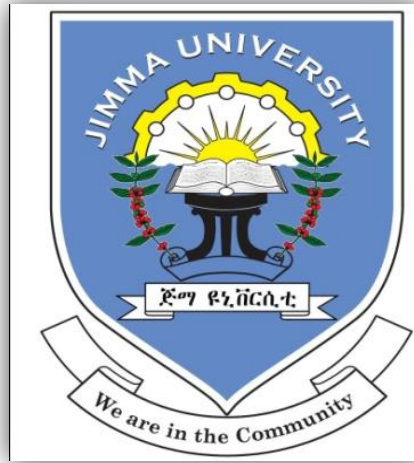


HEALTH WORKERS JOB SATISFACTION AND FACTORS AFFECTING
THEIR SATISFACTION LEVEL AT PUBLIC HOSPITALS IN WEST SHOA
ZONE, OROMIA REGIONAL STATE, ETHIOPIA.



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Abstract

Background: Health services are affected by many factors such as human resources, health delivery system and health infra structures. Among these, human resource is a vital component in delivering health services. Health systems cannot function effectively without sufficient numbers of skilled, motivated and supported health workers.

Job satisfaction of the health workers is highly important in building up employee motivation; increased productivity and efficiency as higher job satisfaction determine better employee performance and higher level of patients' satisfaction.

Objective: To assess health workers job satisfaction and factors affecting their satisfaction level in the case of public hospitals in West Shoa Zone, Oromia regional state, Ethiopia.

Methods: A cross-sectional survey was conducted on 166 health workers. The sample size was calculated using single population proportion formula. Data were collected using self-administered questionnaire and in-depth interview and analyzed using SPSS version 20 software. Frequencies, chi-square test and odds ratio were used to explain the results. Ethical clearance and approval to conduct the research was obtained from Jimma University College of Public Health and Medical Sciences, Ethical Clearance committee.

Result:-A total of 166 health workers participated with response rate of 100.0%. The result showed that one hundred thirteen (68.0%) of the health workers were dissatisfied with their job. The major reasons reported for their dissatisfaction were lack of motivation using incentives like top up, lack of training opportunity, and lack of house for staff in the hospital, bureaucratic constraint in relation to further education, lack of leaving governmental institution and lack of promotion. Only fifty three (32.0%) of health workers were satisfied with their job, the major reason given were getting satisfaction from helping others, salary, opportunity to develop and being health professionals .

Conclusion and Recommendations: - In this study majority of the study participants were dissatisfied with their job . Majority of the health workers job dissatisfaction were attributed to hospital management system. Managers and health policy makers should give due consideration on health workers job satisfaction if they really want to achieve their goals and objectives.

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Acronyms

JUSH-Jimma University Specialized Hospital

ZHD-Zonal health department

WroHO - Woreda health office

SPSS- Statistical package for social science

HSDP-Health sector development program

FGD-Focused group discussion

ETB-Ethiopian birr

KII -Key informant interview

VIF -variance inflation factor

CC –Contingence coefficient

COR-Crude odd ratio

AOR-adjusted odd ratio

Chapter 1 Introduction

1.1 Back ground of the study

Health services are affected by many factors such as human resources, health delivery system and health infra structures. Among these human resources is a vital component in delivering health services. Health systems cannot function effectively without sufficient numbers of skilled, motivated and supported health workers (1). Until recently, human resources have been overlooked during the course of health sector reforms (2,3). The Joint Learning Initiative, World Health Organization, and the Global Health Workforce Alliance have been focusing attention on health workers, particularly on the pervasive problems with staffing shortages, poor job conditions, low remuneration, and extensive migration (4,5).

Despite health and poverty eradication being high on the international agenda with significant achievements in some developing countries, progress remains extremely slow in Africa. This is primarily due to weak health systems characterized by severe shortages, poor capacity and de motivated health workers at all levels across the continent (6,7). The presence of high-quality, motivated staff is a key aspect of health system performance, but also one of the most difficult inputs to ensure (8). Job satisfaction of the health workers is highly important in building up employee motivation and efficiency as it determine better employee performance and higher level of patients' satisfaction. Conversely job dissatisfaction resulting in burn out and turn over would exacerbate the current shortage and results in serious under staffing of health care facilities (9).

Several studies from Africa documented that health workers job satisfaction resulted from one or more attributes of the work environment such as; deteriorating living and working conditions, weak performance management, problems pertaining to leadership and supervision structures, inadequate equipment and supplies, lack of recognition for good work, stress due to heavy workload, and limited opportunities for career development and advancement (10-15) . Zimbabwe recently made a more concerted effort to address public health sector job satisfaction through a series of reforms, including financial reforms, management strengthening, decentralization, and contracting out (16).

Similarly, Ethiopia, like other sub Saharan African countries, is facing the challenges of shortage of skilled health professionals which has been accelerated by a variety of factors, that result in health worker migration from the public sector, geographical imbalances in the number of health work-force and increasing attrition rate (17). This, health workforce shortages linked with failure of employing professionals at the right time, poor retention of health professionals; poor human resource management; shortage of budget and irregularity of continuing education are critically affects the health system of Ethiopia (18).

Oromia regional state, the largest and most populated region of the country, takes the lion share of the problem of shortage of health professionals at all levels. In the last six years, the public health sectors of the region have lost almost 52% of its general practitioners and more than 40% of pharmacists. The demand for quality health care, especially at rural community, is very high (19).

Currently, despite an increasing number of health facilities, the gap with human resource for health is huge. The gap to be covered by available and required health personnel is about 48%. Thus, it was considered as a top priority to take urgent action to curb internal and external migration of health professionals in the region (20).

West Shoa is one of the 18 zones of the Oromia Regional State, which is found in the western part of Ethiopia, and it comprises 21 districts. The zone has an estimated total population of 2,072, 485 of whom 1,037,159 are females. The problem of health worker migration is a very serious challenge for the zonal health system. There are high turnover of health workers particularly from rural and remote areas of the zone, where most of population live. The zonal health report in 2010 showed that more than a quarter of the newly assigned middle level and more than half of higher-level health professionals leave the public health sectors annually -in the zone. Besides, the migration of health workers from remote rural area to relatively urban areas in the zone is also common. This has resulted in low capacity at the peripheral level of the health system aggravated by low facilities and few infrastructures (21).

1.2 Problem statement

Although several reforms and policies have been developed to address health problems in Africa, little attention has been given to required health workers job satisfaction and their motivation (22).

In Ethiopia, despite the fact that the government is making substantial effort towards increasing the number, category and quality of the health workers and health infrastructures the effort seems that service programs are still facing problem (23). Because, the national health services does not attract the health workers since attention is not given to provide incentive, motivation, and no improvement of remuneration (24).

Job satisfaction of the health workers is highly important in building up employee motivation; increased productivity and efficiency as higher job satisfaction determine better employee performance and higher level of patients' satisfaction. Conversely, job dissatisfaction has negative impacts on the organization by causing, decline in productivity, increases in work accidents, intra-organizational conflict, employee turnover, tardiness and grievances (25).

Moreover, health workers have often been found to be dissatisfied which is clearly evidenced by; poor approach toward clients, less dedicated in helping clients ,poor interpersonal relationship , poor time management and punctuality, less motivated in their daily work, increased staff loss from health facilities and most often increased conflict incidence at actual working place. As other part of the country, West Shoa Zone also share this issues.

In general, there is growing consensus that the significant challenges health status facing cannot be properly addressed without strengthening health systems and professionals working in the systems.

Even though a number of studies have addressed job satisfaction among health care professionals in different part of the world, limited studies have been conducted to address level of job satisfaction among different healthcare professionals in Ethiopian.

There was no study conducted on health workers job satisfaction in the study area.

Therefore, this study attempted to address the gap in the literature and information obtained hopefully assist in identifying factors influencing job satisfaction among health workers and to what extent these problems exist in these hospitals and provide a clue for further studies to identify the gaps.

Chapter 2: Literature review

In the 1980s, it was recognized that the staff of public sector health services in many low-income countries were poorly motivated, because of low salaries, poor working condition, poor supervisors, inappropriate training and feeling of powerlessness and alienation.

Some authors attributed this to an overall neglect of human resource in health services and tendency to treat staff as impersonal resource cost rather than as asset and as individual. It is a paradox that in the field of HealthCare's where looking after people and caring an individual need is central, the treatment of health personnel has tended to ignore human need. In the 1990s many effort has been made to improve human resource management, but there is still a need for better understanding of what motivates health workers and for more appropriate and effective ways of improving their performance (26).

In Africa, although several reforms and policies have been developed to address health problems in the continent (27, 28), little attention has been given to the required human resources and their motivation (29). The quality of performance in health facilities largely depends on available human resource mix and their motivation (30). The workforce that is one of the most important inputs to any health system has a strong impact on the performance of health facilities (31). Despite the existence of several theories of motivation in the work place (32), little empirical data is available on the extent to which these theories have been used to address motivation related issues among health care workers in Africa even though there is overwhelming evidence of attrition (26, 33). Indeed, low motivation in the workplace contributes towards the brain drain of the health work force in Africa from one country to another or from rural to urban areas within the same country (34).

Sub-Saharan Africa has the lowest health worker to population ratio in the world, a situation that has recently worsened partially due to migration of the few available workers to other countries (29, 35). Little is known about the quality of health services provided by existing few workers and the level of motivation in their respective workstations. It is also important to note that despite of decades of effort to provide effective, equitable and affordable health care services; health indices in Africa have remained either unchanged or declined (36).

Surprisingly, financial and technological resources are not the major barriers to improving the health system in Africa. Instead, poor implementation of systemic improvements and personnel motivation is a key component in this functional failure. Financial resources in terms of salary and other fringe benefits is just one of the elements(37).

Apart from low salaries, lack of motivation in the workplace can also arise from several other factors, including lack of positive acknowledgment and reward for good service, punitive measures for even infrequent mistakes, and a lack of communication between management and staff. All of these factors contribute to a general lack of work satisfaction, as well as disharmony between managers and workers (38).

According to study done in Ethiopia by the policy and human resource development project office , a sample of 330 health workers were asked to provide information on a number of issues among which were question on job satisfaction . When asked whether they were satisfied with their job, 74.6% of medical doctors, 62.5% of pharmacists, 50.6% of nurses, 50.0% of sanitarians, 36.4% of pharmacy technicians, 45.5%of laboratory technicians and 34.2% of health assistants respectively responded that they were not satisfied with their job. Reasons for dissatisfaction were low salary (60.3%), narrow opportunity for further education (24.8%), inadequate facility and supplies (20.1%). Among those who reported satisfaction from their job, the main reasons were satisfaction from helping others (43%), professional gratification (32%) and the amount of monthly salary (18.1%) (49).

According to surveying done in Jimma University specialized hospital in Oromia regional state on health workers job satisfaction , majority of the respondents (46.2%) were dissatisfied with their job(40). The major reasons were lack of motivation, bureaucratic management, lack of promotion, insufficient resources and supplies, poor infrastructure, poor participation and interaction with team members and supervisors and inadequate recognition of accomplishments of assigned duties. Some obstacles to job satisfaction may originate from the hospitals' management system itself. The hospital operates under bureaucratic principles with multi level hierarchy of authority. Factors such as lack of promotion, insufficient trainings and lack of job description were also been found as predictors for job satisfaction on health professionals in JUSH. The study showed association between job dissatisfaction and intention to leave and among those who plan to continue working; only 13% were satisfied.

In general, the findings of the study concluded that there is high level of job dissatisfaction and intention to leave job in the coming five years in Jimma University Specialized Hospital, which can greatly affect the quality of health services provided by the hospital and needs wide scale further study to maintain the quality of the health services (41).

Figure 1 Conceptual frame work

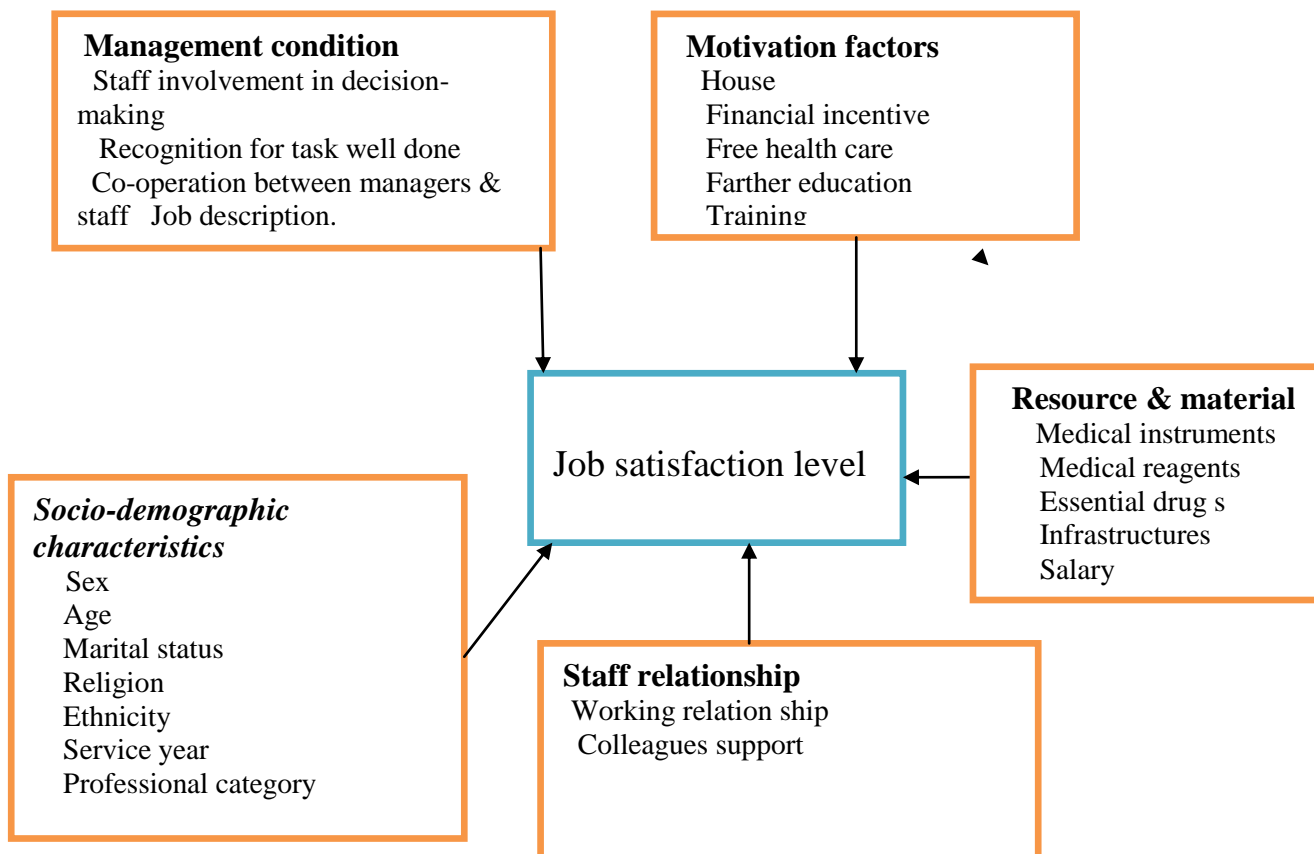


Figure 2.1.1 Self Sketch Conceptual frame work on health workers job satisfaction and factors affecting their satisfaction level in public hospitals in West Shoa Zone Oromia regional state, 2012

Chapter 3: Significance of the study

Even though job satisfaction is not directly observable, it has been identified as critical to the retention and performance of health workers (42). Some authors contend that the main determinant of health sector performance is health worker job satisfaction, and while resource availability and worker competence are necessary, they are not sufficient (43). Therefore, beside other resource constraints health workers job satisfaction does play a vital role in improving of health care services. In addition to technical training, health workers job satisfaction rewards health workers with high quality performance. To this end, an understanding of health workers satisfaction is necessary to design systems with the right incentives.

In addition this has been designed to contribute valuable information for health managers to assist them improve health workers satisfaction, in order to improve the quality of health services. Thus, one of the primary reasons for conducting this thesis is to identify factors affecting health workers job satisfaction and the extent of health workers job satisfaction levels in the study area.

Chapter 4 Objectives of the study

4.1 General objective

- ✚ To assess health workers job satisfaction and factors affecting their level of satisfaction in public hospitals of West Shoa Zone.

4.2 Specific objectives

- ✚ To assess the level of job satisfaction among health workers at public hospitals in West Shoa Zone.
- ✚ To determine factors affecting health workers job satisfaction at public hospitals in West Shoa Zone

Chapter 5: Methods

5.1 Study area and period

The study was conducted at the public hospitals of West Shoa Zone, Oromia Regional State from May 8 to May 20, 2012. West Shoa is one of the 18 zones of the Oromia Regional State located at 114 km from Addis Ababa, in the western part of Ethiopia. Ambo hospital, Gedo hospital and Gindeberat hospital were the only hospitals found in the zone and which are located at 114km, 193km and 234km from Addis Ababa ,respectively. All of them are district hospitals and provide service for about 2,072,485 inhabitants. From these, Ambo hospital played a pivotal role by having 150 beds and providing generalized services to in-patients and outpatients ideally on a referral for the two hospitals and health centers . By its location in the center of the zone, the hospital also enables easy access to patients from different areas. The chief executives of the hospitals are non-health professionals. Currently all of the hospitals had implement Business Process Re-engineering a strategy designed to improve the clients', the service providers and stakeholders' satisfaction.

5.2 Study Design

A cross-sectional survey was conducted using both quantitative and qualitative methods among health workers working at public hospitals in West Shoa Zone, Oromia Regional State

5.3 Population

5.3.1 Source population

For quantitative: The source population were all health workers who were working at the public hospital of West Shoa Zone during the study period.

For the qualitative: The source population was all individuals who were working at management position at the public hospitals of West Shoa Zone and not included in the quantitative part.

5.3.2 Study population

For quantitative: The study population was consisted of all selected health workers from the study areas. The study participants included medical doctors, health officers, BSc and diploma nurses, BSc and diploma midwives, medical lab professionals, pharmacy professionals and others.

For qualitative all individuals were purposely selected from those who works at a management position.

5.4 Inclusion and exclusion criteria:-

The inclusion criteria:-All categories of health workers who were employed by the hospital and served more than one year in hospitals at the time of the study.

The exclusion criteria: - Health workers who were not employed by the hospitals and not working more than one years.

5.5 Sample size and Sampling technique

Sample size

For quantitative part : The sample size were calculated using single population proportion formula with the following assumptions .

P = 42% of health workers job satisfaction level was taken from the study done in Jima university specialized hospital on health workers job satisfaction and factors affecting health workers , 95% confidence interval, $\alpha= 0.05$ margin of error and d = 5% degree of precision.

Based on these assumptions, the sample size was calculated as follows:

$$n_0 = \frac{Z_{\alpha/2}^2 p (1-P)}{d^2} = \frac{(1.96)^2(0.42)(1-0.58)}{(0.05)^2} = 374$$

When N is not large in comparison to n, (i.e., $n/N \geq 0.05$), the finite population correction was calculated by:

$$N = \frac{n_0}{1 + \frac{n_0}{N}} = \frac{374}{1 + \frac{374}{256}} = 151 \text{ study subjects}$$

Where $n_0 =$ was the sample from an infinite population.

N= was the total population.

By adding 10 % non- response rate i.e. 15 study subjects, the final sample size obtained was **166** study subjects. The study subjects were proportionally calculated from each source population.

$$\text{Ambo hospital} = \frac{112 \times 166}{256} = \mathbf{73} \text{ study subjects}$$

$$\text{Gindebrat hospital} = \frac{74 \times 166}{256} = \mathbf{48} \text{ study subjects}$$

$$\text{Gedo hospital} = \frac{70 \times 166}{256} = \mathbf{45} \text{ study subjects}$$

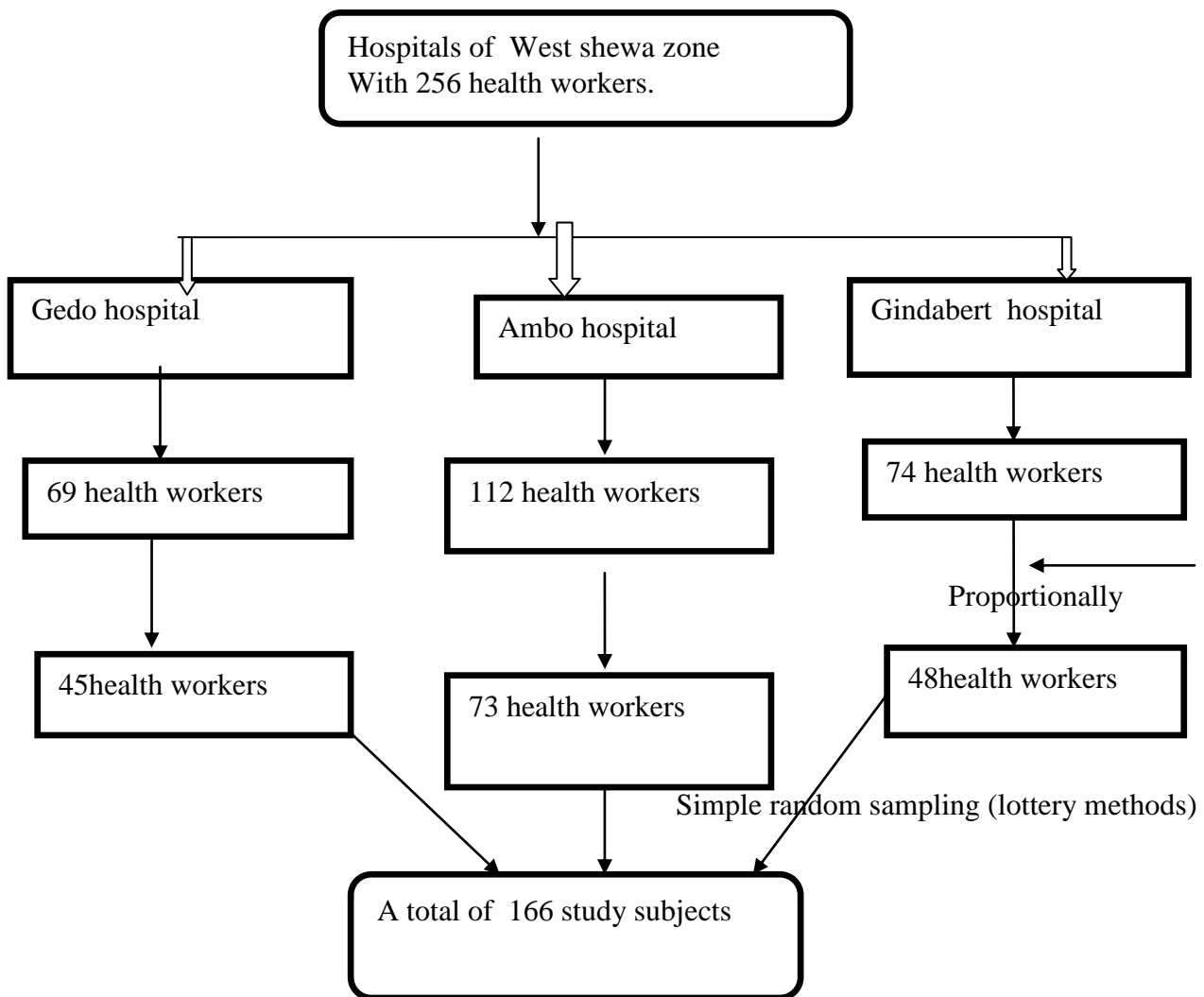
Totally giving **166** study subjects.

For quantitative: to obtain the total study subjects from the three hospitals the source population were stratified according to their professional category (Physician, health officer , nurse , pharmacy professionals, laboratory professionals and midwives) .Then from each strata the study subjects were calculated proportionally. Lastly, simple random sampling especially lottery method was used to select the study subjects from each stratum.

For the qualitative part: five individuals who working at management position were purposely selected from each hospital.

For the in-depth interview five individuals who were working at management position like medical director, hospital manager and department heads were selected from each hospital to support the information obtained from self-administered questionnaire.

Figure 2 Schematic diagram of sampling procedure for the study, West shewa zone , Oromia June ,2012



5.6 Pre-test:- Five percent of the questionnaire was pre-tested in Lukas hospital to check the validity, reliability clarity, sequence, consistency and understandability for both interviewers and interviewees and for total time it takes before the actual data collection. Then after, the necessary comments and feedbacks were incorporated in the final tool.

5.7 Data Collection and Management

The study employed a mix of quantitative and qualitative methods of data collection to gather pertinent information to attain its objectives. For the quantitative part a structured self-administered questionnaire, prepared in English language used to collect data from the participants. As all health workers can read and understand English language, the English version of the questionnaire was used. The content of the questionnaire includes the socio-demographic characteristics, lists of factors for job satisfaction and dissatisfaction, measures that should be taken to improve job satisfaction of health professionals and how to reduce turnover rate. As much as possible for data collection, appropriate time was arranged when the staff were found together. Prior to administering the questionnaires verbal consent was obtained from the study participants before participating in the study. They were also told that participation was voluntarily and confidentiality and anonymity was ensured throughout the study. Then after the questionnaire was distributed and collected after the purpose of the study was explained to the participants by data collectors. Due to the nature of shift work in a hospital, setting data collection was undertaken both during day and night.

Then the collected data were reviewed and checked for completeness by the supervisors and the principal investigator and been captured electronically for the purpose of analyses .

For the sake of triangulating the information obtained from the quantitative part, the in-depth interview was conducted with 15 management individuals five from each hospital like medical director, hospital manager and the three department heads.

5.8 Study variables

The dependent variable: Health workers job satisfaction level.

The independent variables are:

Socio demographic characteristics of the respondents:- title of the health workers, sex ,age ,marital status ,service year on job, education level religion and ethnic's of the participants.

Motivation factors:- housing, incentives, free health care, further education and training opportunities.

Staff relationship in the work place:-working relationship and colleagues support.

Management condition:-staff involvement in decision-making, recognition for task well done, performance evaluation, co-operation between managers & staff and job description.

Resource & material:- Medical instruments, medical reagents, essential drugs and infrastructures.

5.9 Data Analysis

For analyses the actual number of each response were considered . Hence, the total of 166 questionnaires were distributed to the study participants and all them responded to the questionnaire making the response rate of 100.0 % , thus 166 were available for analysis. Quantitative data from the returned questionnaires were coded and entered into a computer and analyzed using SPSS version 20.0 for windows statistical soft ware. The data were summarized using tables and described using descriptive statistics based on frequencies and percentage. Association between dependent and independent variables were made using the ‘chi-square’ test of association and P-value of < 0.05 , at 95% CI as cut off point for statistical significance. Binary and multiple logistic regression analysis were also done to identify factors affecting health workers job satisfaction. A five-point Likert scale was being utilized to measure six questionnaires of job satisfaction. The participants indicated on a five-point Likert scale the extent to which they satisfied or dissatisfied with statement. Number 5 was assigned to the answer ‘very satisfied’ and number 1 was assigned to the answer ‘very dissatisfied’. Since the reliability coefficient (Cronbach’s alpha) of the satisfaction questionnaire, this study was 0.742, all of the items retained in the scale.

Using each score of all the health workers job satisfaction responses for management condition, staff relation-ship, salary, working environment, training opportunity and performance evaluation, a composite variable “overall satisfaction level was constructed.

For the purposes of this study to determine the overall satisfaction level of health workers , respondents who obtained a score of $< 50\%$ were classified as “dissatisfied”, and those who obtained a score $\Rightarrow 50\%$ were regarded as “satisfied”. Data collected by in-depth interview was transcribed and analyzed thematically for triangulating the quantitative results .

5.10 Operational definitions

“**Job satisfaction**” Respondents who obtained score of <50 % of the satisfaction factors were classified as “dissatisfied”, and those who obtained a score of $\geq 50\%$ were regarded as “satisfied ”(44).

Health Workers :- Are those people like doctors, nurse, health officer, pharmacists and laboratory professionals who are working in the hospitals to protect and improve the health of the communities.

Health professionals:- Divisions of or classes of health workers according to their title.

Turnover rate:- The number of health workers who were left the hospital permanently during the year divided by average workforce multiplied by hundred.

Attrition rate: Is the number of health workforce who left their job in specified period.

Motivation:- is defined as the willingness to exert and maintain an effort towards the hospital goal.

Incentive:- is defined as financial and non financial package which is available and is applied with the intention to influence the willingness of health workers in the hospital.

5.11 Ethical considerations

Ethical clearance and approval to conduct the research was obtained from Jimma University College of public health and Medical science, Ethical Clearance board. Permission to conduct the study was also requested from the respective hospitals manager. Prior to administering the questionnaires, the aims and objectives of the study were explained to the participants and verbal consent was obtained from study participants before participating in the study. They were also told that participation was voluntarily and confidentiality and anonymity was ensured throughout the study, as participants were not required to disclose personal information on the questionnaire.

5.12 Dissemination plan

Finally, the finding of study will be presented to Jimma University College of public health and medical science, department of health service management and upon approval disseminated to other relevant governmental health services organization like ZHD ,WroHO , hospital managers through reports and giving awareness on the finding of the study and preparing meeting , seminars and conferences as opportunity permits. Efforts will also be made to publish on scientific journals.

Chapter 6 . Results

This chapter presents the results of the study on job satisfaction both in descriptive and analytical forms. The analysis initially evaluates the socio-demographic characteristics and then examines factors associated with job satisfaction or dissatisfaction. A total of 166 health workers were provided the self-administered questionnaire and all of them responded to the questionnaire making the response rate of 100.0%.

6.1 Descriptive Statistics of Demographic Factors

In this section, descriptive statistics were utilized to analyze demographic factors. These include sex, age, religion, ethnicity, marital status, professional title, services year and education level.

Eighty five(51.2%) were females and 96(57.8 %) of the participants were in the age group between 25-29 years. One hundred four(62.7%) of the respondents were protestant by religion, 154 (92.8%) Oromo by ethnicity and 94 (56.6%) married.

Satisfaction according to socio-demographic variables showed that females 64(75.3%) were dissatisfied than males 49(60.3%); highest dissatisfaction rate was in the age group of 25-29 years. According to respondents' professional category, 78(47.0) were nurses followed by 24(14.6) pharmacy professionals. One hundred twenty four (74.7) had served between 1-5 years and 28(16.3) had served between 6-10 years. As to educational status 97(58.4%) had first degree and the rest 69(41.6%) were diploma holders (Table 1). Satisfaction according to professional category and service year showed that highest dissatisfaction among midwives 12(100.0) and medical doctors 15(100.0), and those having serve between 1-5 years 91(73.4%). The result of the chi-test showed that, there was statistically significance between health workers job satisfaction level and sex($p=0.03$), marital status($p=0.01$), professional category($p=0.00$), duration of service(0.01) and level of education ($p=0.03$) in the study area during the study period (Table 1). This means that there was a significant difference of health workers job satisfaction when compared by sex, marital status, professional category, duration of service and educational level.

Table 1. Job satisfaction versus socio-demographic characteristics of participants in public hospitals of West Shoa Zone, June 2012.

Variables(N=166)	Total No(%)	No respondents to Satisfaction question	Satisfied No(%)	Dissatisfied No (%)	P-Value
Sex					
Male	81(48.8)	81	32(39.5)	49(60.5)	0.03
Female	85(51.2)	85	21(24.7)	64(75.3)	
Age					
<25	38(22.9)	38	11(29.0)	33(71.0)	0.08
25-29	96(57.8)	96	27(28.1)	69(71.9)	
30-34	16(9.6)	16	5(31.2)	11(68.8)	
35-40	8(4.8)	8	4(50.0)	4 (50.5)	
40-44	2(1.2)	2	2(100.0)	0(0.0)	
>40	6(3.6)	6	3(50.0)	3(50.0)	
Religion					
Orthodox	36 (21.7)	36	13(36.1)	23(63.9)	0.18
Muslim	18(10.8)	18	5(27.7)	13(72.3)	
Protestant	104 (62.7)	104	34(32.7)	70(67.3)	
Others	8 (4.8)	8	0(0.0)	8(100.0)	
Ethnicity					
Oromo	154 (92.8)	154	52(33.7)	102(66.3)	0.22
Amhara	3(1.8)	3	0(0.0)	3(100.0)	
Gurage	0(0.0)	0	0(0.0)	0(0.0)	
Tigre	7(4.2)	7	1(14.3)	6(85.7)	
Other	2(1.2)	2	0(0.0)	2(100.0)	
Marital status					
Not married	72 (43.4)	72	16(21.6)	56(78.4)	.01
Married	94(56.6)	94	37(39.4)	57(60.6)	
Professional Category					
Physician	15(9.0)	15	0(0.0)	15(100.0)	0.00
Health officer	9(5.4)	9	4(44.4)	5(55.6)	
Nurse (BSc & Diploma)	78(47.0)	78	24(30.7)	54(69.3)	
Pharmacist/Druggist	24(14.6)	24	13(54.2)	11(45.8)	
Midwife (BSc & Diploma)	12(7.2)	12	0(0.0)	12(100.0)	
Laboratory professionals	15(9.0)	15	3(20.0)	12(80.0)	
Others	13(7.8)	13	9(69.2)	5(30.8)	
Level of Education					
Diploma	69(41.6)	69	20(29.0)	49(71.0)	0.03
First degree	97(58.4)	97	33(34.0)	64(66.0)	
Service Years					
1-5 years	124(74.7)	124	33(26.6)	91(73.4)	0.01
6-10 years	28(16.3)	28	15(55.6)	12(44.4)	
> 10 years	14(8.4)	14	5(33.3)	9(66.7)	
Total	166(100)	166	53(32.0)	113(68.0)	

*Others (Environmental health, Physiotherapy, anesthesia experts, X-ray technicians)

Of the respondents, 53(32.0%) were satisfied with their job (table 1), the major reason given by 38(71.7%) was satisfaction from helping others. The remaining respondents satisfaction was justified by opportunity to develop (salary) 23(43.4) and being health professional 21(41.2) (table 2)

Of the respondents;113(68.0 %) were dissatisfied with their job(table1) the major reasons were lack of motivation using financial incentives , 63(37.0%), lack of training, 77(46.4%), and lack of house provision in the hospital , 27(16.3), bureaucratic constraint in relation to further education, 82(51.3) lack of leaving governmental institution 30(18.8) and lack of promotion, 24(15.0%)(table2) .

Table 2- Factors and level of job satisfaction and dissatisfaction versus profession in public hospitals of West Shoa Zone, June, 2012

	<i>Profession</i>							<i>Total (N=53)</i>
	Physicians (N =0)	Nurses (N =24)	HO (N =4)	Lab (N =3)	Midwiv (N =0)	Pha. (N=1)	Others (N =9)	
Reasons for Satisfaction								
Being health professional	0(0.0)	9(37.5)	2(50.0)	0(0.0)	0(0.0)	6(46.2)	3(33.3)	
Satisfaction in helping others	0(0.0)	16(66.7)	4(100.0)	3(100.0)	0(0.0)	8(61.5)	7(77.8)	
Opportunity to develop	0(0.0)	6(25.0)	1(25.0)	1(33.3)	0(0.0)	12(92.3.0)	3(33.3)	
Reasons for Dissatisfaction	Physicians (N=15)	Nurse (N=54)	HO (N =5)	Lab (N =12)	Midwife (N =12)	Pha. (N=11)	Others (N=5)	
House in the hospital	2(13.3)	12(22.3)	0(0.0)	1(14.4)	11(91.7)	0(0.00)	1(20.0)	
Incentives (top up)	6(40.0)	28(51.9)	4(80.0)	5(71.2)	8(53.3)	8(72.7)	4(80.0)	
Free health care	2(33.3)	7(13.0)	1(0.0)	1(20.0)	6(40.0)	2(18.2)	3(60.0)	
Training	12(80.0)	42(77.7)	3(60)	0(0.0)	7(46.7)	8(72.7)	5(100)	
Insufficient resource of								
Essential drugs	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	
Chemical reagents	0(0.0)	0(0.0)	0(00)	1(14.3)	0(0.0)	1(6.7)	0(0.0)	
Infrastructure	1(20.0)	4(9.3)	2(25.5)	1(14.3)	0(0.0)	6(40.0)	1(0.0)	
Management condition								
Annual leave	0(0.0)	2(3.7)	0(0.0)	0(0.0)	3(25.0)	0(0.0)	0(0.0)	
Further education	12(80.0)	53(96.2)	3(60.0)	8(66.7)	7(58.3)	7(63.6)	5(100)	
Transfer	13(86.7)	25(46.3)	2(40.0)	4(33.3)	3(25.0)	2(18.2)	0(0.0)	
Lack of leaving government Institution	14(93.3)	27(50.0)	4(80.0)	4(33.3)	6(50.0)	4(36.4)	0(0.0)	
Lack of promotion	7(46.7)	18(33.3)	2(40.0)	2(16.7)	4(33.3)	4(36.4)	2(0.0)	

*Others (Environmental health, Physiotherapy, anesthesia experts, X-ray technicians)

6.1.1 Descriptive analysis of factors affecting health workers job satisfaction.

Regarding management, of the total respondents 60(36.2%) were very dissatisfied 74(44.5%) were dissatisfied, 8(4.8%) were no difference while 21(12.7%) were satisfied and 3(1.8%) were very satisfied. Also as the result showed, 61(36.8%) were very dissatisfied, 58(34.9%) of the respondents were dissatisfied, 18(10.8%) were no difference while 27(16.3%) were satisfied and 2(1.2%) were very satisfied with their salary. Out of 166 participants respond to health workers relationship in the work place 30(18.1%) were very dissatisfied 42(25.4%) were dissatisfied, 18(9.1%) were no difference while 62(37.4%) were satisfied and 17(10.2%) were very satisfied (Table 3).

Table 3. Frequency and distribution of respondent's response to the major factors affecting health workers job satisfaction levels in public hospitals of West Shoa Zone, June, 2012

Variables	Respondents response to satisfaction questions				
	Very satisfied	Satisfied	Undecided	dissatisfied	Very dissatisfied
Management condition	3(1.8%)	21(12.7%)	8(4.8%)	74(44.5%)	60(36.2%)
Salary	2(1.2%)	27(16.3%)	18(10.8%)	58(34.9%)	61(36.8%)
Staff relation ship	17(10.2%)	62(37.4%)	15(9.0%)	42(25.4%)	30(18.1%)
Work environment	2(1.2%)	31(18.7%)	11(6.6%)	67(40.4%)	55(33.1%)
Training opportunity	11(5.5%)	22(13.2%)	6(3.6%)	63(38.0%)	64(38.6%)
Performance evaluation	6(10.2)	35(59.3)	0(0.0)	14(23.7)	4(6.8)

Health workers participation in decision-making processes

When the respondents were asked about how often their immediate boss involve them in hospital decision-making processes, 30(18.1%) and 63(37.9%) of the study participants reported that they never and rarely participate respectively in the decision making process. Eight (56.2%) of the doctors, 9(60.0%) lab professionals and 10(86.7%) of the midwives reported that they have never participated in the decision making process regarding work-related issues in the hospital (Table 4).

Table 4:-Frequency and distribution of participants in decision making processes according to their professional background in West Shoa Zone June, 2012

Participation frequency	Professional Background							Total
	Doctors	HO	Nurses	Pha	Midwives	Lab	Others	
Not at all	8(56.2)	1(9.1)	12(14.9)	9(36.7)	10(86.7)	9(60.0)	2(12.3)	30(30.7)
Rarely	7(43.8)	2(18.5)	33(42.6)	10(40.0)	0(0.0)	6(40.0)	5(37.0)	63(37.9)
Some times	0(0.0)	6(63.3)	28(36.2)	6(23.3)	2(13.3)	0(0.0)	6(50.0)	48(28.9)
All ways	0(0.0)	1(9.1)	5(6.3)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	6(3.6)
Total	15(100.0)	9(100.0)	78(100.0)	24(100.0)	12(100.0)	15(100.0)	100.0	166(100.0)

*Others (Environmental health, Physiotherapy, anesthesia experts, X-ray technicians)

Job description

With regard to job description, respondents were first asked if a job description was supplied to them when they were first employed. The majority 98(59.9%) of the participants reported that they were not provided job description while the remaining 68(41.1%) of the respondents were provided when they were first employed in their hospital. However, this was varied considerably according to professional category. While only 1 out 11 of health officers were not received a job description, 11(91.7%) of mid wives, 13(87.7%) of doctors, 17(70.0%) of pharmacy professionals 10(66.7%) of laboratory professionals and 23(55.1%) of nurses were not receive such information when they were first employed (Table 5).

Table 5:-Participants job description versus professional background in public hospitals of West Shoa Zone, June, 2012

Job description	Professional Background							Total
	Doctors No(%)	HO No(%)	Nurses No(%)	Pha No(%)	Midwives No(%)	Lab No(%)	Others No(%)	
Yes	2(13.3)	8(88.9)	35(44.9)	7(29.2)	1(8.3)	5(33.3)	8(61.5)	68(41.1)
No	13(86.7)	1(11.1)	43(55.1)	17(70.8)	11(91.7)	10(66.7)	5(38.5)	98(59.9)
Total	15(100.0)	9(100.0)	78(100.0)	24(100.0)	12(100.0)	15(100.0)	13(100.0)	166(100)

Others (Environmental health, Physiotherapy, anesthesia experts, X-ray technicians)

Work performance evaluation

Concerning evaluation of tasks performed, only 46(27.7%) of the participants knew the existence of work performance evaluation in their hospital. About 119(71.9%) and 16(10.2%) of the respondents reported that they had never been and rarely evaluated for the job they performed, respectively. While only 20(12.8%) and 9(5.1%) of the participants were evaluated for some time and most of the time for the work they perform respectively. From these only 12(14.4%) of the respondents knew the criteria used for evaluating the work performance; of these, doctors, pharmacy professionals and mid wives were the that had the lowest proportion . Of those who have been evaluated for the work they performed,9(75.0%) were not satisfied with the evaluation system while only 3(25.0%) were satisfied with the evaluation system. Over all of the respondents responded that if work performance evaluation system exists in the hospital it encourages them more for the better achievement of the work they perform (Table 6).

Table 6:-Participants work performance evaluation according to their professional background in public hospitals of West Shoa Zone, June 2012

Variable		Professional Background							Total
		Doctors No(%)	HO No(%)	Nurses No(%)	Pha No(%)	Midwife No(%)	Lab No(%)	Others No(%)	
Existence of Work evaluation	Yes	0(0.0)	7(77.8)	26(33.3)	4(16.7)	4(33.3)	0(0.0)	5(38.5)	46(27.7)
	No	15(100.0)	2(22.2)	52(66.7)	20(83.3)	8(66.7)	15(100.0)	8(61.5)	120(72.3)
	Total	15(100.0)	9(100.0)	78(100.0)	24(100.0)	12(100.0)	15(100.0)	13(100.0)	166(100.0)
Know criteria of performance	Yes	0(0.0)	2(22.2)	6(7.7)	1(4.2)	0(0.0)	0(0.0)	3(23.1)	12(7.3)
	No	15(100.0)	7(77.8)	72(92.3)	23(95.8)	12(100.0)	15(100.0)	10(76.9)	154(92.7)
	Total	15(100.0)	9(100.0)	78(100.0)	24(100.0)	12(100.0)	15(100.0)	13(100.0)	166(100.0)
Satisfaction with evaluation	Satisfied	0(0.0)	0(0.0)	2(33.3)	0(80.0)	0(0.0)	0(0.0)	1(33.3)	3(25.0)
	dissatisfied	0(0.0)	2(100.0)	4(66.7)	1(20.0)	0(0.0)	0(0.0)	2(66.7)	9(75.0)
	Total	0(0.0)	2(100.0)	6(100.0)	1(100.0)	0(0.0)	0(0.0)	3(100.0)	12(100.0)

Others (Environmental health, Physiotherapy, anesthesia experts, X-ray technicians)

Plan to leave

With regard to five years plan of the respondents; 131(78.9%) of the participants responded that they were planning to leave the hospitals, making attrition rate to be 46 (35.0%) in the coming one year, 75(56.9%) in the 2-3 years and 10(8.1%) in the 4-5 years .

Regarding to specific profession, 14(93.3%) of the physicians, 59(76.0%) of nurses, 9(100.0) of health officers, 12(80.0%) of laboratory professionals, 8(66.7%) of midwives, 18(62.5%)

of the pharmacy professionals and 11(84.6%) of other participants have reported that they have plan to leave the institution . The reason have given for leaving the institution by the participant includes management related issues 61(46.6%), materials and resource related issue 7(5.1%) lack of motivation 30(22.8%) and lack of opportunity to development (education) 33(25.3) . Of those who have planed to leave the institutions 58(44.3%) were aiming to work in NGO/private sectors , 37(28.5%) intended to work in other governmental organizations and 35(27.2%) wanted to run their own business(Table 7 and 8). Only 28(16.9%) of the respondents plan to continue to work in the hospital for five and/or more years . Regarding to specific profession, 17(17.9%) of nurses and 3(20.0%) of laboratory professionals planed to continue to work for five or more years. The main reasons given to stay in the hospitals were family related issues, 13 (56.5%) and commitment to serve the government institute, 11(47.8%). Only 3(13.0%) of the respondents gave job satisfaction as reason to stay for five or more years. The rest of the respondents answered that they don't know, 22 (15.2%) or no answer, 19 (13.1%) (Table 7 and 8) .

Table 7. Future plan of the participants versus profession in public hospitals of West Shoa Zone, June 2012.

Future plan to	Physician (N=15)	Nurse (N=78)	HO (N=9)	Lab. (N=15)	M.wives (N=12)	Pha. (N=24)	Other (N=13)
Leave the hospital	14(93.3)	59(76.0)	9(100.00)	12(80)	8(66.7)	18(62.5)	11(84.6)
Within one year	7(50.0)	22(37.3)	4(44.4)	8(53.3)	4(50.0)	12(68.2)	6(54.5)
Within 2-3 years	5(35.1)	38(64.4)	5(55.6)	7(38.9)	2(25.0)	4(22.7)	4 (36.4)
Within 4-5 years	2(14.3)	7(11.3)	0(0.0)	7(38.9)	2 (25.0)	2(9.0)	1(9.1)
Continue to work	0(0.0)	14(18.0)	0(0.0)	3(20)	4(33.3)	9(37.5)	1(7.7)
Don't know	1(6.7)	5(6.4)	0(0.0)	0 (0.0)	0(0.0)	0(0.0)	1(7.7)

*Others (Environmental health, Physiotherapy, anesthesia experts, X-ray technicians)

Table 8. Reason to stay or leave the institution of health workers in public hospitals of West Shoa Zone, June, 2012.

Reasons to stay (N=28)	Number(%)
To get chance for further education	6(21.6)
To complete the commitment to serve the government	6(21.6)
Family related issues	16(57.1)
Personal related issues	0(0.0)
Reasons to leave (N=131)	
Management related issues	61(46.6)
Materials and resource related issue	7(5.1)
Lack of motivation	30(22.8)
Lack of opportunity to development (education)	33(25.3)
Intention after leaving the institution (N=131)	
Working in other governmental organization	37(28.5)
Work in NGO/private	58(44.3)
Work in non-health institution	0(0.0)
Running own business	35(27.2)

*In this table there was some missing of study participants

Analysis of job satisfaction versus future plan showed there is no statistical significant between jobs dissatisfaction and intention to leave . One hundred six (80.3) of dissatisfied verses 52(80.0) of satisfied plan to leave their job (p =0.96) (Table 9).This indicate that the health workers intention to leave their work had no relationship with job satisfaction .

Table 9 Job satisfaction versus future plan of health workers in the public hospitals of West Shoa Zone, June 2012.

Variable	Future		P-value
Job satisfaction level	Stay	Leave	
	Number (%)	Number (%)	
Satisfied	13(20.0)	52(80.0)	0.96
No satisfied	26(19.7)	106(80.3)	
Total	39(19.8)	158(80.2)	

6.1.2 Descriptive analysis of overall health workers job satisfaction level

A five-point Likert scale was utilized to measure six questionnaires on job satisfaction. The participants indicated on a five-point Likert scale the extent to which they were satisfied or dissatisfied with statement. Number 5 was assigned to the answer ‘very satisfied’ number 1 was assigned to the answer ‘very dissatisfied’. Using each score of all the health workers job satisfaction responses for management condition, staff relation-ship, salary, working environment, training opportunity and performance evaluation, a composite variable “overall satisfaction level was constructed .

For the purposes of this study to determine the overall satisfaction level of health workers , respondents who obtained a score of < 50% were classified as “dissatisfied”, and those who obtained a score =>50 % were regarded as “ satisfied”.

Accordingly, 53(32.0%) of the health workers were satisfied with their job, and 133(68.0%) were not satisfied.

Suggestions given by the respondents to improve the existing problems of health workers job satisfaction and to improve health care service includes establish good system for administration and management by 128 (64.6%), improving training and further education by 110 (56.1%), encourage direct participation of health workers in decision making activities 90(45.5) encourage direct participation of health workers in planning , implementing and evaluating activities in respective departments and units 90(45.5)(Table 10)

Table 10. Suggestion given by the participants to improve health workers job satisfaction in the public hospitals of West Shoa Zone, June, 2012.

Suggestion	Number(percent)
Establish good system for administration and management	128(64.6)
Improve training and further education opportunity	110(56.1)
Encourage direct participation of health workers in decision making activities	90(45.5)
Encourage direct participation of health workers in planning ,implementing and evaluating activities in respective departments and units	90(45.5)
Increasing salary and financial incentive	80(40.4)
Increasing non- financial incentives,	64(32.3)
Improve hospital facility, infra structure and working condition	48(24.2)
Providing free health care,	34(17.2)
Provision of housing or housing allowance	31(15.7)
Establish good relationship and co-ordination among staff	30(15.3)
Avail medical instruments, supplies, drugs, chemical reagents	26(13.3)
Total	166(100.0)

6.2 Logistic Regression Analysis

6.2.1 Binary Logistic Regression Analysis

Socio-demographic factors

In addition to multi co -linearity diagnosis, binary logistic regression analysis was done in order to identify those variables that could be interred into multiple logistic regression model . The relationship between socio-demographic variables and satisfaction was done crudely(table 12) . Accordingly, the sex of the participants with (crude OR=2.620, 95% of CI =1.284 ,5.343) and the education level of the participants with (crude OR =0.379 ,95% of CI = 0.184 , 0.783) showed statistically significant, while the remaining socio-demographic variables ,age ,marital status and work experience has no statistical deference with health workers job satisfaction (Table 12) .

The satisfaction of male respondents were increased by an average of 2.620 as compared to the female participants .

With the education level of the participants those diploma holder had 0.379 less satisfaction level when compared to degree holders.

Table 11: Binary logistic regression analysis of selected socio demographic characters versus health workers job satisfaction in public hospitals of West Shoa Zone .

Variables	Frequency	Job satisfaction level		Crude OR 95% CI	P- value
		Satisfaction No(%)	Dissatisfied No(%)		
Age					
<25	38	11(29.0)	27(71.0)	0.237(0.049-2.112)	0.237
25-29	96	27(28.1)	69(71.9)	0.702(0.128-3.839)	0.683
30-34	16	5(31.2)	11(68.8)	0.667(0.092-4.810)	0.688
35-39	8	4(50.0)	4 (50.5)	3.125(0.382-25.566)	0.288
40-44	2	2(100.0)	0(0.0)	0.000(0.00)	0.999
>44	6	3(50.0)	3(50.0)	1*	
Sex					
Male	81	32(39.2)	49(60.8)	2.620(1.284-5.343)	0.008
Female	85	21(24.7)	64(75.3)	1*	
Marital status					
Not married	72	16(21.6)	56(78.4)	0.790(0.404-1.545)	0.491
Married	94	37(39.4)	57(60.6)	1*	
Work experience in years					
1-5	124	33(26.6)	91(73.4)	.537(.176-1.635)	.273
6-10	28	15(55.6)	12(44.4)	2.447(0.710-8.430)n	0.156
10 ⁺	14	5(33.3)	9(66.7)	1*	
Educational level					
diploma	67	20(29.0)	49(71.0)	0.379(0.184-0.783)	0.009
first degree	97	33(34.0)	64(66.0)	1*	

Factors affecting health workers job satisfaction

Factors affecting health workers job satisfaction were entered into binary logistic model to see the association and presented in table 13 below. Management condition, staff relationship, salary, training /opportunity, presence of job description, working environment had statistically significant association with health workers job satisfaction.

The salary was mentioned as lower reason for job satisfaction factor compared to other factors.

Because, of the 53(32.0%) respondents who were satisfied with their job (Table 2), only 23(43.4) of the respondents indicated that salary as the means of job satisfaction .

Table 12 :- Binary logistic analysis of factors affecting health workers job satisfaction in public hospitals of West Shoa Zone 2012.

Variable	Frequency	Job satisfaction level		Crude OR 95% CI	P value
		Satisfied No(%)	Dissatisfied No(%)		
Management condition					
Satisfied					
Dissatisfied	30	18(60.0)	12(40.0)	1*	0.00
	136	21(15.4)	105(84.6)	0.115(0.052-0.255)	
Staff relation ship					
Satisfied	78	29(37.2)	49(62.8)	0.237(0.116-0.485)	0.00
Dissatisfied	88	11(12.5)	77(87.5)	1*	
Salary					
Satisfied	46	21(45.7)	25(54.7)	0.292(0.147-0.581)	0.00
Dissatisfied	120	21(17.5)	99(82.5)	1*	
Training opportunity					
Satisfied	38	22(57.45)	16(42.55)	0.111(0.053-0.235)	0.00
Dissatisfied	128	16(12.74)	112(87.260)	1*	
Working environment					
Satisfied	45	23(51.1)	22(48.9)	0.154(0.075-0.320)	0.00
Dissatisfied	121	16(13.2)	104(86.8)	1*	
Presence of job description					
Yes	65	17(26.2)	48(73.8)	1.342(0.676-2.667)	0.22
No	101	21(20.7)	80(79.3)	1*	
Participation in decision making					
Participated	55	18(32.7)	37(66.3)	0.522(0.262-1.038)	0.064
Not participated	111	22(19.8)	89(80.2)	1*	
Plan to leave					
Yes	133	27(20.3)	106(79.7)	0.365(0.173-0.770)	0.008
No	33	14(42.2)	19(57.8)	1*	

6.2.2 Multiple Logistic Regression Analysis

Socio demographic and factors affecting health workers job satisfaction

All socio-demographic and factors affecting health workers job satisfaction variables that showed significant associations with health workers job satisfaction in binary logistic analysis were selected and entered simultaneously to multiple logistic regression model to identify the most important predictors of health workers job satisfaction factors . From these only variables which had statistical significant association with health workers job satisfaction were displayed in table 14 below .

Table 13 . Multiple Logistic Regression estimates of factors affecting health workers job satisfaction in the public hospital of West Shoa Zone June 2012.

Variables	Frequency	Job satisfaction Satisfaction No(%)	Level Dissatisfied No(%)	Crude OR 95% CI	Adjusted OR 95% CI
Educational level					
Diploma	85	25(29.4)	60(70.6)	0.379(0.184-0.783)	0.388(1.016-14.782)
First degree	119	40(33.6)	79(66.4)	1*	
Management condition					
Satisfied	30	18(60.0)	12(40.0)	1*	1*
Dissatisfied	136	21(15.4)	105(84.6)	0.115(0.052-0.255)	8.141(2.678-25.356)
Training opportunity					
Satisfied	38	22(57.45)	16(42.55)	0.111(0.053-0.235)	10.031(3.146-32.010)
Dissatisfied	128	16(12.74)	112(87.260)	1*	1*
Participation in decision making					
Participated	55	18(32.7)	37(66.3)	0.522(0.262-1.038)	1*
Not participated	111	22(19.8)	89(80.2)	1*	3.429(1.276-9.215)
Presence of job description					
Yes	65	17(26.2)	48(73.8)	1*	*
No	101	21(20.7)	80(79.3)	1.342(0.676-2.667)	5.459(1.415-21.060)
Plan to leave					
Yes	133	27(20.3)	106(79.7)	0.365(0.173-0.770)	5.904(1.647-21.161)
No	33	14(42.2)	19(57.8)	1*	1*

As depicted in table 14, variables such as educational level of the study participants, management condition in the hospital, training/education opportunity, participants involvement in decision making process , job description, performance evaluation and plan to leave were strong predictors of health workers job satisfaction.

Education level of health workers

The odd ratio education status of health workers suggested that job satisfaction of health workers who have first degree was 3.875 higher when compared to diploma holders.

Management condition in the hospitals: the result of the study showed that this particular explanatory variable is significant at 5% probability level and has a positive association with health worker job satisfaction. This variable indicates that more committed and right management of the hospital encourage the health workers job satisfaction and quality of health service produced in the hospitals.

The interpretations of the odd ratio for management of the hospitals implies that ,other factors being held constant , the overall job satisfaction of the health workers who were satisfied with the management of the hospital were 8.241 times higher when compared to those were not satisfied with the management condition of the hospital .

Training opportunity: The variable training satisfaction was positively associated and significant at 5% of probability level related to health workers job satisfaction. The positive effect of this variable shows that importance of training opportunity in health workers job satisfaction in hospitals. The interpretation of odd ratio implies that, if other factors remain constant the probability of health worker job satisfaction increased by a factor of 10.031 than those who have no training opportunity.

Participants' involvement in hospital decision-making processes: Participant's involvement in decision-making processes on work related issues in the hospital is important to health workers job satisfaction. Job satisfaction of health workers who have participated in decision-making process increases by factor of 6.254 when compared to those who have never been participated in decision-making process.

Job description of the participants: this variable was positively associated and significant at 5% of probability level related to health workers job satisfaction. The interpretation of odd ratio implies that, if other factors remain constant job satisfaction level of health workers who have job description increased by 5.904 than those who have no job description.

Correlations between health workers job satisfaction and factors affecting their satisfaction level.

Table 15 shows the results of Pearson correlations that measure the relationship between general satisfaction and each individual job satisfaction factors.

The test result revealed that the correlation for salary was ($r=0.51$), ($r = .60$), training opportunity was ($r = 0.61$), management condition was ($r = .65$), work condition was($r=.65$) and the performance evaluation was ($r = 0.73$), all at a p-value of less than 0.01. In effect, each independent variable was significant for explaining the job satisfaction level of health workers. This appeared to verify that the most practical predictor in this study for job satisfaction was performance evaluation. It accounted for 53.29 percent (0.73^2) of the variance of job satisfaction. Other variables that contributed to the variance were working condition, 24.25 percent (0.65^2); management condition, 42.25 percent (0.65^2); training opportunity, 37.21 percent (0.61^2); staff relations was, 36.00 percent (0.60^2); and salary was, 26.01 percent (0.51^2)

Overall, general satisfaction and all the individual dimensions of job satisfaction had a positive medium relationship with each other at a low to medium level. General job satisfaction has a significant positive association with all factors of health workers job satisfaction from low to high value as follow.

Table 14 : Correlations between job satisfaction and factors affecting health workers job satisfaction public hospitals of West Shoa Zone , June,2012

	Overall job satisfaction	Management condition	Staff relation	Salary	Training opportunity	Working condition	Performance evaluation
Over all job satisfaction	1						
Management condition	0.651**	1					
Staff relation	0.600**	0.459**	1				
Salary	0.512**	0.450**	0.279**	1			
Training opportunity	0.611**	0.450**	0.381**	0.458**	1		
Working condition	0.654**	0.385**	0.384**	0.446**	0.555**	1	
Performance evaluation	0.734**	0.755**	0.392**	0.301*	0.025	0.049	1

** Correlation is significant at the 0.01 level (2-tailed)

* Correlation is significant at the 0.05 level (2-tailed)

Chapter 7 :- Discussion

In this study, majority of the respondents (68.0%) were dissatisfied with their job. This finding is consistent with the study done in Jimma university specialized hospital on job satisfaction and its determinants among health workers(41) . The major reasons were lack of motivation, bureaucratic management, lack of promotion, insufficient resources and supplies, poor infrastructure, poor participation and interaction with team members and supervisors. Dissatisfaction according to professional category showed that highest dissatisfaction among mid wives and medical doctors. This may be due to the nature of the workload they performed, as their number is relatively few when compared to other health professional category.

This finding was also similar with the facility level survey done in Ethiopia by the policy and human resource development project office , on health workers job satisfaction of whom, 74.6% of medical doctors, 62.5% of pharmacists, 50.6% of nurses, 50.0% of sanitarians, 36.4% of pharmacy technicians, 45.5% of laboratory technicians and 34.2% of health assistants respectively responded that they were not satisfied with their job . Reasons for dissatisfaction were low salary (60.3%), narrow opportunity for further education (24.8%), inadequate facility and supplies (20.1%). Among those who reported satisfaction from their job, the main reasons were satisfaction from helping others (43%), professional gratification (32%) and the amount of monthly salary (18.1%) (40).

Notable observation was also made with the above statement from the interview of the hospital managers reported that majority of the health workers were dissatisfied by their work in hospital. Fourteen of the participants declared that inadequate salary, as the reasons for health worker job dissatisfaction followed by 12 respondents were lack of incentive like top up, education and training opportunity.

Similarly 11 respondents from in-depth interview for reason of health workers job dissatisfaction especially department heads stated as job interference from the external environment.

Of the respondents, 32.0% were satisfied with their job, the major reason given by 38(71.7%) was satisfaction from helping others. The remaining respondents satisfaction was justified by opportunity to develop 23(43.4) , being health professional 21(41.2) and salary 8(24.2) .

This finding is consistent with the study done on factors affecting job satisfaction of health workers working in Jimma zone (1997) (22) and study done in Jimma university specialized hospital (20011) in which the major reason given by 54(90.0%) was satisfaction from helping others and 5 (8.3%) of the respondents satisfaction was justified by salary. This consistence might be due to the similarity of the two area by salary, duty and top up and exposed to the same health system or health reforms.

On the other hand the finding of this study is different from the finding of the study on job satisfaction among physicians in Botswana in which job satisfaction proportion was 42.0% while for this study was 32.0% . This finding is also inconsistent with the finding of the study done in 2004 in Canada on community pharmacists in whom the respondents reported that adequate staffing; increasing resources and salary were main factors for improving job satisfaction of pharmacists (9) . It is also not consistent with other studies done in four states of America where opportunities for professional growth, recognition of accomplishments of assigned duties and realistic work load in relation to salary were suggested to be addressed to increase satisfaction of health professionals on their job thereby improve the health care provided (10). This difference might be explained by the difference in socio-economic and cultural differences of the two populations.

Management condition

This study attributes majority of health workers job dissatisfaction comes from the hospitals' management system itself. This is further evidenced by 74(44.5%) and 60(36.2%) of the respondents responded that they were dissatisfied and very dissatisfied respectively by the hospital management system and 128(64.6%) of the respondent suggested establishment of a good system for administration, management and coordination of activities to increase job satisfaction of health workers.

Suggestions made by most of the department units of the three hospitals on what were the causes of health workers job dissatisfaction “usually management of the hospital was the most causes of health works job dissatisfaction. Because the hospitals were managed by non health professionals who has no deep concept about the nature of health system services. This some-times lead to substantive conflict between managers and health workers which ultimately leads to health workers job dissatisfaction and poor quality of health services”.

This implies that there is need for more support for health workers job satisfaction from the hospital administration.

Factors affecting health workers job satisfaction

Given the importance of health workers involvement in decision-making processes in maintaining and improving quality of care and workers job satisfaction, only 3.6% of the respondents were participated. This finding was therefore surprising given the complex nature of hospital working community and the need for effective communication within and among different unit and with management. Because only 56.2% doctors, 60.0% of lab professionals 86.2 % of the mid wives were never participated in decision making process made in the hospital regarding work related issues. Also majority 59.0% of the study participants report that they were not provided with job description when first employed. However this was vary considerable according to professional category.

Concerning the performance evaluation of task only 27.6 % of the participants knew the existence and about 18% of them were evaluated during their stay in the hospital .

Of these only 14.4% of them know the criteria used for evaluation and of those evaluated only majority (70.4%)of them were not satisfied with evaluation system .

Chapter 8. Strengths And Limitations

Strengths

In the study population, only those who have served more than one year and those who hold diploma and above were included in the study. This minimizes the gap on satisfaction level associated with service year and educational level.

Limitations Of The Study

Measuring job satisfaction itself was very difficult because, the individual point of satisfaction or dissatisfaction was very divergent.

The study was conducted at a time when health workers are leaving in the increasing life condition in the country, which pushed them to strike over salaries, and working conditions in public hospitals.

The pre determined judgment about job satisfaction by the participants by saying “there is no job satisfaction Finally, the analyses done in this study were relatively crude because the respondents response to the five point Likert scale were compressed in to bivariate categories which lead to lose some information .

Chapter 9:-Conclusion and Recommendations

9.1 Conclusion

- ✓ The findings of this study indicated that majority (60.0%) of the study, participants were dissatisfied with their work.
- ✓ Most of the health workers job satisfaction factors were highly depend on the local context.

9.2 Recommendations

Based on the findings from this study the following recommendations are proposed and needed for the hospitals management and health planners to consider these elements when planning and implementing health policy to improve the job satisfaction level of the health workers.

- First, since job satisfaction has a strong correlation with hospital management system, the hospital management needs to set clear performance goals and job descriptions for workers at all type of health workers.
- Second , consideration should be given by hospital managers in improving relationships between management and staff and in increasing decision-making participation of the staff .
- Third , since most of the health workers job satisfaction factors are related to health facility itself , managers should give due consideration on health workers job satisfaction if they really to achieve their goal and objectives.

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II: The following questions are introduced to assess the general level of job satisfaction and factors affecting the level of job satisfaction in your institution.

9. How do you rate your level of job satisfaction in hospital?

- | | | |
|-------------------|----------------------|---------------|
| 1. Very satisfied | 2. Satisfied | 3 . Undecided |
| 4. Dissatisfied | 5. Very dissatisfied | |

10. If your answer to question number 9 is satisfied or very satisfied, choose the factors (reasons) that make you satisfied or very satisfied? (More than one answer is possible)

- | | |
|------------------------------|---|
| 1. Being health professional | 2. Satisfaction in helping others |
| 3. Job security (Salary) | 4. Opportunity to develop 5. If other, specify_____ |

11. If your answer to question number 9 is dissatisfied or very dissatisfied, choose the factors (reasons) that make you dissatisfied or very dissatisfied? (More than one answer is possible)

- | | | |
|--|--------------------------|---------------------------|
| 1. Lack of motivation | 2. Beaucratic management | 3. Low salary |
| 4. Insufficient resources and supplies | 5. High work load | 6. If other, specify_____ |

12. If your answer to question number 11 is lack of motivation which factors of motivation makes you more dissatisfied or very dissatisfied?

- | | |
|--|-----------------------------------|
| 1. Lack of house for staff in the hospital | 2. Lack of incentives like top up |
| 3. Lack of free health care | 4. Lack of training |

13. If your answer to question number 11 is insufficient resources and supplies which factors of resources and supplies makes you more dissatisfied or very dissatisfied? (More than one answer is possible).

- | | | |
|------------------------|--|-----------------------|
| 1. Medical instruments | 2. Essential drugs | 3. Chemicals/reagents |
| 4. Poor infrastructure | 5. Poor infection prevention practices | |

14. How do you rate the level of your satisfaction in relation to management in your hospital?

- | | | |
|-------------------|----------------------|--------------|
| 1. Very satisfied | 2. Satisfied | 3. Undecided |
| 4. Dissatisfied | 5. Very dissatisfied | |

15. If your answer to question number 14 above is dissatisfied or very dissatisfied, choose the factors (reasons) that make you dissatisfied or very dissatisfied in relation to Beaucratic management.

Remember more than one answer is possible.

- | | | |
|---|------------------------------|---------------------|
| 1. Lack of annual leave | 2. Lack of further education | 3. Lack of transfer |
| 4. Lack of leave governmental institution | 5. Lack of promotion | |

16. How do you rate the level of your satisfaction by interpersonal relationship in the work place?

- | | | |
|-------------------|----------------------|--------------|
| 1. Very satisfied | 2. Satisfied | 3. Undecided |
| 4. Dissatisfied | 5. Very dissatisfied | |

17. How do you rate the level satisfaction of the salary you get from hospital?

- | | | |
|-------------------|----------------------|--------------|
| 1. Very satisfied | 2. Satisfied | 3. Undecided |
| 4. Dissatisfied | 5. Very dissatisfied | |

18. Comparing to your lively hood expense do you think that your salary is enough?
- | | | |
|---------------------|--------------|--------------|
| 1. More than enough | 2. Enough | 3. Undecided |
| 4. Less | 5. Very less | |
19. Comparing to your profession/your work, do you think that your salary is enough?
- | | | |
|--------------|--------------|--------------|
| 1. More than | 2. Enough | 3. Undecided |
| 4. Less | 5. Very less | |
20. How you rate level of satisfaction by training /education opportunity in the hospital?
- | | | |
|-------------------|----------------------|--------------|
| 1. Very satisfied | 2. Satisfied | 3. Undecided |
| 4. Dissatisfied | 5. Very dissatisfied | |
21. How do you rate your working environment?
- | | | |
|-------------------|----------------------|------------------|
| 1. Very satisfied | 2. Satisfied | 3. No difference |
| 4. Dissatisfied | 5. Very dissatisfied | |
22. How do you rate the benefit you get from the institution?
- | | | |
|-------------------|----------------------|--------------|
| 1. Very satisfied | 2. Satisfied | 3. Undecided |
| 4. Dissatisfied | 5. Very dissatisfied | |
23. How often does your immediate boss involve you in decision-making process?
- | | | | |
|-----------|---------------|-----------|---------------|
| 1. Always | 2. Some times | 3. Rarely | 4. Not at all |
|-----------|---------------|-----------|---------------|
24. Have you supplied with a job description when first employed in this hospital?.
- | | |
|--------|-------|
| 1. yes | 2. No |
|--------|-------|
25. Is there work performance evaluation (appearasal) system in your hospital?
- | | |
|--------|-------|
| 1. Yes | 2. No |
|--------|-------|
26. Have you ever been evaluated for the work you performed?
- | | |
|---------------|---------------------|
| 1. Never | 2. Rarely |
| 3. Some times | 4. Most of the time |
27. Do you know the criteria used for evaluating your work performance?
- | | |
|--------|-------|
| 1. Yes | 2. No |
|--------|-------|
28. Have you satisfied with the evaluation system?
- | | | |
|-------------------|----------------------|--------------|
| 1. Very satisfied | 2. Satisfied | 3. Undecided |
| 4. Dissatisfied | 5. Very Dissatisfied | |
29. Does the performance evaluation system encourage you for further better achievement?
- | | | |
|--------------------|--------------------|-----------------|
| 1. Encourage more | 2. Encourage some | 3. Indifference |
| 4. Discourage some | 5. Discourage more | |

30. In your organization how many health workers leave during last one year?

1. No one
2. From 1-3 workers
3. From 4-7 workers
4. From 8-10 workers
5. More than 10 workers

31. Which type of health professionals leave more from your organization?

1. Doctors
2. Health officers
3. Nurses
4. Pharmacy tech.
5. Laboratory tech.

32. From the following which factors do think that push you (health workers) to leave the hospital?

1. Management related factors
2. Materials and resource related factors
3. Poor inter personal relationship
4. Lack of motivation
5. Lack of opportunity to development (education)

33. Do you have a plan to leave the institution?

1. Yes
2. No
3. Do not know

34. If your answer for Q 33 is Yes, When do you plan?

1. Within one years
2. Within 1-2 years
3. Within 2-3 years
4. Within 4-5 years
5. Within 5-6 years

35. What is your intention of plan after your leave the hospital?

1. Running your own business
2. Private sectors/NGO
3. Working in other gov't organization
4. Working in non- health organization
5. Other specify _____

36. If your answer for Q 33 is No, why you plan to continue to work in the hospitals?

1. Due to satisfaction with work
2. Due to family related issues
3. To get chance for farther education
4. To complete the commitment to serve governmental institution
5. Other specify

Part III: Here below there are possible factors of health workers job satisfaction and dissatisfaction in their work place .

37. Please, based on your perception select the most common five causes (factors) of your work dissatisfaction from the list and put the degree of possibility in front of them using: (3 for strong cause, 2 for medium cause and 1 for weak cause)

Dissatisfaction factors

1. low Salary
2. Lack of incentives
3. Poor working condition (Risks like HIV/AIDS)
4. High work load
5. Inadequate resources to work effectively
6. Poor human resource management
7. Limited/no career opportunities
8. Limited /no train opportunities
9. Political instability
10. Feedback regarding work output
11. Please specify if any other causes other than the above.

37. Please, based on your perception select the most common five causes of job satisfaction from the list and put the degree of possibility in front of them using: (3-Strong cause, 2- medium cause, 1- weak cause)

Satisfaction factors

- | | |
|------------------------------|---|
| 1. Higher payment | 6. Good education and training opportunities |
| 2. Higher incentives | 7. Political stability |
| 3. Better working condition | 8. Good management style |
| 4. Better resources for work | 9. Having house (residence) in the health facility. |
| 5. Good career structures | 10. Specify if any other causes other than t |

Part IV: Below are lists of job satisfaction strategy for health workers in the public hospitals.

38. So, according to your perception select five possible satisfaction mechanisms for health workers in the public hospitals from the following lists. (3-Strong cause, 2-medium cause, 1- weak cause)

- | | |
|--|--------------------------------------|
| 1. Improve salary. | 2. Improve financial incentives |
| 3. Improve non-financial incentives | 4. Improve working environment |
| 5. Supply all necessary materials and equipments | 6. Improve human resource management |
| 9. If other factor(s), please specify_____ | |

JIMMA UNIVERSITY

COLLEGE OF PUBLIC HEALTH AND MEDICAL SCIENCES A QUESTIONNAIRE DEVELOPED TO ASSESS HEALTH WORKERS JOB SATISFACTION AND FACTORS AFFECTING THEIR SATISFACTION LEVEL IN THREE PUBLIC HOSPITALS OF WEST SHOA ZONE, OROMIYA REGIONAL STATE, ETHIOPIA, 2012.

Questions For In-Depth Interview.

1. How do you see the problem of health workers job satisfaction in hospitals ?

2. Based on your experience and knowledge on human resource for health, what impacts does health workers dissatisfaction have on:-
 - ✓ Health system _____
 - ✓ Community _____
 - ✓ Government and Hospitals _____

3. Can you estimate the magnitude /extent of the dissatisfaction ?
4. What do think the causes/reasons for the dissatisfaction of health workers?
5. What do you think the most common dissatisfaction? Why?
6. What do think, will be the possible solution to solve the problem?
7. Can you mention some policy measures currently undertaking to improve health worker job satisfaction?
8. What do you think will be the role of your institution to solve the problem .
9. What do you recommend to satisfy health workers in the public health system?
10. From your experience, what possible suggestion do you have, to improve health workers job satisfaction?
- 11.If you have other idea you can add below.

Thank you for sharing your thoughts, perceptions and experiences.

