Dissatisfaction with immediate supervisors in JUSH was attributed for different reasons. The first one is their supervisors will not replay for the complaints they have. Also, healthcare professionals not satisfied with their immediate/higher supervisors because when they identify and report a problem on the work the supervisors try to elaborate why the problem happen than tackling the problem. Moreover, healthcare professionals were doing both clinical and teaching works but their superiors earn much more financial benefits, which are not allowed for them.

Based on the above discussion it is possible to make an educated guess that this amount of unsatisfied reports in supervision can retard healthcare professionals' performance directly or via

its effect on overall job satisfaction. A previous study in the area such as Ting (1997) holds the idea that dissatisfaction with supervision is a significant predictor of job dissatisfaction.

iv. Satisfaction with Autonomy.

Autonomy in the workplace refers to how much freedom employees have while working. For some organizations, autonomy means employees are allowed to set their own schedules. In other organizations, autonomy means employees can decide how their work should be done. No matter which concept is being applied, higher levels of autonomy tend to result in an increase in job satisfaction (Kim and Loadman, 1994). Having this in mind, healthcare professionals feeling towards the autonomy that they had on their job in JUSH was measured. The mean score 2.21 is an indication of a very low satisfaction of healthcare professionals with this aspect of the job. Besides the mean score, about 52.3% of healthcare professionals reported that they feel dissatisfied with the autonomy they have in their job. The remaining 47.7% of healthcare professionals were satisfied with it. Healthcare professionals with this regard should have full autonomy on their job but because the hospital is administrated by the university that have different they are given more or less the same autonomy as of the other faculties which is wrong because the set up and teaching process of healthcare is totally different from the other faculties.

Since autonomy at work is positively correlated with overall job satisfaction of healthcare professionals (Rylance and Bongers ,2001; Spector, 1997), due consideration should be made to provide healthcare professionals with autonomy at work after discussing on responsibilities and accountabilities.

v. Satisfaction with Promotion/growth opportunities.

Estimating the effect of both promotions and promotion expectations on job satisfaction helps us to understand the importance of promotions as a mechanism for eliciting greater effort from workers. Specifically, finding that promotions lead to greater job satisfaction, even after controlling for wages and wage increases, supports the notion that workers value the promotion itself. This gives firms a non-pecuniary tool for extracting effort and other positive behavior from their workers. If so, being aware of healthcare professionals' feelings towards promotion/growth opportunities in JUSH was necessary. As represented in Table 6, the mean score (Mean= 2.59) is revile that health care professionals are dissatisfied. Here, the rule of thumb that 'a satisfied work force is productive' should be recognized. Because, not an ambivalent but satisfied healthcare professionals required. Also, about 44.5% of healthcare

professionals in the hospital feel dissatisfied with promotion and growth opportunities. It accounts nearly half of the healthcare professionals in the hospital.

Healthcare professionals in the hospital who are a clinician and have no time to right a paper are uncomfortable for the reason that they are expected to do so to get promoted and they feel dissatisfied why the position they have was the highest level that they can hold in the hospital. Concerning the importance of employees' satisfaction with promotional activities, researchers (Robbins, 1998; Luthans, 1992) acknowledged that it has a significant relationship with overall job satisfaction.

vi. Satisfaction with Recognition

Employee recognition is the timely, informal or formal acknowledgement of a person's or team's behavior, effort or business result that supports the organization's goals and values, and which has clearly been beyond normal expectations. It also specifies the way an organization gives its employee the reward and status for his/her work and activities.

Concerning healthcare professionals' level of satisfaction with the amount and type of recognition that they get from the hospital, the analysis in Table 6 clearly shows that healthcare professionals were not satisfied with it. The average score (mean =2.28) is showed there is dissatisfaction concerning recognition. About 71.2% of healthcare professionals reported their unsatisfied feelings about recognition in JUSH. Dissatisfaction with recognition in the hospital was interpreted as administrators' failure to identify healthcare professionals who contribute something special for the benefit of the hospital, whatever small it would be. In addition, healthcare professionals criticize the hospital administrators for that they were eager to find faults easily but ignorant for healthcare professionals' contribution.

vii. Satisfaction with Physical environment and facilities

Working environment involves the physical, geographical location as well as the immediate surroundings of the work place and infrastructure of the health center including availability of essential materials and supplies. It is believed that a physical working condition is a factor that has a moderate impact on the employee's job satisfaction (Luthans, 1992). Though, empirical studies show that the physical working environment and facilities have a potential to influence healthcare professionals satisfaction, in Ethiopia, it is not uncommon to see different working

conditions based on the past and/or inadequate allocation of resources to hospital. The same is true in Jimma University Specialized Hospital in which about 59.2% of healthcare professionals reported that the physical working environment was below the standard. The mean score 2.82 further illustrates how much healthcare professionals were dissatisfied with the arrangement and quality of facilities in the hospital. Healthcare professionals attributed their dissatisfaction for poorly arranged offices without tables and chairs, which do not allow healthcare professionals to be available there for patients, students and residents. They also complained about poor equipment like simple plaster, dressings, bed sheets, gloves, MRI, OR tables etc. Previous studies show that if people work in a clean and resourceful environment, they will find it easier to come to work. If the opposite happen, they will find it difficult to accomplish tasks (Luthans, 1992). Supporting this idea, Robbins (1998) indicated that the provision of adequate and appropriate working equipment and clean facilities are related to high job satisfaction.

Therefore, the hospital administrators should be alert to take measures as much as possible since healthcare professionals' dissatisfaction with the physical environment and facilities have a tendency to produce poor performance.

viii. Satisfaction with Workload.

Several studies have highlighted the harmful consequences of high workloads or work overload. Workload creates stress-can be defined as reluctance to come to work and a feeling of constant pressure accompanied by the general physiological, psychological, and behavioral stress symptoms (Division of Human Resource, 2000 cited in Rehman, M., Irum, R., Tahir, N., Ijaz, Z., Noor, U. , and Salma, U., 2012). Healthcare professionals satisfaction with the amount of work that they were expected to accomplish in JUSH indicated that there is a problem which calls the attention of hospital administrators.

The mean score (mean=2.81) was an evidence that many healthcare professionals feel dissatisfied with work overload. Similarly, 40.3% of healthcare professionals reported that they were clearly dissatisfied with this aspect of the job. Healthcare professionals in the hospital reported their unfavorable feelings by opposing in any way they can because they asked to do jobs with the same staff number and facility with humongous flow of students and patients at the same time.

Previous studies indicated that healthcare professionals level of satisfaction with the amount of work have a significant relationship with their overall job satisfaction-which determines further feelings and behaviors of the healthcare professional. However, Rehman, M. et al. (2012) concluded that workload is positively related with job satisfaction of employees. They further interpreted that this positive relationship is resulted from poverty; and employees demand extra work and they want to increase their income. This finding indicates that the relationship between workload and job satisfaction is dependent up on the compensation system a particular organization follows. Therefore, lack of appropriate compensation might be the reason that healthcare professionals feel discomfort with work overload in the hospital.

ix. Satisfaction with Payment/compensation.

Heery and Noon (2001) defined pay as payment, in which include many components like basic salary, benefits, bonuses, pay for doing extra work and incentives" According to Erasmus, van Wyk and Schenk (2001) define pay, "is what an employee gets against his work after fulfilling his duty, include all type of financial and non-financial rewards". Martocchio (1998) described that compensation include both intrinsic rewards and extrinsic rewards. Extrinsic rewards include monetary and non-monetary rewards. Non-monetary rewards include things apart from basic pay like benefits. Money is the indicator of motivation. The analysis in Table 6, (mean=1.79) was an evidence to say healthcare professionals in JUSH were uncomfortable with the payments other than salary. Most of (82.1%) of healthcare professionals gave their responses unfavorably. Healthcare professionals in the hospital attribute their dissatisfaction for inequalities of payments compared to similar hospitals in the country for similar work. They also reported that the hospital's finance system had no clear guides; and the amount of payments like duty and top up payment are not fair.

The issue of appropriate compensation system is researched by different scholars and it is found to be a significant contributor for employees' satisfaction. According to Boone and Kuntz (1992), offering employees fair and reasonable compensation, which relates to the input the employee offers the organization, should be the main objective of any compensation system. Robbins et al. (2003) also indicated that employees seek pay systems that are perceived as just, unambiguous, and in line with their expectations; otherwise it leads to dissatisfaction.

In JUSH, compensation/payments were found to be the most dissatisfying aspect of the job. Creating a situation which allows healthcare professionals to get reasonable and equitable financial benefits should be the primary concern of the hospital.

To conclude, the above discussions and the literatures reviewed in chapter two implied that the selected features have a relationship with job satisfaction of healthcare professionals; and job satisfaction has an influence on healthcare professionals' performance, organizational commitment, turnover and other work behaviors. Therefore, it is possible to infer that the selected features can influence healthcare professionals' performance and organizational commitment via their influence on overall job satisfaction of healthcare professionals. Raising healthcare professionals' satisfaction in each feature would benefit the hospital more in attaining its objectives.

4.2.1.2. Differences of job satisfaction as a result of sex and educational level

Based on the evidences reviewed in chapter two, healthcare professionals job satisfaction were analyzed for different groups according to their sex and educational level in Jimma University Specialized Hospital. The mean, median, and standard deviations for each group were analyzed and the results are presented below in Table 7.

Table 7: Summary of Job Satisfaction by Sex and Level of Education

	N	Mean	Std. Deviation
Male	115	2.68	.22796
Female	76	2.31	.23308
Sub specialty	3	1.00	.00000
Specialty	16	2.06	.57373
MD	20	1.60	.59824
Diploma	57	2.08	.87179
Degree	78	2.66	1.02775
Masters	11	1.36	.80904
PhD	7	1.57	.53452

Table 7 above shows that there is a slight mean difference = 0.37 in overall job satisfaction between male and female Healthcare professionals; this shows that both male and female healthcare professionals lay between disagree and undecided concerning their job satisfaction. However, the difference between the means revile that slightly larger number of female healthcare professionals are disagree with the positively design or negatively designed and

reversely coded questionnaires. In other words a slightly larger number of female healthcare professionals are dissatisfied than male professionals.

The descriptive analysis computed to see the difference on overall job satisfaction as a result of educational level also exhibited some differences. In the Table 7, first degree holders' (mean 2.66) is the highest, the second highest is diploma level (mean=2.08), the third highest is specialty (mean=2.06), the rest MD, PhD, masters and sub-specialty (mean =1.6, 1.57, 1.36 and 1 respectively). In all level the mean is below 3 which show that all health care professionals disagree with the positive and reversely coded negative questions in the questionnaire. Nevertheless, there is a different on the level of dissatisfaction of health care professionals based on their educational level. most of Degree holder's, Diploma level and specialists simply disagree or they express that they are dissatisfied with their job where us the rest of professionals exhibit that they are strongly disagree or strongly dissatisfied with their current job and its features.

4.2.2. Organizational commitment of healthcare professionals in JUSH.

Healthcare professionals' organizational commitment: Their emotional attachment, belief in the values and objectives of the hospital, and willingness to maintain membership with the hospital was examined. Healthcare professionals' total feeling as well as their level of commitment in each component is presented below in Table 8 and 9 consecutively.

4.2.2.1. Total organizational commitment of healthcare professionals.

The total organizational commitment indicates the aggregate of healthcare professionals' affective (desire based), continuance (cost based), and normative (obligation based) commitment scores. The analysis in Table 8 presents healthcare professionals' total feelings towards JUSH as an organization.

Table 8: Summary of Healthcare professionals' Total Organizational Commitment

	N	Min	Max	Mean	Std. Dev	Skewness
Organizational commitment	191	1.00	3.00	2.3979	.53192	-.007
Valid N (listwise)	191					

Table 8 above is the mean, standard deviations, minimum, and maximum scores for the study sample in relation to overall organizational commitment. The mean statistic 2.3979 with standard deviation .53 shows that the overall organizational commitment of healthcare professionals is slightly lower than the midpoint 3(*undecided*) referring healthcare professionals in the hospital manifested a very slight low commitment towards their hospital. Healthcare professionals with the mean score below 3(undecided) were considered as 'not committed' whereas the mean score above 3 is considered as committed in this study.

Moreover, the percentage of participant's response indicates that 2.1% of healthcare professionals have very low organizational commitment, 56 % of them have low organizational commitment and the rest are undecided. The histogram in Figure 4 also gives a visual presentation of how organizational commitment scores distributed among the study sample. As can be observed from the graph, a high concentration of scores fallen around the mean 2.4 indicating a very low total organizational commitment of healthcare professionals.

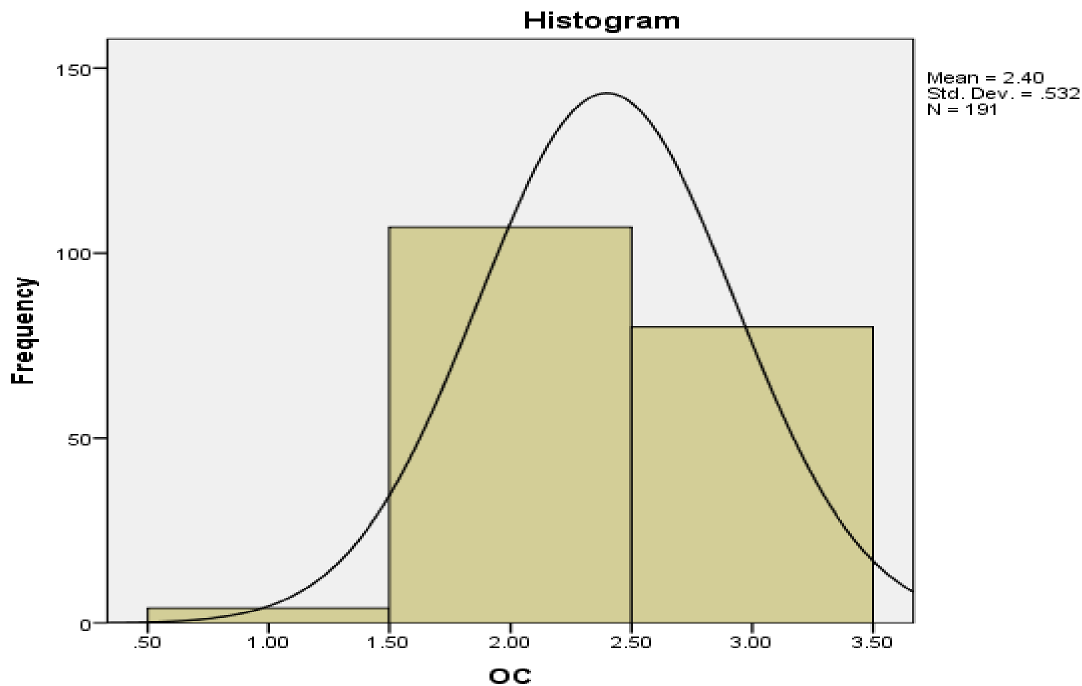

Fig. 3: A Histogram showing healthcare professionals' total organizational commitment in JUSH

The other statistics, skewness = -0.07 indicated that the organizational commitment scores were somewhat negatively skewed though it was an acceptable level to use the data for further analysis.

Organizational commitment has emerged as an important construct in organizational research owing to its relationship with work-related constructs such as absenteeism, turnover, job satisfaction, job-involvement and leader-subordinate relations. Organizational commitment can be defined as the strength of an individual's identification with, and involvement in the organization (Allen & Meyer, 1997). Considering its importance for organizational success, healthcare professionals' overall commitment for JUSH was assessed through self-reporting data. The descriptive analysis in Table 8 shows that the average score (mean=2.39) was very low to say healthcare professionals in the hospital have a belief on the goals, exert a considerable effort, and willing to continue membership. This indicates low overall organizational commitment among healthcare professionals. According to Mowday, Porter, and Steers (1982, cited in Ebey*et al*., 1999), people who are committed are more likely to stay in an organization and work towards the organization's goals. In addition, Morrow (1993, cited in Meyer & Allen, 1997) indicated that "organizational commitment is a multidimensional construct that has the potential to predict outcomes such as performance, turnover, absenteeism, tenure and attainment of organizational goals." But, the overall organizational commitment of healthcare professionals in JUSH as indicated by the mean score does not guarantee the behaviors stated in the literature.

4.2.2.2. Organizational commitment of healthcare professionals in each component.

Since the three components of organizational commitment (affective, continuance, and normative) have their own distinct natures and implications, it was necessary to examine healthcare professionals' level of commitment with regard to the three dimensions used in this study. Hence, it could be possible to understand which form of organizational commitment is being exhibited by majority of healthcare professionals; and for what purpose healthcare professionals in JUSH were being committed. Table 8 below presents healthcare professionals' level of commitment in each component of organizational commitment.

Table 9: Summary of Healthcare professionals' Organizational Commitment in each Component

	N	Mean	% below 3	Std. Dev	Skewness
Affective commitment	191	2.40	57.6%	.894	.468
Continuance commitment	191	3.65	29.3%	.910	-.684
Normative Commitment	191	2.50	55.4%	.911	.182

Valid N (listwise)	191				

The mean score 3.65 for continuance commitment is higher than the mean scores for affective commitment = 2.40 and normative commitment = 2.50. The mean scores in affective, continuance, and normative commitments above evidenced that healthcare professionals in the hospital experienced a moderate continuance commitment (cost based) while their affective (need based) and normative commitments (obligation based) were very low.

In addition to the scores of overall organizational commitment, the mean and standard deviations of the employees' commitment to their organization in each component is presented in Table 9 as indicated by the respondents. The mean and standard deviation scores for each of the employee commitment scales are ranked by respondents as affective commitment has 2.40, continuance commitment has 3.65, and normative commitment has 2.50. When we see from highest to lowest mean scores, respondents ranked their "continuance commitment" with highest mean of 3.65 whereas their "affective commitment" having lowest mean of 2.40 from total. From standard deviation scores, normative commitment has the highest value of all (SD= 0.911). It indicated that healthcare professionals reported a relatively higher variation towards normative commitment. Regardless of the variations in standard deviation, a relatively higher score in affective commitment when we compare with the other two components of organizational commitment, healthcare professional in JUSH have a scanty belief in the objectives, feel belongingness, and are not willing to exert a considerable effort on the behalf of the hospital. But, about 42.4% of healthcare professionals clearly stated that they are affectively committed for the hospital. It is possible to conclude that being not committed affectively means, just doing the tasks assigned by the hospital for the sake of maintaining employment agreements. Since affective commitment is conceptualized as "an individual's attitude towards the organization, consisting of a strong belief in, and acceptance of, an organization's goals, willingness to exert considerable effort on behalf of the organization and a strong desire to maintain membership in the organization" (Mowday*et al*., 1982 cited in Eby*et al*., 1999:464), due consideration is needed to improve healthcare professionals affective commitment in the hospital. Bagraim (2003:13) maintains that "affective commitment develops if employees are able to meet their expectations and fulfill their needs within the organization." If so, the above 57.6% of unfavorable reports on affective commitment in JUSH can be attributed to less job satisfaction.

Concerning continuance commitment of healthcare professionals, the mean score (mean=3.65, SD=0.910) indicated that healthcare professionals' perception towards the associated costs of leaving the hospital was very low. Healthcare professionals in the hospital do not worry about the status, money, and other instrumental rewards that would be lost, and to be deemed worthless at some perceived cost if they were to leave the hospital. Therefore, a high probability of healthcare professional abrasion may result; but taking the available external work opportunities into consideration.

The third component of organizational commitment is Normative commitment as indicated in Table 9, (mean=2.50, SD=0.911). The mean scores for about 55.4% of healthcare professionals were below 3/undecided; indicating that they are not committed for the hospital. Normative commitment, according to Bagraim (2003:14) can be conceptualized as the belief that "employees have a responsibility to their organization". According to him, employees experience normative commitment due to their internal belief that it is their duty to do so. But what we actually observed in the analysis indicated a very low normative commitment of healthcare professionals in JUSH. They do not feel that they were responsible and accountable for the hospital's success or failure. This may partially be attributed for unsatisfied reports on the different dimensions of their job (see Table 6); especially autonomy, because high autonomy mean giving employees a freedom to decide on things which may affect their patients, students and residents. As a result they may develop a sense of responsibility towards their wrong and Wright actions. Otherwise, they may tend to blame the hospital for their mistakes.

In describing the application of their Organizational Commitment Questionnaire (OCQ) scales, Allen & Meyer (1990) do not provide guidance about average, required, ideal, or expected means for affective, continuance, and normative commitment. Instead, Allen and Meyer (1990) and Meyer et al. (2004) studied to identify what was a relationship between the different types of organizational commitment and the outcomes that are being examined, as well as the pattern for those findings, and their level of influence. They indicated that affective commitment is a relatively better component to show one's organizational commitment.

Generally, healthcare professionals in the hospital were not as such concerned with the associated costs of leaving the hospital. Similarly, they feel a very low obligation for the hospital

as well as the society. It is believed that affective commitment (healthcare professionals' emotional attachment with the hospital) is also very low.

4.2.2.3. Differences of organizational commitment as a result of sex and educational level.

In this study, Sex and educational level of employees were controlled to see whether they have had a differential impact on overall organizational commitment of healthcare professionals in JUSH. Table 10 below presents the summary of healthcare professionals' organizational commitment by sex and educational level.

Table 10: Summary of Organizational Commitment by Sex and Level of Education

	N	Mean	Std. Deviation
MALE	115	2.41	.75968
FEMALE	76	3.35	.68710
Sub specialty	3	1.00	.00000
Specialty	16	1.75	.57735
MD	20	1.85	.67082
Diploma	57	2.80	.78918
Degree	78	2.45	.98887
Masters	11	1.73	.46710
PhD	7	1.57	.53452
Valid N (listwise)	3		

The analysis in Table 10 above shows the mean score 3.35 for female Healthcare professionals is found to be higher than their counterpart males. Male healthcare professionals mean score for overall organizational commitment is 2.41 which is 0.94 differ from females mean score this shows that female health care professionals are relatively committed than their male counterpart.

The descriptive analysis computed to see the difference on overall job satisfaction as a result of educational level also exhibited some differences. In the Table 10, first diploma level (mean 2.8) is the highest, the second highest is degree holders' (mean=2.45), the third highest is MD (mean=1.85), the rest specialty, masters, PhD and sub-specialty (mean =1.75, 1.73, 1.57 and 1 respectively). In all level the mean is below 3 which show that all health care professionals disagree with the positive and reversely coded negative questions in the questionnaire. Nevertheless, there is a difference on the level of organizational commitment of health care professionals based on their educational level. Except degree holders and diploma holders most of healthcare professionals in JUSH exhibit have very poor organizational commitment

4.3. Results of Correlation Analysis

This section of the paper presents the correlation analysis between the study variables. In order to examine the significance of relationships, both zero-order and partial correlations were employed.

4.3.1. The relationship between job satisfaction and demographic variables.

One of the research questions raised in this study was about the significance of relationships that would exist between job satisfaction and the selected demographic variables (age, sex, tenure, and educational level) of healthcare professionals in Jimma University Specialized Hospital. So as to deal with this question, zero order Pearson's correlation was employed and the results are presented in Table 11 below.

Table 11: Pearson's Correlation for Job Satisfaction and Demographic Variables

	Over all Job Satisfaction
Age	.390**
Sex	.134
Tenure	-.585**
level of education	-.430**

Note: *p < 0.05, **p < 0.01 (2-tailed)

Concerning the relationship between overall job satisfaction and the selected demographic variables of sex, age, tenure, and level of education, a significant negative correlation coefficient

(r = -0.585, P < 0.01) was observed between tenure and overall job. The negative correlation coefficient in this case indicates that long stay in the hospital is accompanied by decrease in job satisfaction of healthcare professionals. Overall job satisfaction also found to be negatively correlated with educational level of healthcare professionals; those with better educational level reported less job satisfaction, with correlation coefficient (r = -43, P > 0.01).

As stated earlier, one of the objectives of this study was determining whether the demographic variables (sex, age, tenure, and level of education) have a significant relationship with job satisfaction of healthcare professionals in JUSH. The results of the correlation analysis stated in Table 12 showed a significant negative correlation coefficient (r = -0.585, P < 0.01) was observed between tenure and overall job satisfaction. The negative correlation coefficient in this case indicates that long stay in the hospital is accompanied by decrease in job satisfaction of healthcare professionals. The negative correlation coefficient in this case indicates that longer stay in the hospital was accompanied by decrease in job satisfaction of healthcare professionals. Accordingly, the negative relationship between job satisfaction and tenure in JUSH was attributed to lack of recognition, autonomy, and limited promotional opportunities for senior staffs.

4.3.2. The relationship between organizational commitment and demographic variables.

In order to examine whether the demographic variables of healthcare professionals (age, sex, tenure, and educational level) have a differential impact on their organizational commitment, zero-order Pearson's correlation were employed and the results are presented in Table 12.

Table 12: Pearson's Correlation for Organizational Commitment and Demographic Variables

	SEX	AGE	EDU. LEVEL	TENURE
Affective commitment	.134	.032	-.234**	-.197**
Normative commitment	.386**	.270**	-.164*	.059
Continuance commitment	.421**	.368**	.686**	-.757**
Organizational Commitment	.453**	.423**	-.055	.003

As depicted in Table 12, most of the demographic variables, used as control variables in this study were slight correlated with total organizational commitment. When we see the table above

educational level of healthcare professionals exhibited a significant inverse relationship with affective commitment and normative commitment of healthcare professionals ($r = -0.234^{**}$, $p < 0.01$, and $r = -0.164^{*}$, $p < 0.05$ respectively). Healthcare professionals with better educational level tend to exhibit lower attachment and less feeling of belongingness towards the hospital. The other demographic variable is tenure has a significant inverse relationship with healthcare professionals affective commitment and continuance commitment ($r = -.197^{**}$, $p < 0.01$; $r = -.759^{**}$, $p < 0.01$ respectivily). The rest demographic variables age and gender do not show a significant relationship with total organizational commitment as well as the three components of organizational commitment.

There have been a number of studies investigated the personal correlates of organizational commitment. Characteristics such as age, tenure, educational level, and gender have been found to influence organizational commitment. Previous studies showed that age ((Meyer & Allen, 1997; Luthans, 1992), gender (Mathieu and Zajac, 1990), tenure (Tesfaye 2004; Meyer & Allen, 1997), and educational level (Mathieu and Zajac, 1990) have a significant relationship with employees organizational commitment. As a result, these variables were examined in the current study to see whether a significant relationship could exist.

As depicted in Table 13, educational level of healthcare professionals exhibited a significant inverse relationship with affective commitment and normative commitment of healthcare professionals ($r = -0.234^{**}$, $p < 0.01$, and $r = -0.164^{*}$, $p < 0.05$ respectively). Healthcare professionals with better educational level tend to exhibit lower attachment and less feeling of belongingness towards the hospital. The other demographic variable is tenure has a significant inverse relationship with healthcare professionals affective commitment and continuance commitment ($r = -.197^{**}$, $p < 0.01$; $r = -.759^{**}$, $p < 0.01$ respectively). The rest demographic variables age and gender do not show a significant relationship with total organizational commitment as well as the three components of organizational commitment.

Both, healthcare professionals with longer stay in the hospital and better educational level tend to exhibit lower attachment and less feeling of belongingness towards the hospital. Since affective commitment is basically resulted from the fulfillment of needs, the hospital seems unable to cope with these increased job expectations of healthcare professionals with a relatively higher educational level. Again, the negative relationship between tenure and affective commitment was interpreted as those stayed longer in the hospital had a better chance to evaluate the

favorableness of the institution in fulfilling their needs. Hence, failures to meet their needs from time to time decreased their feelings of attachment with the hospital.

4.3.3. The relationship between Healthcare professionals' feature satisfaction and overall job satisfaction.

In order to examine and identify the feature, which have a relatively strong association with overall job satisfaction of healthcare professionals, partial correlation coefficients were computed controlling for the influence of age, sex, tenure, and educational level. The results are presented in Table 13.

Table 13: Partial Correlations for Facet Satisfaction and Overall Job Satisfaction

		Over all job satisfaction	
		Zero-order	**Partial**
Control Variables SEX & AGE & EDUCATIONAL & TENURE	Recognition	.634**	.591**
	Pay	.492**	.493**
	Promotion	.810**	.812**
	Coworker	.761**	.754**
	Supervision	.639**	.655**
	Physical Environment	.438**	.487**
	Autonomy	.632**	.547**
	Work Itself	.710**	.655**
	Workload	.571**	.537**

As observed from Table 13, the correlation coefficients between the selected features and overall job satisfaction were all significant at < 0.01. In order to show the differences in correlation coefficients as a result of demographic variables (control variables), both zero-order and partial correlation coefficients are presented. Zero-order coefficients (r_1) in the above Table indicate the relationships without considering the influence of other variables while partial correlation coefficients (r_2) refer to the relationships between healthcare professionals' satisfaction with the selected feature and overall job satisfaction adjusting for demographic variables. The later measures the strength of the linear relationship between two variables that cannot be attributed to one or more confounding variables.

Among the partial correlation coefficients of the selected variables, the highest was observed between promotion/growth and overall job satisfaction ($r_2 = 0.812$, $p < 0.01$) followed by co-worker relation ($r_2 = 0.754$, $p < 0.01$). The least partial correlation coefficient observed in physical environment ($r_2 = 0.487$, $p < 0.01$), followed by pay ($r_2 = 0.493$, $p < 0.01$). A relatively higher correlation coefficient in promotion/growth opportunities followed by co-worker relation in this study shows that both features have a better determining power than others in trying to understand overall job satisfaction of healthcare professionals. Based on the positive significant partial correlation coefficients in Table 13, it is possible to conclude that healthcare professionals satisfied with each feature of job were more likely to report better overall job satisfaction. That is, satisfaction in each feature of job tend to influence healthcare professionals overall job satisfaction. In addition, the effect size for promotion, recognition, co-worker relation, supervision, autonomy, workload and the work itself were large; and pay and physical environment & facilities had moderate effect on overall job satisfaction of healthcare professionals.

Moreover, though the control variables (age, sex, tenure, and educational level) brought some differences in correlation coefficients, their influences were not significant in changing the relationships between the study variables.

The analysis in Table 13 showed that all the selected features of job significantly correlated with overall job satisfaction of healthcare professionals. It was found that the correlation coefficients between the selected feature and overall job satisfaction were all significant at $\alpha = 0.01$. Among the partial correlation coefficients of the selected variables, the highest is observed between promotion/growth and overall job satisfaction ($r2 = 0.812$, $p < 0.01$) followed by co-workers relations ($r2 = 0.754$, $p < 0.01$). The least partial correlation coefficient observed in physical environment ($r2 = 0.489$, $p < 0.01$), followed by pay/compensation ($r2 = 0.493$, $p < 0.01$).

Healthcare professionals satisfied with promotional opportunities were more likely to have high scores in overall job satisfaction. A similar result was reported by Luthans (1992). He indicated that promotions may take a variety of different forms and are generally accompanied by different rewards. Therefore, Promotional opportunities have differential effects on job satisfaction, and it is essential that this be taken into account in cases where promotion policies are designed to enhance employee satisfaction. Similarly, the relationship between satisfaction with co-worker relations and overall job satisfaction was significant and autonomy was also significant in this study. The correlation coefficients as indicated in Table 13 showed that increase in satisfaction

with recognition, supervision, autonomy, work itself and workload have a significant implication for the betterment of healthcare professionals' overall job satisfaction. Concerning the relationships between these feature and overall job satisfaction, previous studies also indicated that supervision (Luthans, 1992; Ting, 1997), recognition (Spector, 1997; Kraig, 2003, Luthans, 1998), and autonomy (Kim and Loadman, 1994; Bongers, 2001; and Spector, 1997) have a positive relationship with overall job satisfaction of employees.

Similarly, a significant relationship was found between physical environment & facilities and overall job satisfaction of healthcare professionals ($r2 = 0.487$, $P < 0.01$). In this study, healthcare professionals' feeling towards the physical environment and facilities found to be moderately associated with overall job satisfaction. Supporting this idea, Luthans (1992), if people work in a clean and resourceful environment, they will find it easier to come to work. If the opposite happen, they feel dissatisfied and will find it difficult to accomplish tasks. In addition, Robbins (1998) indicated that the provision of adequate and appropriate working equipment and clean facilities are related to high job satisfaction. Therefore, it is necessary to consider the appropriateness of the physical environment and facilities in which healthcare professionals are working.

Healthcare professionals' attitude towards the 'Work it-self' (the nature of work) and 'Workload' (the amount of work that healthcare professionals expected to perform) also examined to see their relationship with overall job satisfaction of healthcare professionals. The partial correlation coefficient ($r2= 0.655$, $P < 0.01$) in Table 13 showed that the relationship between work it-self and overall job satisfaction is significant. Healthcare professionals who were satisfied with the nature of work (challenging, variety, and feedback….etc) were more likely to experience high overall job satisfaction. In line with this, Luthans (1992) stated that the nature of work performed by employees has a significant impact on their level of job satisfaction. According to him, employees derive satisfaction from work that is interesting and challenging, and a job that provides them with status. This implies work that is personally interesting to employees is likely to contribute to job satisfaction. Also, satisfaction with workload in JUSH was significantly correlated with overall job satisfaction ($r = 0.537$, $P < 0.01$). It indicates that work overload has a significant relationship with healthcare professionals' level of satisfaction. Healthcare professionals satisfied with the expected amount of workload were more likely to manifest positive feelings towards their job. Concerning the findings in this study, Al-Aameri (2003, cited in Rehman,M. et al., 2012) also mentioned in his study that one of the factors of occupational

stress is pressure originating from workload; and it has a relationship with employee's job satisfaction. However, Rehman et al. (2012) concluded that workload positively related with job satisfaction of employees.

They further interpreted that this positive relationship is resulted from poverty; and employees demand extra work and they want to increase their income. This finding indicates that the relationship between workload and job satisfaction is dependent up on the compensation system a particular organization follows.

4.3.4. The relationship between job satisfaction and organizational commitment.

It is indicated by different studies that job satisfaction had a relationship with organizational commitment of employees. This study also examined the significance of relationships between overall job satisfaction and organizational commitment; and the results are presented in Table 13.

Table 14: Partial Correlations for Job Satisfaction and Organizational Commitment

	Over all job satisfaction	
	Zero order person correlation	**Partial correlation**
Affective commitment	.691**	.621
Normative Commitment	.264**	-.025
Continuance Commitment	.180*	.002
Organizational Commitment	.303**	.43

Note: **p < 0.01(2-tailed); N = 191; Control Variables: age, sex, tenure, & educational level

As it is shown in Table 14, the partial correlation coefficients for overall job satisfaction and organizational commitment were computed. Among the correlation coefficients, the highest was observed between overall job satisfaction and affective commitment (r= .621, p < 0.01). The

relationship between overall job satisfaction and total organizational commitment also found to be "*significant"*(r= 0.43, p < 0.01) after adjusting for demographic variables (age, sex, tenure, and educational level). But, the relationship between job satisfaction and the other two components of organizational commitment (continuance commitment and normative commitment) were not significant but the relationship between continuance commitment and overall job satisfaction is negative. The positive significant correlation coefficient between overall job satisfaction and organizational commitment is an indication of healthcare professionals' increased commitment when they feel satisfied with their job in general.

In table 14 it is shown that there is a significant relationship between job satisfaction and organizational commitment. Organizational commitment is the aggregate of the three components yet there is only a significant relationship between job satisfactions and affective commitment. As a result, computing partial correlation for the relationship between job satisfaction and total organizational commitment controlling for affective commitment was used as a means to explain whether the variability in total organizational commitment was cause of affective commitment. Table 14 presents the partial correlation analysis between job satisfaction and total organizational commitment inserting the three components in to control list one by one.

Table 14 gives a clue for the significance of relationship between job satisfaction and total organizational commitment that we questioned above. First, the relationship between job satisfactions and total organizational commitment was examined controlling for the influence of affective commitment in addition to the selected demographic variables; and their relationship became significant (r = .420, p < 0.01). In the second and third steps, normative and continuance commitment scores were added in to control list respectively; but in both cases the relationships between job satisfaction and total organizational commitment were insignificant (= .171 and .000 , p < 0.01 respectively) observed in Table 14 below. It indicated that the contributions of continuance and normative commitment were not significant in influencing the relationships between job satisfaction and total organizational commitment.

Table 15: Partial Correlations for Job Satisfaction and Total Organizational Commitment

Control Variables		**Over all job satisfaction**
Sex & Age & Educational level & Tenure & affective	Organizational Commitment	-.420

Sex & Age & Educational level & Tenure & Normative	Organizational Commitment	.171
Sex & Age & Educational level & Tenure & Continuance	Organizational Commitment	.000

Finally, it is clearly shown in table 15 that the relationship between job satisfaction and total organizational commitment mostly influenced by affective commitment scores in total organizational commitment; and their relationship is not significant when affective commitment is taken out. From this it can be said job satisfaction is significantly correlated only with affective commitment of healthcare professionals. The association between job satisfaction and affective commitment found to be moderate.

In the above tables (Table 14 and 15) the relationship between job satisfaction and organizational commitment is analyzed. In the first pearson correlation table 14 found there is a significant relationship between the two variables. But the partial correlation analysis in Table 15 that the significant relationship between job satisfaction and total organizational commitment is influenced by affective commitment; and the relationship is insignificant in the absence of affective commitment.

Among the three components of organizational commitment, only affective commitment was significantly correlated ($r = 0.621$, $P < 0.01$) with job satisfaction of healthcare professionals. Healthcare professionals who were satisfied with their job tend to show higher affective commitment, they were more likely attached to the hospital, willing to continue membership, and were willing to exert the effort beyond that is normally expected. This result is in line with the findings reported by Lumley, Coetzee, Tladinyane, and Ferreira (2011) that job satisfaction relates most strongly to affective commitment

But, the relationship between job satisfaction and the other two components of organizational commitment (continuance commitment and normative commitment) were not significant. Though the current results contradict with some studies (Aydogdu and Asikgil, 2011; Aref, K. and Aref, A., 2011), the lack of significant relationship between overall job satisfaction and continuance commitment seems logical to some extent. Because continuance commitment is basically resulted from the individuals recognition of the associated costs that may encounter by termination of employment. Hence, healthcare professionals may perform the activities assigned by the hospital since acting in such a way is the only option to secure employment.

Similarly, the relationship between job satisfaction and the third component (Normative commitment) is not significant. This result opposes the findings reported by Aydogdu and Asikgil (2011), and Aref, K. and Aref, A. (2011). They reported that there were a significant relationship between job satisfaction and normative commitment of employees. Though inconsistencies with some previous studies observed, justifications can be given for the insignificant relationship obtained between job satisfaction and normative commitment of healthcare professionals in the current study. As Weiner (1982, cited in Allen and Meyer, 1991) indicated, normative commitment (the feeling of obligation to remain in an organization) may result from the internalization of normative pressure exerted on an individual prior to entry to the organization (family or cultural socialization) or following entry (i. e. organizational socialization). Therefore, whether a healthcare professional is satisfied or not, he/she may prefer to be committed for the hospital taking the familial, cultural, organizational …etc socializations in to consideration. Again, employees may be normatively committed because of the investments on the part of the organization (e.g. costs associated with hospital tuition, job training…etc); and it creates an imbalance in the employee/organization relationship and cause employees to feel an obligation to reciprocate by committing themselves to the organization until the debt has been repaid (Scholl, 1981 cited in Allen & Meyer, 1991). This also indicates that normative commitment is not necessarily correlated with job satisfaction of employees.

4.4. Results of Multiple Regression Analysis

Regression analysis was done to check weather job satisfaction lead to organizational commitment or not. The dependent variable was organizational commitment. Hierarchical multiple regression models were fitted in two steps. Here, the objective was to find the strength of overall job satisfaction in predicting healthcare professionals' commitment to their hospital as an organization.

Based on previous research findings, relevant control variables (age, sex, tenure, and educational level) were identified to be included in the model. Though some of the selected demographic variables were not significantly correlated with organizational commitment in the current study, these variables were entered in the regression model assuming their combined effect on the study variables.

4.4.1 The strength of relationship between job satisfaction and affective commitment.

The partial correlation analyses in Table 14 and 15 above evidenced that only affective commitment had a significant positive relationship with job satisfaction of healthcare professionals. Accordingly, a hierarchical multiple regressions were employed to examine the strength of their relationship controlling for the aforementioned demographic variables.

Table 16a: Multiple Correlation Coefficients and Percentage of Variances Explained by Overall Job Satisfaction and Demographic Variables in Affective Commitment

Model	R	R^2	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R^2 Change	F Change	df1	df2	Sig. F Change
1	.494[a]	.244	.228	.258	.244	15.024	4	186	.000
2	.732[b]	.536	.523	.203	.291	116.05	1	185	.000
a. Predictors: (Constant), TENURE, AGE, SEX, EDUCATIONAL									
b. Predictors: (Constant), TENURE, AGE, SEX, EDUCATIONAL, Overall job satisfaction									

Table 16a shows that the multiple correlation coefficients (R) between the demographic variables (sex, age, tenure, and level of education) and affective commitment is 0.494; and their coefficient of determination (R^2) was .244. Educational level, age, sex, and tenure together explained 24.4% of the variance in affective commitment. Adding the job satisfaction scores to the model in the second step increased the amount of variance to 53.6%. The respective test for significance of increase in coefficient of determination indicates that job satisfaction made a significant increment in the model after adjusting for demographic variables (F change = 15.024, $P < 0.01$). Therefore, it is found that job satisfaction significantly predicts affective commitment controlling of variance for each model.

Table 16b: Summary of ANOVA for Multiple Regression Analysis

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	4.001	4	1.000	15.024	.000[b]
	Residual	12.385	186	.067		
	Total	16.386	190			
2	Regression	8.776	5	1.755	42.664	.000[c]
	Residual	7.611	185	.041		
	Total	16.386	190			
a. Dependent Variable: Affective commitment						
b. Predictors: (Constant), TENURE, AGE, SEX, EDUCATIONAL						
c. Predictors: (Constant), TENURE, AGE, SEX, EDUCATIONAL, Over all job satisfaction						

In Table 16b, the results of one way analysis of variance (ANOVA) for the significance of each model in explaining affective commitment shows that the coefficient of determination for demographic variables was statistically significant in the regression model ($F = 15.024$, $p < 0.01$). In the second step, the model entered demographic variables and overall job satisfaction of healthcare professionals into the regression model, and the coefficient of determination was significant again ($F = 42.664$, $p < 0.01$). Not only that, the inclusion of job satisfaction scores improved the significance level in the regression model. So that job satisfaction together with demographic variables in the second model also significantly explained the variance in affective commitment.

Moreover, the relative contributions of demographic variables and job satisfaction in affective commitment were examined. In Table 16c, "B" stands for the unstandardized coefficients of regression and "β" stands for the standardized coefficients of regression.

Table 16c: Relative Contribution of Overall Job Satisfaction and Demographic Variables to Affective Commitment of Healthcare professionals

Model		B	Std. Error	Beta	T	Sig.
1	(Constant)	1.947	.320		6.090	.000
	SEX	.455	.092	.761	4.960	.000
	AGE	-.047	.054	-.130	-.873	.384
	EDUCATIONAL	-.055	.045	-.226	-1.233	.219
	TENURE	.105	.042	.474	2.493	.014
2	(Constant)	1.329	.258		5.155	.000
	SEX	.193	.076	.322	2.530	.012
	AGE	.000	.043	-.001	-.009	.993
	EDUCATIONAL	-.022	.035	-.091	-.632	.528
	TENURE	.067	.033	.305	2.030	.044
	Over all job satisfaction	.349	.032	.595	10.773	.000

In model one, all control variables were entered and only sex & tenure ($\beta = .761$, $t = 4.960$, $p < 0.01$; $\beta = .474$, $t = 2.493$, $p < 0.05$) found to be significantly contributing for the prediction of affective commitment in the model. The contributions of other demographic variables (age and level of education) were not significant.

In the second step, overall job satisfaction scores together with the above demographic variables were entered; and only job satisfaction contributed significantly to the prediction of affective commitment after adjusting for demographic variables ($\beta = .595$, $t = 10.773$, $P < 0.01$). The regression model when overall job satisfaction was as the predictor including the other predictors gives $Z = 0.322Z_1 - 0.001Z_2 - 0.91Z_3 + 0.305Z_4 + 0.595Z_5$ (where, Z = predicted score of affective commitment; and Z_1, Z_2, Z_3, Z_4 and Z_5 are standardized scores (Z-score) of sex, age, tenure, level of education, and overall job satisfaction respectively).

Therefore, it is found that overall job satisfaction was significant predictor of healthcare professionals' affective commitment regardless of the effects of demographic variables.

Attempts were made to indicate the link between job satisfaction and organizational commitment of employees through review of literature in the area. The results in this study also showed that job satisfaction significantly explained the variance in affective commitment of healthcare

professionals after controlling for the influence of demographic variables (age, sex, tenure, and educational level). The findings in the current study corroborates with Mannheim et al., (1997), AydogduAsikgil (2011) and Yücel (2012).

Moreover, Studies such as Mannheim et al. (1997) found that job satisfaction is a significant predictor of organizational commitment. Further, it was argued that job satisfaction reflects immediate affective reactions to the job while commitment to the organization develops more slowly after the individual forms more comprehensive evaluations of the employing organization, its values, and expectations and one's own future in it. In this study Table 16a shows that the multiple correlation coefficients (R) between the demographic variables (sex, age, tenure, and level of education) and affective commitment is 0.494. And also the model entered demographic variables and overall job satisfaction of healthcare professionals into the regression model, and the coefficient of determination was significant (F= 42.664, p< 0.01). Therefore, job satisfaction is seen as one of the determinants of affective commitment.

Therefore, understanding healthcare professionals' level of satisfaction will have an important clue in understanding healthcare professionals' attachment with an employing institution, their belief in the objectives of the hospital, and willingness to stay in the hospital. It is also possible to suggest that by raising healthcare professionals' satisfaction on their job, an organization can secure an emotional attachment, feeling of belongingness, and healthcare professionals' willingness to exert the effort beyond that is normally expected from them.

CHAPTER FIVE: CONCLUSION AND RECOMMENDATIONS

In this chapter there will provide conclusions that drawn from the research and recommendation for the hospital administrators and future researchers.

5.1 Conclusions

This study examined healthcare professionals' job satisfaction with nine selected features of job and their commitment towards JUSH. The following conclusions can be drawn from the findings of the study.

The majority of healthcare professionals in JUSH experienced a very low over all job satisfaction. More specifically, healthcare professionals in the hospital were satisfied with the co-worker. However, the physical environment and facilities (arrangement of office equipment, duty rooms, laboratory resources, operation theaters etc.), financial benefits and compensation systems, promotional opportunities and practices, autonomy, and recognition of healthcare professionals' contributions were not adequate in satisfying their needs.

Similarly, healthcare professionals' had a very low commitment towards JUSH. Majority of healthcare professionals in the hospital feel low obligation to stay in the hospital; and underestimate the associated costs of leaving the hospital at any time.

One of the findings in the current study indicated that overall job satisfaction significantly explain the variance in affective commitment of healthcare professionals in JUSH. Depending on their level of job satisfaction, healthcare professionals in the hospital had varying levels of emotional attachment and belongingness with the hospital. Other things remain constant; healthcare professionals with better job satisfaction tend to care for the fate of the hospital, have a strong desire to continue membership, and work for the realization of institutional goals. However, healthcare professionals' obligation-based and cost-based commitments not necessarily depend on their job satisfaction.

Only tenure had a significant negative relationship with job satisfaction of healthcare professionals in JUSH. Those stayed longer in the hospital were not comfortable with the job; it is because of failure to satisfy their needs repeatedly. Lack of recognition, autonomy, and very limited promotion opportunities for senior staffs were some of the reasons. Similarly, tenure and

educational level of healthcare professionals had a significant negative relationship with their affective commitment. Since affective commitment is basically resulted from the fulfillment of needs at work place, it is concluded that the hospital was unable to respond to the increased needs of recognition, autonomy, and promotion/growth opportunities which senior and better educated healthcare professionals need to satisfy. As a result, healthcare professionals with longer stay and/or better educational levels reported low emotional attachment and belongingness with the hospital. Also, they were less likely willing to devote the effort beyond the role required.

5.2 Recommendations

The findings of this study are believed to have some implications for practice. These implications might show area of intervention to improve the extent of healthcare professionals' job satisfaction and organizational commitment. The suggestions below arise from the discussions and conclusions made before.

1. Based on a very low overall job satisfaction of healthcare professionals, the administrators in different level of the hospital should take necessary measures for the optimal provision of intrinsic (especially recognition, autonomy, promotion/growth) and extrinsic job rewards (good compensation and financial benefits, clean and resource full environment, and respectful supervision) to make their core workforce highly satisfied and committed to reap the benefits of improved work behavior. For example setting a system to reward and acknowledge hardworking individual professionals, employing a procurement system that alert the concerning body before some resources out of stock, give autonomy especially for more experienced and more educated individuals.

The hospital administrators should strive to create opportunities in which healthcare professionals can get fair and comparable financial benefits to other teaching hospitals in the country. In other part of the country hospitals use everything to hold on their professionals especially through compensation for example paying full month duty payment to sub-specialists, by assessing how other hospitals calculate duty payments try to raise healthcare professional's income etc. In addition, mechanisms should be prepared in order to decrease healthcare professionals' dissatisfaction resulted from work overload with unreasonable payments.

2. Since job satisfaction is positively related to organizational commitment, this should be a signal to the management of JUSH that they need to ensure that healthcare professionals should be highly satisfied with their job in order to prevent the occurrence of lowly committed healthcare professionals from developing in their organization or ensure that healthcare professionals remain committed.

3. It was also unpleasant to observe a negative significant relationship between tenure and job satisfaction in JUSH. Taking this finding as a serious problem, hospital administrators are expected to provide an environment, which increases the job satisfaction of the senior staffs in the hospital. Senior staffs with longer stay in the hospital had a relatively higher expectation of autonomy, recognition, promotion, and financial benefits; if so, understanding their needs may generate better attitudes.

4. Tackling the negative relationship of tenure and educational level of healthcare professionals with their affective commitment (healthcare professionals' strong emotional attachment with the hospital) should be an urgent task for hospital administrators. Healthcare professionals with longer stay and/or relatively better educational levels are believed to have high expectations; therefore the hospital administrators should take necessary measures for the best possible fulfillment of these needs. A relatively better autonomy, recognition, promotion/growth opportunities, and different financial benefits are some of them.

5. Since this study also concluded that job satisfaction was positively related to affective commitment, further field studies on job satisfaction and commitment should be encouraged to look into other possible contributing factors that were not investigated in this study. Exploring these additional variables may provide a better understanding of commitment of healthcare professionals towards their organization. In addition, further studies should consider other variables which may contribute for healthcare professionals' job satisfaction; and the relationship of job satisfaction with different work related behaviors such as performance and absenteeism.

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Appendix A: Job Satisfaction and Organizational Commitment Questionnaires with Scoring Keys

JIMMA UNIVERSITY SCHOOL OF GRADUATE STUDIES BUSINESS AND ECONOMICS CAMPUS

A questionnaire to be completed by the healthcare professionals

The purpose of this questionnaire is to collect data about healthcare professionals' level of satisfaction with the different aspects of their job; and organizational commitment of the academic staff in Jimma University Specialized Hospital. The questionnaire has three parts: part one is about demographic information, part two deals about job satisfaction, and the third part is about organizational commitment. The researcher believes that, your responses are vital in determining the success of this study. Hence, you are kindly requested to fill the questionnaire **completely** and **honestly**. *The information you give will be kept strictly confidential.*

Please, do not write your name on any page of the questionnaire.

Thank you in advance

Part One: Demographic information

1. Sex:	**3. Your work experience in this hospital**
Male__________ Female_________	Below than 1 year ☐ 6 years – 9 years ☐ 1 year – 3 years ☐ 9 years – 12 years ☐ 3 years – 6 years ☐ More than 12 years ☐
2. Age	**4. Your Current level of education**
20 – 30 year old ☐ 51 – 60 year old ☐ 31 – 40 year old ☐ 61 year old and above☐ 41 – 50 year old ☐	DIPLOMA ☐ MD ☐ BACHELOR'S DEGREE ☐ SPECIALTY ☐ MASTER'S DEGREE ☐ SUB-SPECIALTY☐ PHD ☐

Part Two: **Job Satisfaction Questionnaire**

Direction: Listed below are a series of statements that may represent how individuals feel about the different aspects of their work. Please indicate the degree of your agreement or disagreement for each statement with respect to your own feelings about the different parts of your current job by putting a "✓" mark under the scale which represents your choice.

Strongly Disagree	**Disagree**	**Undecided**	**Agree**	**Strongly Agree**
SD	**D**	**U**	**A**	**SA**

Recognition	SD	D	U	A	SA
1.1. I have been recognized for the major accomplishments on the job.	1	2	3	4	5
1.2. My leaders recognize healthcare professionals' success whatever small it would be.	1	2	3	4	5
1.3. The hospital administrators do not give recognition timely.	5	4	3	2	1
1.4. The hospital has a formal program for recognizing healthcare professionals' achievement on the job.	1	2	3	4	5
1.5. There are no enough rewards for those who work well at job.	5	4	3	2	1
Pay/compensation	SD	D	U	A	SA
2.1. My pay is low compared to what others get for similar work in other institutions.	5	4	3	2	1
2.2. In my opinion, my pay is equal with those with a similar education and work background.	1	2	3	4	5
2.3. My pay is fair and sufficient compared to payments for non-teaching profession.	1	2	3	4	5
2.4. I feel I am being paid a fair amount for the work I do.	1	2	3	4	5
Promotion/growth opportunities	SD	D	U	A	SA
3.1.My opportunities for upgrading are low.	5	4	3	2	1
3.2. I have a good chance for promotion.	1	2	3	4	5
3.3. My hospital has an unfair promotion practices.	5	4	3	2	1
3.4. The hospital does not give enough chance for professional growth.	5	4	3	2	1

3.5. The hospital helps me to peruse my professional growth.	1	2	3	4	5
3.6. In my hospital, job promotion is based on job performance.	1	2	3	4	5
Co-worker relation	SD	D	U	A	SA
4.1. My colleagues are **not** willing to listen to my job-related problems.	5	4	3	2	1
4.2. My colleagues are helpful to me in getting my job done.	1	2	3	4	5
4.3. My colleague workers are selfish.	5	4	3	2	1
4.4. The people I work with are very friendly.	1	2	3	4	5
Supervision	SD	D	U	A	SA
5.1. My immediate supervisor treats staff fairly.	1	2	3	4	5
5.2. I can trust my immediate supervisor.	1	2	3	4	5
5.3. My immediate supervisor uses positive feedback with staff.	1	2	3	4	5
5.4. My immediate supervisor is unfair to me.	5	4	3	2	1
5.5. My supervisor gives adequate professional support to the staff.	1	2	3	4	5
Physical environment and facilities	SD	D	U	A	SA
6.1. The hospital has adequate equipment to perform my job properly (gloves, swaps, office materials, different medical equipment's etc…)	1	2	3	4	5
6.2. In my hospital, office conditions are not comfortable for work.	5	4	3	2	1
6.3. The hospital provide adequate materials for work.	1	2	3	4	5
Autonomy	SD	D	U	A	SA
7.1. I have a lot of chances in deciding what tasks or parts of tasks I will do.	1	2	3	4	5
7.2. I have freedom of decision on how to accomplish my assigned task.	1	2	3	4	5
7.3. I don't have sufficient professional autonomy and authority at work.	5	4	3	2	1
7.4. I have freedom of choice when performing my duties	1	2	3	4	5
Work-itself	SD	D	U	A	SA
8.1. I feel that my work is meaningful.	1	2	3	4	5

8.2. My current work allows me to use my skill and creativity.	1	2	3	4	5
8.3. I am really doing something valuable in my job.	1	2	3	4	5
8.4. My work is not compatible with my experience and education.	5	4	3	2	1
Work Load	SD	D	U	A	SA
9.1 I don't have enough time to get everything done on my job.	5	4	3	2	1
9.2. The workload on my job is too heavy.	5	4	3	2	1
9.3. I often have overload.	5	4	3	2	1
9.4. My current work does not make me stressed.	1	2	3	4	5
9.5. I can accomplish my assigned work load easily.	1	2	3	4	5

Part Three: Organizational Commitment Questionnaire

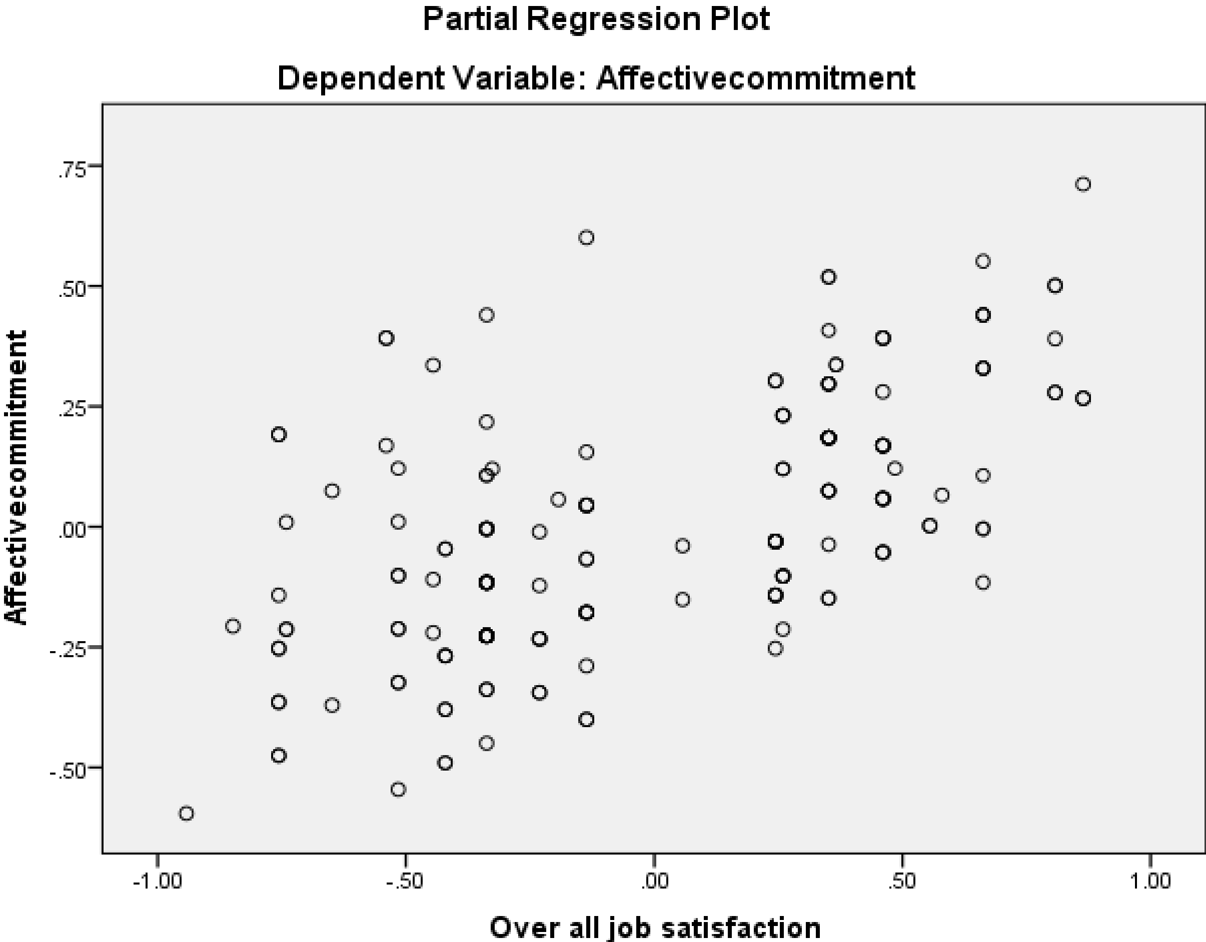
Direction: Listed below are a series of statements that may represent how individuals feel about the organization for which they work. Please, indicate the degree of your agreement or disagreement for each statement with respect to your own feelings about the hospital for which you are now working by putting a **"✓"** mark under the scale which represents your choice.

Strongly Disagree	**Disagree**	**Undecided**	**Agree**	**Strongly Agree**
SD	**D**	**U**	**A**	**SA**

Affective Commitment	SD	D	U	A	SA
1. I really care for the fate of this hospital.	1	2	3	4	5
2. I do not feel like "part of the family" at the hospital.	5	4	3	2	1
3. I do not feel "emotionally attached" to this hospital.	5	4	3	2	1
4. I feel a strong sense of belonging to the hospital.	1	2	3	4	5
5. I would be very happy to spend the rest of my career in this hospital.	1	2	3	4	5
6. I really feel as if this hospital's problems are my own.	1	2	3	4	5
Continuance Commitment	SD	D	U	A	SA
7. I believe that I have too few options to consider leaving this hospital.	1	2	3	4	5
8. One of the few negative consequences of leaving this hospital would be the lack of available alternatives.	1	2	3	4	5
9. It would be very hard for me to leave this hospital right now, even if I wanted to.	1	2	3	4	5
Normative Commitment	SD	D	U	A	SA
10. I do not feel any obligation to remain with my current employer.	5	4	3	2	1
11. I would feel guilty if I left the hospital now.	1	2	3	4	5
12. I would not leave my hospital right now because I have a sense of obligation to the people in it.	1	2	3	4	5
13. Even if it were to my advantage, I do not feel it would be right to leave the hospital now.	1	2	3	4	5

Appendix B: Residual Plot, Histogram, and Scatter Plot for Assumptions of Multiple Regressions

I: Scatter plot for equality of residual variance



Case wise Diagnostics

Case Number	Std. Residual	Affective commitment	Predicted Value	Residual
112	3.193	3	2.24	.648

a. Dependent Variable: Affective commitment

II: Histogram for normality of distribution