

Jimma University

Job Satisfaction and Associated Factors among Healthcare
Professionals at Asella Referral Teaching Hospital Arsi
University, Oromia Region, south-east Ethiopia

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June, 2015

Jimma, Ethiopia

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Abstract

Background: Every healthcare professional is an integral to healthcare service delivery system. Low job satisfaction can result in low productivity, absenteeism, improper patient care, patient dissatisfied and poor quality of healthcare deliveries. Regarding to this issues there are no any adequate information at the study area.

Objective: The aim of this study is to determine job satisfaction and associated factors among healthcare professionals at Asella Referral Teaching Hospital Arsi University, Oromia region, south-east Ethiopia.

Methods: A cross-sectional study design was employed to determine the level of job satisfaction and associated factors among healthcare professionals at Asella Referral Teaching Hospital from April 01- 10/2015. During study period 302 of healthcare professionals working in the hospital were involved in the study. Data was collected using adapted self-administered questionnaire and entered into computer and analyzed using Epi3.1& Statistical Package Social Sciences version 20.0 windows statistical software. The data was summarized and organized in tables and figure. Factor score was computed for the items identified to represent the satisfaction scale by varimax rotation method. Using this regression factor score, multivariate linear regression analysis was performed and the effect of independent variables on the regression factor score was quantified and P-value <0.05, at 95% CI was taken as cut off point for statistical significance.

Result: A total of 271 healthcare professionals responded for the self- administered questionnaire; over half 139(51.9%) of the participants were females and the mean age was (31±7.66) years for both sexes. It is found that about fifty seven percent (57.2%) of the health care professionals were satisfied with their current job. Most of job satisfaction subscales such as working condition, opportunity to develop, responsibility, patient care, staff relation, supervision and salary& benefit were significantly influencing factors for job satisfaction at p-value (p<0.01).

Conclusion: Health professionals' job satisfaction at Assela Referral Teaching Hospital was slightly below moderate level of job satisfaction. Factors like working condition, supervision, responsibilities and opportunity to develop were significantly influenced job satisfaction at workplace. Therefore, the concerning body should work hard towards improving the level of job satisfaction addressing the aforementioned major factors.

Keywords: Job satisfaction, Healthcare professionals, Asella referral Teaching Hospital

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Abbreviations

AU:	Arsi University
CI:	Confidence Interval
ECG:	Electro Cardiograph
EFY:	Ethiopian Fiscal Year
EOPD:	Emergency Out- patient Diagnosis
G.C:	Gregorian Calendars
HIV:	Human Immunodeficiency Virus
HRH:	Human Resources for Health
HSHR:	Health Sector Human Resource
HSM:	Health Service Management
IPT:	In Patient Treatment
MCH:	Maternal Child Health
MDG:	Millennium Development Goal
OPD:	Out Patient Diagnosis
RTH:	Referral Teaching Hospital
SPSS:	Statistical Package for the Social Sciences

Chapter One: Introduction

1.1 Background

Job satisfaction is defined as harmonizing the people's understanding of needs and what they receive from their jobs and is recognized as one of the most important research variables belonging to organizational behaviors and also as a crucial variable in the organization's researches and theories [1].

Improving the quality of health services is a continuing challenge to managers in the health system [2]. As a matter of fact, the job satisfaction of health care employees is a very important factor that has a pro-found impact on productivity as well as on the quality of patient care [3].

Job satisfaction has a direct link with absenteeism and turnover of the staff in organizations [4].

The productivity and efficiency of human resource depend upon dynamic factors which range from personal factors to organizational policies. Job satisfaction is one of the most important factors which impact the productivity of human resources. In any organization, human resource is considered as one of the most important assets which serves as an engine in the organization for providing a sustainable source of energy and service delivery. Job satisfaction refers to the comprehensive phenomenon which encompasses individual's feelings and emotions towards his or her job [5]. In addition, it also determines the extent to which employees in an organization like or dislike their jobs. Franco suggests that job satisfaction and environment satisfaction are interrelated phenomenon [6].

Nassab (2008) defines job satisfaction as the extent to which an individual is satisfied with the actual work (reporting, communicating, surgery, plumbing etc.) that they do in the organization [7]. Contrary to this, environment satisfaction is associated with the coworkers' attitudes, supervisors, working conditions and physical space in the organization [8]. Job satisfaction can be measured through a single-item scale or through a complex and multi-item scale

In the healthcare sector, the job satisfaction of professionals plays an effective and strong role in their performance and is further reflected in the health and satisfaction of the patients. In addition, the job satisfaction of health care professionals also determines the quality of services

delivered by them to the respective communities [9]. In the earlier studies strong association has been found in the poor working conditions and organizational factors and job dissatisfaction and social factors have been recognized as an important source of job satisfaction

In the public healthcare sector, the subject of job satisfaction is very relevant because of the fact the organizational factors and employee's health and stress has great influence on their job satisfaction [10]. Therefore, it is very important to conduct the research on health care professionals to evaluate the factors which have caused the health professionals to be greater satisfied with their jobs.

1.2 Statement of problems

Low staff gratification can be a major contributing factor to poor service quality in healthcare facilities and will likely be associated with staff impatience to clients, absenteeism, long waiting times, informal fee charges and increased labour strike actions. Efforts to improve national and international health indicators, in addition to the Millennium Development Goals, are restricted by the quantity and quality of human resources for health (HRH) available to carry out lifesaving healthcare services [11]. Health-care worker shortages are common globally, but are particularly not improving in areas where health indicators are the poorest. Causes of extreme shortages may vary greatly from country to country. They include protracted civil war and unrest, outmigration of trained workers to countries with higher wages and quality of life and a legacy of insufficient government investment in the health-care sector [12][13]. However, there is widespread recognition that, indifferent of the cause, extreme shortages of qualified healthcare professionals present significant barriers to health-care service delivery and that increasing the distribution and retention of healthcare professionals is critical to improving health system performance [14][15].

As the central supporting part of the health system, health workers usually account for the largest share of public expenditures on health. 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 [16][17].

Health worker job satisfaction, which can be defined as ‘the attitude towards one’s work and the related emotions, beliefs, and behavior’, results from complex interactions between on-the-job experience, organizational environment, and motivation. Job satisfaction is inextricably linked to motivation, and both involve cognitive, affective, and behavioral processes, with worker motivation commonly understood as the reason why workers behave as they do towards achieving personal and organizational goals [18], [19].

Conversely, job dissatisfaction has a negative strong effect on the structure and work flows of organizations. Some negative impacts identified include greater non-conformance with procedures and policies, increases in work accidents, employee absenteeism and turnover, decline in productivity, deterioration of mental and physical health and organizational conflicts [20] that may increase the rate of medical errors, thus jeopardizing patient safety,[21] and higher employment costs,[22] that contribute to the shortages of health-care providers of new ones [23].

Job satisfaction influences the quality of health care services. It is thus likely that optimal medical care can be delivered by unhappy and maladapted healthcare providers.

In short, the quality of health-care workers depends on the level of job satisfaction [24].

Universal access to good quality care and optimal patient safety is the goal of health systems and governments all over the world. Even though developed countries have made significant achievements towards attainment of this goal, many developing countries in Africa lag behind due to financial, material and human resource constraints. The estimated of the global health workforce of 59.2 million, 3% are found in Africa coping with 25% of the global disease burden. It is estimated that the health sector workforce density per 1000 population in Africa is 2.3 compared to 24.8 in the Americas [25].

Gaps in human resources for health, including doctors, nurses, midwives, and community health care workers, are a major bottleneck in rapidly expanding HIV prevention, treatment and support services for mothers and children. In 2010, there was an estimated shortage of at least one million frontline health workers in the developing world.

Globally, there are 61 countries with a critical shortage of healthcare workers, and 41 of them are in Africa. Poor management of human resources in Africa has been particularly challenging, including out-migration and short supply, the deployment practices are inefficient and often do not take into account the skills of the and experience of the individuals being posted to facilities[26]. The four countries exhibit diversity within the 57 countries listed in the 2006 World Health Report and Mozambique and Zambia face a ‘double burden’ of high HIV and health workforce shortages enabling the assessments to review a variety of contexts.

At 2006 estimates indicate that Ethiopia has one of the lowest health workers per population ratio of the 57 crisis countries with one health worker for every 4,050 people, and the highest estimated shortage of 152,040 health workers needed to reach the target 2.3/1000 ratio and the density of health workers has also shown variation across regions with the highest in Harari region (2.8) and the lowest in Somali region (0.47). Moreover, even large regions such as Oromia, Amhara and the Southern Nations, Nationalities and Peoples Region are less than the national average (2.3 per 10 000 population)[25].

There is a general sense of dissatisfaction among health workers that could have implications on performance. This applies to the general work characteristics in Ethiopia, including salary,

access to further training and promotion, as well as to physical conditions at the workplace, especially in rural areas where more than 20 percent of the respondents were completely unsatisfied with conditions. Lack of mentoring and professional guidance constitutes an additional source of dissatisfaction for about 60 percent of health workers. In the same way about 60% of them completely unsatisfied with their salary. About 40 %, 40 %, above 40 % and around 20 % of the health workers are also not completely satisfied with the opportunity to help the poor in their current job, access to further training, chances of promotion and good colleagues respectively[27]. Whereas such dissatisfaction may have implications on rural entry and retention and outmigration, it may also negatively affect the motivation of health workers to adequately perform.

Abdosh in his study of secondary (zonal) hospitals in eastern Ethiopia found that about 46 percent of patients were not satisfied with the overall service they received from health workers, while 58 percent were not satisfied with staff politeness. Similarly, exit poll data of a quantitative service delivery survey reported that clients perceive services to be unfriendly and intimidating: 93 percent of respondents said that staff members were impolite and uncooperative and only 23 percent felt that staff treating them were interested and attentive[28]. These are some indications that low job satisfaction can result in low productivity, absenteeism and improper patient care & patient dissatisfied and poor quality of healthcare deliveries. This study is also attempted to identify the various components of job satisfaction, that relation with the quality of work, productivity and absenteeism among healthcare professionals at the study area.

1.3 Significant of study

Given the critical role that health care professionals play in determining the efficiency, effectiveness and sustainability of health care systems, it is paramount to understand what motivates them and to what extent they are satisfied by the organization and other contextual variables. Job satisfaction is also an essential part of ensuring quality care, as dissatisfied healthcare providers are likely to give poor quality and greater efficient care.

A number of studies have addressed job satisfaction among specific professionals. Ethiopian studies are limited in the studies had been conducted among healthcare professions. Given the noticeable inadequate of studies addressing job satisfaction among healthcare professionals in an Ethiopian public hospital setting, this study will attempt to address the gap in the literature. The information obtained will hopefully assist in identifying factors influencing job satisfaction among healthcare professionals in a hospital setting and helps more powerfully the health manager to know the most influential factors to influence staffs and maintain health workers. It also provides information for University of Arsi, Asella referral teaching hospital on how to improve the quality of services in the same way it will help as a basic of source document and as a stepping stone for those researchers who want to make further study on the area afterwards.

Chapter Two: Literature Review

2.1 Concepts and Theories

Previous African studies have recognized the most important human resources tools to manage job satisfaction; these include materials, salary, training, the working environment, supportive supervision and recognition [29]. These findings are relatively consistent with those of the “Uganda Health Workforce Study”, where the effects of several job-related factors were evaluated to judge their relative importance in predicting job satisfaction. In order of importance, the following were the most significant contributors to overall satisfaction: job matched with workers’ skills and experience, satisfaction with salary, satisfaction with supervisor, manageable workload and job security [30].

2.2 Job Satisfaction Theories

The theories of job satisfaction to determine how, they can be utilized to improve and increase job satisfaction. The content theory of job satisfaction rests on identifying the needs and motives that drive people. The theory emphasizes the inner needs that drive people to act in a particular way in the work environment. As a result suggest that management can determine and predict the needs of employees by observing their behavior.

Hertzberg’s two-factor theory a theory that there are two dimensions to job satisfaction, “motivation” and “hygiene”. The work characteristics associated with dissatisfaction (hygiene factors) vary from those pertaining to satisfaction (motivators) in that motivators lead to satisfaction, although their absence may not lead to dissatisfaction. The motivators include achievement, recognition and intrinsic interest in the work itself. The continuing relevance of Herzberg is that there must be some direct link between performance and reward, whether extrinsic as in recognition or intrinsic as in naturally enjoyable work, to motivate employees to perform and improve their job satisfaction.

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

Motivators comprise responsibility, recognition, promotion, achievement and all intrinsic aspects of the job while hygiene factors comprise extrinsic aspects of the job such as supervision, salary, work environment policies, relationship with colleagues etc.

Herzberg's theory illustrates the different ways in which people are motivated. He analyzed the individual factors leading to job satisfaction and the factors leading to job dissatisfaction; he showed the interrelatedness of each of these factors and how it influences the workers well-being(31).

According to Daft and Noël, equity theory is a process of job satisfaction that focuses on individuals' perceptions of how fairly they are treated compared to others. Therefore posits that people compare the ratio of their outputs to inputs with the ratio of outputs to inputs of others [32].

2. 3 Findings of other Researches

The survey conducted in South Africa on factors influencing job satisfaction among 103 health care professionals with self-administered questionnaires showed that a low level of job satisfaction. Almost 80% of participants were not satisfied with their jobs, and there was no association between job satisfaction and socio-demographic characteristics. Variables such as opportunity to develop, responsibility, patient care and staff relations were found to be significantly influencing job satisfaction and there was a significant positive medium association between job satisfaction and opportunity to develop, responsibility, patient care and staff relations for both clinical and clinical support staff [33].

Similar study was undertaken in Nepal to determine the factors influencing job satisfaction among healthcare professionals with self-administered questionnaires were conducted among 75 participants showed that 76% of healthcare professionals were satisfied with their current jobs in overall job satisfaction at Tilganga Eye Centre which is in contradict to the study was done in South Africa and the same stated no association was found in between socio demographic characteristics and job satisfaction. Variables such as responsibility, opportunity to develop, staff relations and patient care were significantly influencing factors for job satisfaction. In health service sector, healthcare professionals are satisfied not only with financial benefits but also with satisfaction that they draw from taking care of patients relations [34].

A survey of job satisfaction of nurses and identifying factors of job satisfaction in Slovenian Hospitals, by Lorber & Skela-Savic (2012) was conducted a total of 509 employees with 154 items evaluated on a 5 point Likert-type scale revealed that Leaders and employees ranked ten most important factors influencing their job satisfaction and the most important factors were good workplace relationships, followed by pay, praise from the superiors, opportunities for promotion, education possibilities, superiors' encouragement for work, good working conditions, work responsibility and professional challenges, work-connected freedom and independence, and more free time [35].

A cross-sectional survey done in Ghana on the effects of health worker motivation & job satisfaction on turnover intention by Bonenberger et al. two hundred and fifty six health workers were interviewed from several staff categories showed that with regard to job satisfaction of health workers were influenced with their remuneration, career development, management and work environment [36].

Factors affecting employee job satisfaction of pharmaceutical sector undertaken in Bangladesh, to evaluate job satisfaction of employees in different pharmaceutical companies indicate that salary, efficiency in work, fringe supervision, and co-worker relation are the most important factors contributing to job satisfaction and the overall job satisfaction of the employees in pharmaceutical sector is at the positive level [37].

Another study was conducted in Pakistan by Raja Muhammad Ali & Dr. Faraz Ahmed Wajidi on the Factors Influencing Job Satisfaction in Public Healthcare Sector with a sample of 200 healthcare professionals, the results of the study was revealed that opportunities for career development, time pressure and promotional schemes of the organizations have high associations with job satisfaction whereas work environment and compensation were the least influencing element towards job satisfaction [38].

Another a cross-sectional study was conducted by Senbounsou Khamlub et al. with 164 health-care workers using self-administered questionnaires on job satisfaction of health-care workers at health centers in Vientiane capital and Bolikhamsai province, Lao PDR (Japan) revealed that participants were satisfied with 17 factors, but dissatisfied with salary levels at a mean score of (3.25). On the other hand relationships with co-workers & organizational structure influenced

satisfaction and the main factors that correlate with their overall job satisfaction were conflict resolutions at work, relationships with other co-workers, and organizational structure [39].

An institutional based cross sectional study was conducted among pharmacy professionals working in selected towns of southwest Ethiopia by Ahmed et al using self-administered semi-structured questionnaires indicated that inadequate salary, poor participation of team members, lack of motivation of other members, insufficient long term training, poor infrastructures and poor interaction with team members were the major factors for drug dispensers job dissatisfaction [40].

Agezegn Asegid et al. assessed factors influencing job satisfaction and anticipated turnover among nurses in public health facilities, southern Ethiopia with a cross-sectional study design was carried out on 278 nurses using both qualitative and quantitative data collection methods was showed that all job satisfaction subscale except benefit and salary subscale were significant predictors of overall job satisfaction and variables of administration support for their work, recognition to their work, support for continuing education, opportunity for professional growth& support for personal growth, general autonomy and training opportunities for the most respondent caused dissatisfied [41].

A cross-sectional study by Alemshet Yami et al. was conducted to determine the level and factors affecting job satisfaction and retention among 145 of health professionals working in Jimma University Specialized Hospital was showed that (46.2%) of the health workers were dissatisfied with their job and the major reasons reported for their dissatisfaction were lack of motivation, inadequate salary, insufficient training opportunities and inadequate number of human resources which are predictors for job satisfaction. Only (41.4%) health professionals were satisfied with their job, the major reasons given were getting satisfaction from helping others and professional gratification have positively association with job satisfaction. The final suggestion given by the respondents to improve job satisfaction and increase retention rate included motivation of staff through different incentives such us bonus, house allowance, salary increment, establishing good administration management system and improving hospital facilities and infrastructure [42].

Factors resulting in satisfaction, described as motivators, were recognition, responsibility, achievement, promotional and personal growth opportunities. These are characteristics that

individuals find intrinsically rewarding. Extrinsic factors, described as hygiene factors, resulting in dissatisfaction include quality of supervision, pay, company policies, physical working conditions, relationships with others and job security [43].

The literature shows that what contributes to job satisfaction or dissatisfaction is not only the nature of the job but also the expectation of what an individual perceives the job should provide. Health workers are at great risk of job dissatisfaction generally compared to professionals in other types of organizations. Low job satisfaction impacts on staff turnover and absenteeism, which could reduce the efficiency of health services.

Overall satisfaction is actually a combination of basic and extrinsic job satisfaction. Basic job satisfaction is when workers consider only the kind of work they do and the tasks that make up the job, while extrinsic job satisfaction is when workers considers the conditions of the work, such as but not limited to pay, co-workers, management style and communication. From the point of view of employees, job satisfaction may reflect benefits that people might be looking for when they take the job; these benefits are usually determined by the employer based on their strategy to be profitable and competitive in recruiting and retaining people

2.4 Conceptual frame work

On the basis of the review of literature the following conceptual framework has been developed to evaluate the factors influencing job satisfaction among healthcare professionals [31].

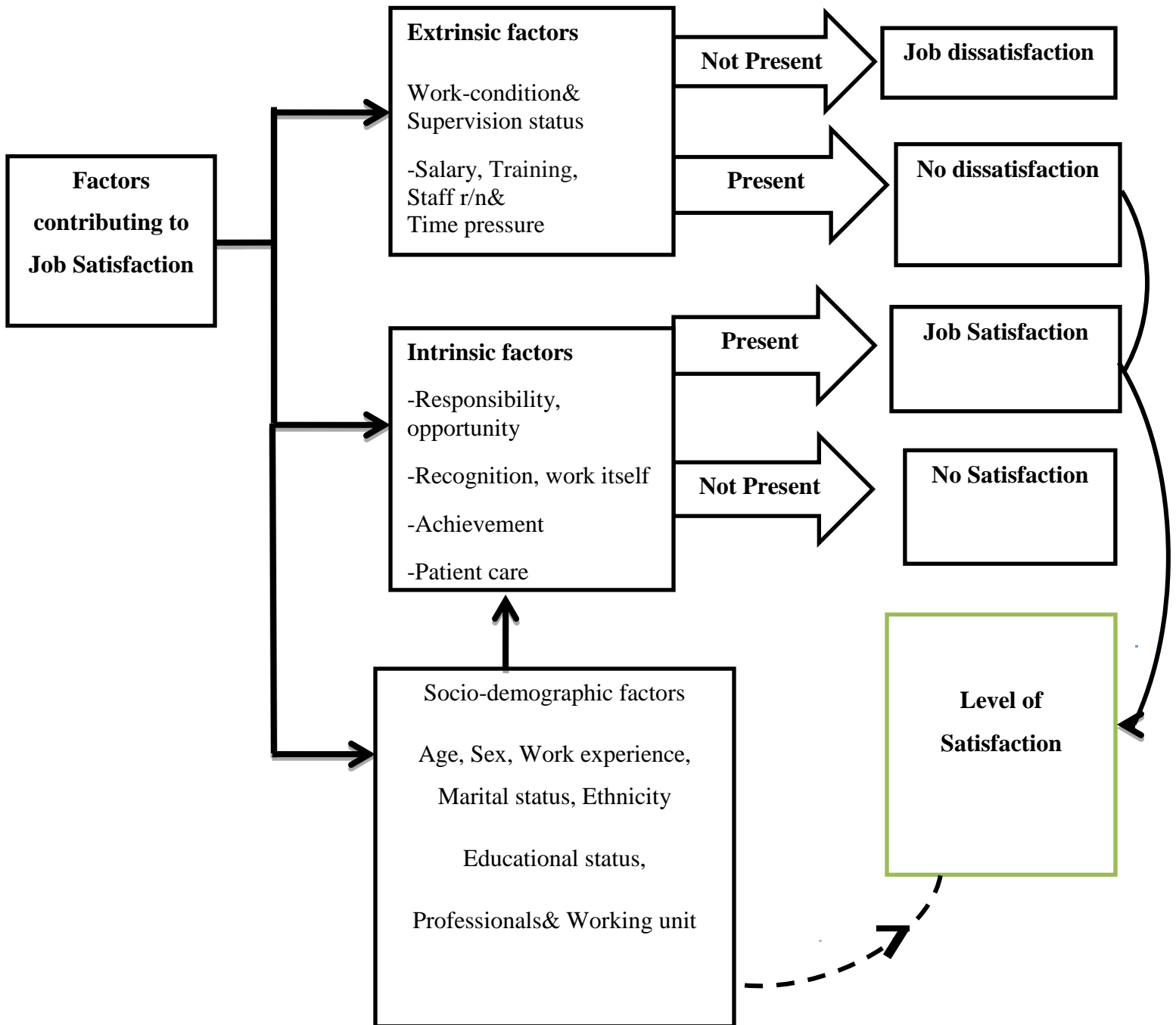


Figure 1: Conceptual framework adapted from Herzberg's Two-Factor Theory along with literature review.

Chapter Three: Objectives

3.1 General Objective

To determine the level of job satisfaction and associated factors among healthcare professionals at Asella Referral Teaching Hospital Arsi University Oromia region, south-east Ethiopia 2015.

3.2 Specific Objectives

- 1) To determine level of job satisfaction among healthcare professionals at Asella Referral Teaching Hospital.
- 2) To identify factors influencing job satisfaction among healthcare professionals at Asella Referral Teaching Hospital.

Chapter FOUR: Methods and Materials

4.1 Study Area and Period.

The study was carried out in Asella Referral Teaching Hospital Arsi University Oromia region south-east Ethiopia from April 09 to 19/ 2015. Asella Referral Teaching Hospital is located in Asella Town. The town is located in Oromia regional state 157 kilometers south- east of Addis Ababa the Capital of Ethiopia. The hospital was established in 1964G.C by Ethio-Italia co-operation and it was upgraded to Asella Health Science College by venture of Ethio-Italian in 2004 G.C. However without further expansion, it was upgraded to college of health science and school level under Adama University in November; 12, 2008 G.C and later on was upgraded to Asella referral teaching hospital. As a referral hospital, it provides various health services for about 3.5 million inhabitants. Currently the hospital is run by the Arsi University with 302 clinical staff& clinical support staff and gives the health care delivery; such as, medical service(out-patient diagnosis & in-patient treatment), surgical service, gynecology& obstetrics, maternal and child health, medical referral& follow up, surgical referral& follow up, dental care& treatment service, dermatological& venereal disease care& treatment ophthalmology service& management of fistula, deliver service, tuberculosis& HIV care& treatment and rehabilitation service for malnourished Laboratory(parasitology, hematology, clinical chemistry& serology), X-Ray(X-ray, ultrasound, radiograph& electrocardiogram) others services (laundry, food and utility services) etc. (source: ARTH background plan 2007)

4.2 Study Design.

Cross-sectional study design was implemented to assess level of job satisfaction and associated factors among healthcare professionals at Asella Referral Teaching Hospital.

4.3 Population

4.3.1 Source Population: All healthcare professionals who were permanent employees working at Asella Referral Teaching Hospital.

4.3.2 Study Population: All healthcare professionals who were permanent employees working as full timers; in the hospital was participated in the study.

4.3.3 Inclusion and Exclusion Criteria

All permanently employed healthcare professionals having six months & above work experience and who was available at the time of the study were included in the study, but all those on internship and attached healthcare workers for practice were excluded from study.

4.4 Sampling

4.4.1 Sample Size. All study population in the study area was included in the study and those 302 individual healthcare professionals from Asella Referral Teaching Hospital was participated in the study

4.4.2 Sampling technique

Since all of the study population was covered no sampling techniques was utilized for the study.

4.5 Data collection procedures

4.5.1 Data collection tools

A structured self-administered questionnaire was used to collect the primary data. It consists of two sections. Section one comprised the socio-demographic characteristics consisting of eight items, while section two is job satisfaction scale that was adapted from a behavior in organizations; understanding the human side of work as our country context and recent [44]. It consists 29 items out of 42 job satisfaction statements were displayed from principle component analysis with ten component such as general satisfaction, working condition, opportunity to develop, responsibility, patient care, staff relations, salary & benefit, supervision, time pressure & training and each items was measured on a five-point Likert-type scales ranging from 1 (strongly disagree), 2(disagree), 3(uncertain), 4(agree) and 5 (strongly agree) and comprising of 29 job satisfaction statements, were used to raise their factor influencing in job satisfaction with eight key factors contributing for job satisfaction among healthcare professionals (Table 2).

These were rated on a 5- points scale from “strongly disagree to strongly agree” in which agreement with positively-worded items and disagreement with negatively-worded items represented satisfaction the same direction of agreement and conversely, dissatisfied with negatively-worded items and satisfied with positively-worded items and excluded “uncertain” in both direction.

The principal component analysis in the table provided nine components with twenty nine items from the 42 items in the initial analysis were identified. Following extraction, factors were rotated so as to make interpretations easier and the rotated component matrix was obtained to determine what each of the components represents. They were renamed by their previous name. They were also identified satisfaction level of healthcare professionals from computed mean of mean score towards overall job satisfaction in the organization (Table 8).

4.5.2 Data collectors

Four diploma nurses were recruited for data collection those selected from health center and one health officer was recruited for monitoring and supervision of data collection on the spot. Before actual date of data collection all data collectors/facilitators& a supervisor were trained for one day for the objectives of the study, the contents of the questionnaire, issues related to the confidentiality of the responses, and the rights of respondents.

4.5.3 Data collection methods

The study subjects were invited to participate voluntarily by explaining the rationality of the study at the time of data collection with structured self-administered questionnaires. The questionnaire was distributed by trained data collector (facilitators) to healthcare professionals in the working unit while they are on the work. Written guideline was given to administrating of the questionnaire to assure that each healthcare professional receives the same directions and information. Anonymity of the participant was kept by informing them not to write their name. The data collectors personally responsible for the distribution and collection of all questionnaires; due to the nature of shift work in a hospital setting the data collectors were allocate four hours every day to collect questionnaires from day staff and two hours for night staff. The target was an average of 45 questionnaires every day in the study period.

4.6. Variables

4.6.1 Dependent variable

- ❖ Job satisfaction

4.6.2. Independent variables

- ☛ Socio-demographic variables (age, sex, work experience, marital status, profession and educational status).

- ☛ Opportunity to develop
- ☛ Responsibility
- ☛ Patient care
- ☛ Time pressure
- ☛ Staff relations
- ☛ Salary and benefit
- ☛ Working condition
- ☛ Supervision
- ☛ Competence/Training

4.7. Operational definitions

Job Satisfaction: Job satisfaction is the contentment that the employees get from the work they do and from the physical environment and is positive or pleasurable emotional state resulting from the appraisal of one's job or job experience. Job satisfaction of healthcare professionals was measured using the questionnaire adapted. This instrument has 5-point Likert scale in which 1 denotes strongly disagree and 5 denotes strongly agree. When the total score point for job satisfaction subscale is greater than computed mean, we say they are satisfied on overall aspect of their work. Based on the value of computed mean of mean that was computed from individual response of the study participate.

The items of the scale were subjected to factor analysis was computed with eigenvalue greater than one and 61.682% of the overall variance was identified. Three items with cronbach's alpha .689 was used during further analysis.

Staff relations: Satisfaction with staff relation determines how an employee perceives his/her job accomplishment by the support or the presence of his/her co- worker's attitude and behavior. It was measured by using seven items with 5-point Likert scale with 1 denoting strongly disagree and 5 denoting strongly agree. Consider satisfaction level of staff relation when the respondents scored above their computed mean of their individual mean.

The items of the scale were subjected to factor analysis was computed with eigenvalue greater than one and 65.593% of the overall variance was identified. Four items with cronbach's alpha .825 was used during further analysis.

Working condition: Working conditions is defined as physical working conditions, facilities and quality of work as related to job satisfaction and it was measured by using three items each scored with five-point Likert scale with 1 denoting strongly disagree and 5 denoting strongly agree and consider that health professionals are satisfied by the level of working condition in the organization when they scored greater than their computed mean.

The items of the scale were subjected to factor analysis was computed with eigenvalue greater than one and 60.011% of the overall variance was identified. All three items with cronbach's alpha .653 was used during further analysis.

Time pressure: An enough freedom to decide how to do and subjective experience that can be measure by using three items each scored with five-point Likert scale with 1 denoting strongly disagree and 5 denoting strongly agree and consider that the respondent is satisfied by the level of time pressure in the organization when s/ he scored greater than their computed mean of their individual mean.

The items of the scale were subjected to factor analysis was computed with eigenvalue greater than one and 60.684% of the overall variance was identified. Two items with cronbach's alpha .0.352 was discarded during further analysis.

Responsibility: It is participation through power sharing entrusted and recognition for tasks well done in the organization and it was measured by using three items each scored with five-point Likert scale with 1 denoting strongly disagree and 5 denoting strongly agree and consider that the individual is satisfied by the level responsibility in the organization when s/ he scored greater than their computed mean of their individual mean. The items of the scale were subjected to factor analysis was computed with eigenvalue greater than one and 60.226% of the overall variance was identified. All three items with cronbach's alpha .661 was used during further analysis.

Opportunity to develop: It is an opportunity both inside& outside the organization that potential individual can join and Career development determines the nature and quality of individuals' lives, and the social and economic contribution they make. This was measured by using six items with 5-point Likert scale with 1 denoting strongly disagree and 5 denoting strongly agree. Consider satisfaction level on opportunity to develop when respondents scored above their

computed mean of their individual mean. The items of the scale were subjected to factor analysis was computed with eigenvalue greater than one and 63.668% of the overall variance was identified. Three items with cronbach's alpha .657 was used during further analysis.

Patient care: The ability of an individual to support and deliver quality patient care in the organization with co-operate and sufficient time for each patient and it was measured by using three items each scored with five-point Likert scale with 1 denoting strongly disagree and 5 denoting strongly agree and consider that the respondent is satisfied by the level of patient care in the organization when s/ he scored greater than their computed mean of their individual mean.

The items of the scale were subjected to factor analysis was computed with eigenvalue greater than one and 63.166% of the overall variance was identified. All three items with cronbach's alpha .706 was used during further analysis.

Salary and benefit: It is the level of satisfaction with wage in the organization offered for doing their job, usually paid every month and it was measured by using five items each scored with five-point Likert scale with 1 denoting strongly disagree and 5 denoting strongly agree and consider that the individual is satisfied by the level of benefit and salary in the organization when s/ he scored above their computed mean of their individual mean. The items of the scale were subjected to factor analysis was computed with eigenvalue greater than one and 64.603% of the overall variance was identified. All five items with cronbach's alpha .861 was used during further analysis.

Supervision: The ways to ensure good management& guarantee that each employee knows the organization's aims, missions& goals according to each persons' work rank and job classification and it was measured by using four items each scored with five-point Likert scale with 1 denoting strongly disagree and 5 denoting strongly agree and consider that the individual is satisfied by the level of supervision in the organization when s/ he scored greater than their computed mean of their individual mean.

The items of the scale were subjected to factor analysis was computed with eigenvalue greater than one and 70.622% of the overall variance was identified. Three items with cronbach's alpha .791 was used during further analysis.

Competence/Training: the health workers in the organization skill up their knowledge to success and mastered to perform their work through receiving adequate training. It was measured by using four items each scored with five-point Likert scale with 1 denoting strongly disagree and 5 denoting strongly agree and consider that the individual is satisfied by the level of training in the organization when s/ he scored greater than their computed mean of their individual mean.

The items of the scale were subjected to factor analysis was computed with eigenvalue greater than one and 69.148% of the overall variance was identified. Two items with cronbach's alpha .554 was used during further analysis.

Job dissatisfaction: It is a feeling of unhappiness about the work that one does in his/her own appraisal of work.

4.8. Data analysis procedures

The responses in the completed questionnaire was coded and entered into a data entry template. Data entry was done using Epi. 3.1 and analysis performed by using SPSS for windows version 20. Summary tables, figures, and charts were used for describing data with different descriptive measures. The mean score of the scales was computed for all subscale. Each scale was subjected to factor analysis to investigate the underlying components and to reduce the number of items based on eigenvalue and those with eigenvalue greater than one were considered in subsequent analysis. Factor score was computed for the item identified to represent the satisfaction scale by varimax rotation method. Using this regression factor score, multivariate linear regression analysis was performed and the effect of independent variables on the regression factor score of the dependent variable was quantified. In the first model the effect of socio-demographic variables were assessed, while in the second model, the effect of job satisfaction subscales were considered. Finally, explanatory variables which had statistically significant association with dependent variables ($P < 0.05$, at 95%CI) was taken as cut off point and those were candidate at p-value ($P < 0.25$) were entered to the final regression model

4.9. Data quality management

The questionnaire was conducted the respondent directly in English as health professionals know English. The instrument was pretested on 5% sample of health professionals at Adama Hospital Medical College. By using SPSS for windows version 20 Cronbach's alpha was also calculated

to test internal consistency (reliability) of items at alpha accepted standard. The questionnaire was also assessed for its clarity, understandability, length, completeness, and the sensitivity of the subject matter. However, the result was not incorporated to the main research result. Regarding to factors analysis the reliability of each statement was evaluated using Cronbach's Alpha method. As a result of the reliability study two statements (loaded on component 10) were discarded, because it had low reliability scores (Cronbach's Alpha score of less than 0.5). The remaining 29 statements met the reliability standards with a combined Cronbach's Alpha score of 0.886. As stated earlier, eight components were used during further analysis (Table 3).

Four diploma holder nurses were trained as data collectors (facilitators) for one day. During training all data collectors was communicated overviews regarding healthcare professional job satisfaction, its impact on health care delivery system, about effective data collection methods, and ethical issue during data collection and one health officer was trained as Supervisor that sure all the information, is properly collected and recorded before leaving the hospital.

4.10. Ethical consideration

Ethical approvals for the study were obtained from Ethical Review Board (ERB) of the College of Health Sciences, Jimma University. Official letters that was obtained from health Economics, Management and Policy department was delivered to Arsi University. The letters of approval and cooperation was obtained from the University was presented to Asella referral teaching hospital. Permission to conduct the study was also requested from the Chief Executive Officer of the hospital and verbal informed consent was taken from each participant before start of data collection. Confidentiality was assured by indicating that they are not requested to write their name on the questionnaire and by assuring that their responses were not in any way linked to them. In addition, they had been told they have the right not to participate and withdraw from the study at any time if they wished to do so.

4.11. Dissemination plan

The findings will be presented to the Jimma University scientific community in a defense and the result will be submitted to the department of health Economics, Management and Policy College of public health sciences. The findings will also be disseminated or communicated to Arsi University Asella RTH, the local health planners and other relevant stakeholders at national, regional, and zonal levels to enable them to take and apply research recommendations during

their planning process. Publications in peer-reviewed, national, or international journals will also be considered.

Chapter Five: Result

5.1 Descriptive Statistics

5.1.1 Socio-demographic characteristics of study participants

Out of the total 302 healthcare professionals in the Hospital, 290 were actively on duty during data collection period, of which 280 of them were volunteers to participate and were provided self-administered questionnaire among whom 271 returned the filled the questionnaire yielding the response rate 93.4%.

With regard to socio-demographic characteristics, little more than half of participants were females (139(51.9%)). The minimum age of respondents was 22 years and the maximum age 58 years. The mean \pm SD age of participants was 30.97 ± 7.66 years (31.10 ± 8.91 for male and 30.97 ± 7.66 for female). Two hundred and three (74.9%) respondents were their ages greater than 25 years. Nearly two third of respondents were Oromo (161(59.4%)) by ethnicity. More than half (147(54.2%)) of the respondents were married. Little more than half of the respondents were nurses (141(52.0%)). It is also found that almost three-quarters of the respondents (202(74.5%)) had between 1 and 10 years of services in the hospital and the majority of the respondents were diploma holders (139(51.3%)). Finally, nearly two-third of respondents (166(61.3%)) reported that they were working in the patient wards (obstetrics gynecology, Surgical, Medical and pediatrics) (Table 1).

Table 1: Socio-demographic characteristics of Healthcare professionals, at Asella Referral Teaching Hospital, April 2015. N=271

Variables	Response categories	Frequency	Percentage (%)
Sex	Male	132	48.7
	Female	139	51.3
Age	≤25 years	68	25.1
	>25years	203	74.9
Ethnicity	Oromo	161	59.4
	Amhara	91	33.6
	Tigrie	5	1.8
	Guragie	9	3.3
	Wolayta	3	1.1
	others/specify	2	.7
Marital Status	single	109	40.2
	married	147	54.2
	divorced	12	4.4
	Widower	3	1.1
Profession	specialist	15	5.5
	Medical doctor	32	11.8
	paramedical	60	22.1
	nurse	141	52.0
	midwife	23	8.5
Year of service at this Hospital	Less than 1 year	24	8.9
	1-10 years	202	74.5
	11-20 years	26	9.6
	More than 20 years	19	7.0

Variables	Response categories	Frequency	Percentage (%)
Level of Education	Diploma	139	51.3
	Advanced diploma	12	4.4
	Bachelors-degree	66	24.4
	Medical doctor	32	11.8
	Masters(MSc)	7	2.6
	Medical specialist	15	5.5
Working Department in the hospital	OPD	28	10.3
	EOPD	19	7.0
	Laboratory	23	8.5
	Pharmacy	17	6.3
	MCH	11	4.1
	ART	6	2.2
	Ward(OBGYN, surgical, medical ,pediatrics)	166	61.3
	Environmental Health	1	.4

5.1.2 Principal component analysis for job Satisfaction Subscales

The results of the principal component analysis as a whole and the identified factors (table 2).

Table 2: Varimax rotated factor loadings for Job satisfaction subscale at Asella Referral Teaching Hospital, April 2015:

Items	Components								
	1	2	3	4	5	6	7	8	9
There is a personal growth in my work.	.803								
My job has more advantages than disadvantages.	.781								
I am generally satisfied with the kind of work I do in this job.	.772								
My work activities are personally meaningful to me.		.783							
The work I do is interesting.		.770							
I make a difference in the lives of other people.		.757							
I enjoy the status in the community as a healthcare professional.			.831						
I receive recognition for tasks well done.			.750						
I am entrusted with great responsibility in my work.			.745						
My patients co-operate because they understand my working conditions.				.807					
The patients appreciate what I do for them.				.790					
I have sufficient time for each patient.				.787					
My manager is concerned about my well-being.					.855				
Management involves staff in decision making.					.819				
There is a clear channel of communication at my workplace.					.786				
There is an atmosphere of co-operation between staff & management.					.777				
I believe that my supervisors care deeply for me and for our patients.						.873			

continued...

Items	Components								
	1	2	3	4	5	6	7	8	9
I receive adequate support from my supervisors.						.868			
I am satisfied with the way this Hospital is managed.						.776			
My salary is in line with my expectation.							.826		
I make pretty good money compared to others in this field.							.819		
The level of pay is in relation to what it costs to live in this area.							.811		
For the work I do, the pay is good.							.784		
I am satisfied with the benefits offered to me through this job.							.778		
I have mastered the skills necessary to perform my work.								.832	
I am confident of my abilities to succeed at my work.								.832	
The variation in my work is satisfactory.									.856
My work is mentally stimulating.									.769
I have sufficient opportunity to develop in my work.									.766
I have enough freedom to decide how I do my work.	.779 there was discarded at its cronbach's alpha <0.50								
There are no many non-clinical tasks that I have to do.	.779								

To decide whether or not factor analysis was useful for the data, the KMO and Bartlett's test were computed and the following results were obtained; along with the rotated component matrix was obtained to determine what each of the components represents (Table 3).

Table3: Results of the exploratory factor analysis of the job satisfaction statements and reliability scores of the resulting factors at Asella Referral Teaching Hospital, April 2015

No	Component name	Number of item	Cronbach's alpha	variance	KMO	Chi-square	Sig.
1	Satisfaction	3	.689	61.682%	.667	132.731	0.000
2	Working condition	3	.653	60.011%	.657	110.109	.000
3	Responsibility	3	.661	60.226%	.636	125.277	.000
4	Patient care	3	.706	63.166%	.676	147.200	.000
	Time pressure	2	.352	60.684%	.500	12.547	.000
5	Staff relation	4	.825	65.593%	.788	385.988	.000
6	Supervision	3	.791	70.622%	.679	256.966	.000
7	Salary& benefits	5	.861	64.603%	.822	622.242	.000
8	Competency	2	.554	69.148%	.500	42.585	.000
9	Opportunity	3	.657	63.668%	.643	163.243	0.00
	Total	31-2=29					

At the cronbach's alpha less than 0.5 it should be removed (i.e time pressure =0.352 removed)

5.1.3 Factors influencing job satisfaction

It is indicated that a great majority (229(84.5%)) of Asella Referral Teaching Hospital healthcare professionals found their work activities are personally meaningful to them. Just almost two-third respondents (178(65.7%)) recognized that they made a difference in the life of others people and nearly four- fifth of respondents were satisfied with nature of the work (215(79.4%)) found interesting. Three-quarters of respondents (203(75.0%)) agreed that their job has more advantages than disadvantages and a total of 176(64.9%) of the respondents believed that there was personal growth in their work. On the other hand 155(57.2%) respondent indicated that in general they were satisfied with their jobs.

On the opportunity to develop subscales nearly half (133(49.1%)) of respondents agreed that they were satisfied with variations in the activities within their work. Nearly three-quarters

(70.4%) of the healthcare professionals satisfied with their work as being mentally stimulating meanwhile; little more than half of participants (140(51.6%)) reported that they had opportunities for advancement (Table 4).

Table 4:-Healthcare professionals' satisfaction on work condition& general satisfaction and opportunity to develop at Asella Referral Teaching Hospital, April 2015.

variable	Statements	Response in each items—f (%)				
		Strongly disagree	Disagree	Uncertain	Agree	Strongly Agree
Work condition and general satisfaction	My work activities are personally meaningful to me	17 (6.3)	16 (5.9)	9 (3.3)	160 (59.0)	69 (25.5)
	The work I do is interesting.	9 (3.3%)	32 (11.8%)	15 (5.5%)	150 (55.4%)	65 (24.0%)
	I make a difference in the lives of other people.	17 (6.3%)	55 (20.3%)	21 (7.7%)	132 (48.7%)	46 (17%)
	My job has more advantages than disadvantages	15 (5.5%)	31 (11.4%)	22 (8.1%)	150 (55.4%)	53 (19.6%)
	There is a personal growth in my work.	18 (6.6)	50 (18.5)	27 (10.0)	140 (51.7)	36 (13.3)
	I am generally satisfied with the kind of work I do in this job.	13 (4.8)	72 (26.6)	31 (11.4)	118 (43.5)	37 (13.7)
Opportunity to develop	The variation in my work is satisfactory.	22 (8.1)	87 (32.1)	29 (10.7)	113 (41.7)	20 (7.4)
	My work is mentally stimulating.	7 (2.6)	50 (18.5)	23 (8.5)	160 (59.0)	31 (11.4)

variable	Statements	Response in each items—f (%)				
		Strongly disagree	Disagree	Uncertain	Agree	Strongly Agree
	I have opportunities for advancement.	15 (5.5)	80 (29.5)	36 (13.3)	115 (42.4)	25 (9.2)

It is found that 214(78.9%) of respondents enjoyed their status in the community as healthcare professionals and 156(57.5%) agreed that they received recognition for the tasks well performed besides, 232(85.6%) of respondents perceived that they carry great responsibility in them at work. Little more than three-quarters of respondents (206(76.0%)) witnessed that their patients usual appreciate what they got from health professionals. However, nearly half of respondents 129(47.6%) complained that they do not have sufficient time for each patient; moreover, little more than a third (100(36.9%)) of the respondent stated that their patients were not co-operative for their work (Table 5).

Table 5:-Satisfaction of healthcare professionals on responsibility and patient care; at Asella Referral Teaching Hospital, April 2015.

variable	Statements	Response in each items—f (%) (n=271)				
		Strongly disagree	Disagree	Uncertain	Agree	Strongly Agree
Responsibility	I enjoyed the status in the community as a h/c professional.	11 (4.1%)	27 (10.0%)	19 (7.0%)	166 (61.3%)	48 (17.7%)
	I received recognition for tasks well done.	27 (10.0%)	61 (22.5%)	27 (10.0%)	131 (48.3%)	25 (9.2%)
	I am entrusted with great responsibility in my work.	12 (4.4%)	17 (6.3%)	10 (3.7%)	169 (62.4%)	63 (23.2%)

variable	Statements	Response in each items—f (%) (n=271)				
		Strongly disagree	Disagree	Uncertain	Agree	Strongly Agree
Patient Care	The patients appreciate what I do for them.	11 (4.1%)	31 (11.4%)	23 (8.5%)	153 (56.5%)	53 (19.6%)
	I have sufficient time for each patient.	27 (10.0%)	102 (37.6%)	24 (8.9%)	96 (35.4%)	22 (8.1%)
	My patients co-operate because they understand my working conditions.	13 (4.8%)	87 (32.1%)	35 (12.9%)	104 (38.4%)	32 (11.8%)

It is found that nearly half (131(48.2%)) of respondents satisfied that there was an atmosphere of co-operation between operational staff and management bodies and little more than half (141(52.0%)) stated that there was a clear channel of communication at their work place. However nearly half of respondents (128(47.2%)) dissatisfied with their managers concern about their well-being; while only about one-third (32.8%) perceived that management involves operational staff in decision making (*Table 6*).

Table 6:-Healthcare professionals' satisfaction on staff relations and supervision; at Asella Referral Teaching Hospital, April 2015.

variable	Statements	Response in each items—f (%) (n=271)				
		Strongly disagree	Disagree	Uncertain	Agree	Strongly Agree
Staff Relations	There is an atmosphere of co-operation between staff & mg't	33 (12.2%)	63 (23.2%)	44 (16.2%)	106 (39.1%)	25 (9.1%)
	There is a clear channel of communication at my workplace.	26 (9.6%)	66 (24.4%)	38 (14.0%)	121 (44.6%)	20 (7.4%)

variable	Statements	Response in each items—f (%) (n=271)				
		Strongly disagree	Disagree	Uncertain	Agree	Strongly Agree
Supervision	My manager is concerned about my well-being.	48 (17.7%)	80 (29.5%)	36 (13.3%)	91 (33.6%)	16 (5.9%)
	Management involves staff in decision making.	58 (21.4%)	99 (36.5%)	25 (9.20%)	75 (27.7%)	14 (5.2%)
	I am satisfied with the way this Hospital is managed.	82 (30.3%)	107 (39.5%)	35 (12.9%)	45 (16.6%)	2 (0.70%)
	I believe that my supervisors care deeply for me and for our patients.	56 (20.7%)	119 (43.9%)	30 (11.1%)	62 (22.9%)	4 (1.50%)
	I receive adequate support from my supervisors.	52 (19.2%)	124 (45.8%)	36 (13.3%)	52 (19.2%)	7 (2.60%)

With regards to supervision little more than two-third (189(69.8%)) dissatisfied with the way the hospital was managed. In the same way almost two-third (175(64.6%)) of respondents believed their supervisors did not care deeply for them and their patients and similar proportion(64.9%) of respondents reported as being dissatisfied with the support received from their supervisors(Table 6).

It found that the salary& benefits were rated negatively, while a majority of Asella Referral Teaching Hospital healthcare professionals rated especially work condition and responsibility aspects of their work positively. Almost three-quarters (202(74.6%)) dissatisfied with the payment they received for the work they did and similar percentage (73.4%) dissatisfied with their current salary considering that it is not in the line with their expectation. Three-quarters (204(75.3%)) of the respondents believed that the pay was not comparable with the work they did and as the same time little more than three-quarter (207(76.4%)) of the respondents dissatisfied with level of pay perceiving in relation to what it costs to live in this area. About

three-quarters (75.2%) of the respondents reported that they were dissatisfied with the benefits obtained from the job.

On the training subscale a great majority of respondents (223(82.3%)) reported that they were confident of their abilities to succeed at their work. In addition over four-fifths of respondents (217(80.1%)) found mastering the necessary skills to perform their work (Table 7).

Table 7:-Satisfaction of healthcare professionals on salary& benefits and competence/training; at Asella Referral Teaching Hospital, April 2015.

variable	Statements	Response in each items—f (%) (n=271)				
		Strongly disagree	Disagree	Uncertain	Agree	Strongly Agree
Salary and Benefits	For the work I do, the pay is good.	85 (31.4%)	117 (43.2%)	26 (9.60%)	39 (14.4%)	4 (1.50%)
	My salary is in line with my expectation.	73 (26.9%)	126 (46.5%)	23 (8.50%)	47 (17.3%)	2 (0.70%)
	I make pretty good money compared to others in this field.	62 (22.9%)	142 (52.4%)	34 (12.5%)	29 (10.7%)	4 (1.50%)
	The level of pay is in relation to what it costs to live in this area.	72 (26.6%)	135 (49.8%)	35 (12.9%)	27 (10.0%)	2 (0.70%)
	I am satisfied with the benefits offered to me through this job.	73 (26.9%)	131 (48.3%)	32 (11.8%)	31 (11.4%)	4 (1.50%)
	Competency/trainin	I am confident of my abilities to succeed at my work.	4 (1.50%)	23 (8.50%)	21 (7.70%)	174 (64.2%)
I have mastered the skills necessary to perform my work.		6 (2.20%)	24 (8.90%)	24 (8.90%)	177 (65.3%)	40 (14.8%)

Satisfaction level (*Fig 2*). Out of 271 study participants 116 (42.8%) of them scored below mean which means they are dissatisfied with their overall aspect of job, while the rest 155(57.2%) scored above satisfaction level.

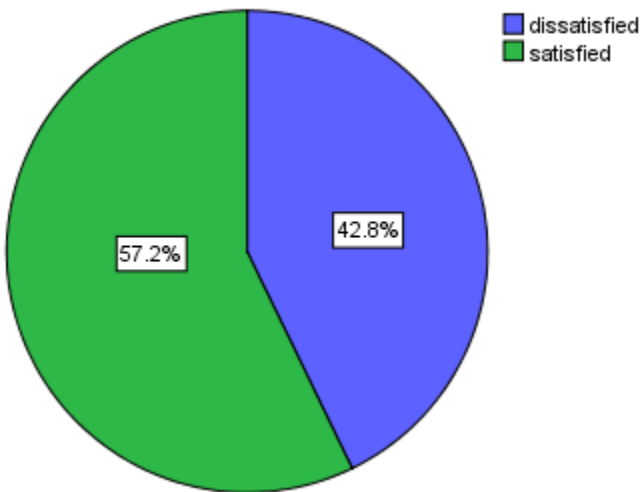


Figure 2: Level of job satisfaction of healthcare professionals at Asella Referral Teaching Hospital, April 2015.

In the principal component analysis displayed, reliability of each statement was first evaluated using Cronbach's Alpha method. As a result of the reliability study two statements (loaded on component 9th) were discarded; because they had low reliability scores (Cronbach's Alpha score of less than 0.5). The remaining 29 statements met the reliability standards with a combined Cronbach's Alpha score of 0.886. As stated earlier, this study aimed to identify the factors that contribute to job satisfaction score and the results of the analysis identified eight factors score were used during further analysis. The satisfaction level of the healthcare professionals were assessed based upon computed mean score reliability coefficient. The study participants were scored above the mean (satisfied) and below the mean (dissatisfied) (Table 8).

Table 8: Mean score reliability coefficient and level of factors for each scale of job satisfaction subscale, at Asella Referral Teaching Hospital, April 2015

No	Factors (subscales)	No of items	Cronbach's alpha	Mean \pm SD value	Level of Satisfaction	f(%)
1	Working condition	3	0.653	3.754 \pm .831	satisfied	151(55.7)
					Dissatisfied	120(44.3)
2	Responsibility	3	0.661	3.656 \pm .811	satisfied	166(61.3)
					Dissatisfied	105(38.7)
3	Patient care	3	0.706	3.301 \pm .898	satisfied	161(59.4)
					Dissatisfied	110(40.6)
4	Staff relation	4	0.825	2.912 \pm .984	satisfied	137(50.6)
					Dissatisfied	134(49.4)
5	Supervision	3	0.791	2.329 \pm .908	satisfied	139(51.3)
					Dissatisfied	132(48.7)
6	Salary & benefits	5	0.861	2.132 \pm .795	satisfied	117(43.2)
					Dissatisfied	154(56.8)
7	Competency	2	0.554	3.852 \pm .715	satisfied	190(70.0)
					Dissatisfied	81(30.0)
8	Opportunity to develop	3	0.657	3.289 \pm .828	satisfied	165(60.9)
					Dissatisfied	106(39.1)
Overall job satisfaction		3	0.689	3.511 \pm .879	satisfied	155(57.2)
					Dissatisfied	116(42.8)

5.2 Association of satisfaction and independent variables

Association between job satisfaction score and Socio-demographic variables& factors score

In linear regression, the results indicated that most of the socio-demographic characteristics were found to have a statistically significant association with job satisfaction score. Accordingly, sex of respondent, marital status, profession, level education and working department are mostly quantified in the table. The satisfaction score for male respondents was increased by an average of 0.243(95% CI: 0.005 to 0.481) as compared to female respondents and the satisfaction score for single respondents was increased by an average of 0.267(95%CI: 0.021 to 0.513) as compared to married respondent. The level of education those with medical doctor of respondents had 0.749 unit greater satisfaction score when compared to those with diploma level (95%CI: 0.373 to 1.125). On the other hand, the health professionals who were working in emergency out-patient department had 0.652 unit lower satisfaction score when compared to in patient ward working unit (95%CI: -1.121 to -0.184) (Table 9)

Table 9: Association between socio-demographic characteristic of health professionals and job satisfaction score, at Asella Referral Teaching Hospital, April 2015.

Socio-demographic variables		f(%) (n=271)	Unstandardized Coefficients		Standardized Coefficients Beta	95% CI for β (Lower, Upper)
			β	Standard Error		
Sex	Male	132(48.7)	.243	.121	.122	(.005, .481) Ψ
	Female*	139(51.3)				
Age	22-58	271(100)	.015	0.008	.113	(0.001, .030)*
Ethnicity	Oromo*	161(59.4)				
	Amhara	91(33.6)	.255	.129	.121	(.001, .059) Ψ
	Tigrie	5(1.8)	.708	.447	.096	(-.172, 1.589)
	Guragie	9(3.3)	-.178	.337	-.032	(-.843, .486)

Socio-demographic variables	f(%) (n=271)	Unstandardized Coefficients		Standardized Coefficients Beta	95% CI for β (Lower, Upper)	
		β	Standard Error			
	Wolayta	3(1.1)	-1.272	.574	-.133	(-2.402, -.142)
	Others	2(.7)				
Marital status	Single	109(40.2)	.267	.125	.131	(.021, .513) Ψ
	Married*	147(54.2)				
	Divorced	12(4.4)	.675	.297	.139	(.090, 1.259)
	widower	3(1.1)	.693	.577	.073	(-.442, 1.828)
Profession	Specialist	15(5.5)	.356	.266	.082	(-.168, .881)
	Medical doctor	32(11.8)	.681	.192	.220	(.302, 1.059) Φ
	Paramedical	60(22.1)	-.017	.151	-.007	(-.314, .281)
	Nurse*	141(52.0)				
	Midwife	23(8.5)	.043	.221	.012	(-.392, .477)
Service year in the Hospital	Less than 1 year	24(8.9)	.021	.216	.006	(-.404, .446)
	1-10 years*	202(74.5)				
	11-20 years	26(9.6)	.179	.208	.053	(-.231, .589)
	More than 20 years	19(7.0)	.383	.240	.098	(-.090, .855)*
Level of education	Diploma*	139(51.3)				
	Advanced diploma	12(4.4)	.312	.293	.064	(-.265, .888)
	Bachelors-degree	66(24.4)	.056	.146	.024	(-.230, .343)
	Medical doctor	32(11.8)	.749	.191	.242	(.373, 1.125) Φ
	Masters(M Sc)	7(2.6)	-.385	.377	-.061	(-1.128, .357)

Socio-demographic variables	f(%) (n=271)	Unstandardized Coefficients		Standardized Coefficients	95% CI for β (Lower, Upper)	
		β	Standard Error	Beta		
Working department	Medical specialist	15(5.5)	.466	.265	.107	(-.055, .987)
	OPD	28(10.3)	-.002	.201	.000	(-.397, .394)
	EOPD	19(7.0)	-.652	.238	-.167	(-1.121, -.184) Ω
	Laboratory	23(8.5)	.133	.219	.037	(-.297, .564)
	Pharmacy	17(6.3)	-.725	.250	-.176	(-1.217, -.232)
	MCH	11(4.1)	-.267	.306	-.053	(-.870, .335)
	ART	6(2.2)	-.302	.408	-.045	(-1.106, .502)
	Ward*	166(61.3)				
	Environmental Health	1(.4)	-.272	.985	-.017	(-2.212, 1.668)

*Reference category, Significant at Φ P<0.001, Ω P<0.01, Ψ P<0.05 and * P<0.25(fitted model)

Analysis of linear regression indicated that most of job satisfaction factors score had statistically significant association with satisfaction score. Accordingly, when the working condition of respondents was increased by an average of 0.622(95%CI: 0.528 to 0.716) a unit was increased for satisfaction score. At staff relation of healthcare professionals was increased by an average of 0.176(95%CI: 0.067 to 0.297) a unit was increased in satisfaction score and whilst, salary& benefits of respondents was increased by an average of 0.199(95%CI: 0.081 to 0.316) a unit was

increased in satisfaction score. But, competency/training factor score had no association with job satisfaction score with a standard deviation 0.096($p \geq 0.05$ (Table 10).

Table 10:-Linear regression analysis of satisfaction versus independent variables; at Asella Referral Teaching Hospital, April 2015.

Subscales	Unstandardized Coefficients		standardized Coefficients	95% CI for β
	B	Standard Error	Beta	Lower, Upper
Working condition	.622	.048	.622	(.528, .716) Φ
Responsibility	.401	.056	.401	(.291, .511) Φ
Patient Care	.337	.057	.337	(.224, .450) Φ
Staff Relation	.179	.060	.179	(.061, .297) Ω
Supervision	.247	.059	.247	(.130, .363) Φ
Salary and Benefits	.199	.060	.199	(.081, .316) Ω
Competence/ training	.096	.061	.096	(-.024, .215) *
Opportunity to develop	.550	.051	.550	(.449, .650) Φ

Significant at Φ $P < 0.001$, Ω $P < 0.01$, Ψ $P < 0.05$ and * $P < 0.25$ (fitted model)

Predictors of satisfaction

A stepwise multiple linear regression showed that, there exist statistically significant relation between job satisfaction score with different independent variables ($F=47.513$, $P<0.001$) and overall model fit ($R^2=55.8$) and following variables were identified as predictors of job satisfaction score. The age of respondents had an average increase of ($\beta =0.013$, 95%CI: 0.002-0.024) unit in job satisfaction score of health professionals. Those healthcare professionals who were paramedical had ($\beta= -0.241$, 95%CI: -0.446- -0.037) unit lower satisfaction score as compared to nursing profession. Similarly, those health professionals who had advanced diploma; their level of education had ($\beta= 0.412$, 95%CI: 0.013- 0.81) a unit higher satisfaction score when compared with diploma level.

Healthcare professionals who agreed to working condition and supervision had an average increase of 0.468 and 0.120 unit in their satisfaction score respectively ($\beta=0.468$, 95%CI: 0.378-0.557) and ($\beta=0.120$, 95%CI:0.034-0.206). Likewise, the respondents who satisfied to opportunity to develop and responsibilities had an average increase of 0.307 and 0.094 unit in their satisfaction score orderly. In general the explanatory factors of job satisfaction in this study revealed that they had greater influence on job satisfaction of healthcare professionals (Table 11).

Table 11: Predictors of job satisfaction versus independent variables; Asella Referral Teaching Hospital, April 2015

Subscales		Unstandardized Coefficients		standardize	95% CI for β (Lower, Upper)
		B	Standard Error	Beta	
Age	22-58	.013	.006	.100	(.002, .024) Ψ
Profession	Specialist	.264	.196	.067	(-.121, .650)
	Medical doctor	.303	.161	.098	(-.014, .619)
	Paramedical	-.241	.104	-.100	(-.446, -.037) Ψ
	Nurse *				

Subscales		Unstandardized		standardize	95% CI for β
		Coefficients		d	
		B	Standard Error	Beta	(Lower, Upper)
Level of education	Midwife	-.246	.157	-.069	(-.555, .063)
	Advanced diploma	.412	.203	.085	(.013, .811) Ψ
	Bachelors-degree	-.019	.115	-.008	(-.245, .208)
	Medical doctor	.314	.160	.102	(-.002, .630)
	Masters(M Sc)	.415	.417	.066	(-.395, 1.225)
	Medical specialist	-.658	.528	-.151	(-1.699, .383)
Working condition		.468	.046	.468	(.378, .557) Φ
Opportunity to develop		.307	.047	.307	(.214, .401) Φ
Supervision		.120	.044	.120	(.034, .206) Ω
Responsibility		.094	.047	.094	(.002, .187) Ψ

Significant at $\Phi P < 0.001$, $\Omega P < 0.01$ and $\Psi P < 0.05$

Chapter Six: Discussion

Finding of our study indicated that, (57.2%) of respondents were satisfied with their job. This result was slightly higher, when compared with similar study done in Jimma University Specialized Hospital where by about (41.4%) health professionals were satisfied with their job; the discrepancy may be the work environment one of the influencing element of job satisfaction and a supportive working environment is critical element for developing employee skills and enhancing their motivation and satisfaction level towards work and the recent study area might have the application of the new strength strategies balance scored card [42]. It is also in line with the study done in south-Ethiopia in Sidama Zone overall satisfaction was (52.6%)[41], but inconsistent with the study done on factors associated to job satisfaction among health workers at public hospital west Shoa zone, overall 65.1% of workers dissatisfied with their job[45]. The controversial may be, since the study instrument used was a self-reporting measure the information presented by participants is based upon on their subjective perception and job satisfaction is the level to which workers like their work and it is the difference between what employees expect and what they receive. This finding was also compared with others similar study done in Nepal on factors influencing job satisfaction among healthcare professionals at Tilganga Eye Centre, the result revealed that 76% of healthcare professionals were satisfied with their current jobs in overall job satisfaction[34], but our finding is lower than it. The difference may be due to the fact that the existence of difference on the sample size and socio-demographic characteristics of respondent in both countries might have contributed for the figure difference and job matched with workers' skills and experience.

In our study about 55.7 % of study participants were satisfied with working condition, while over half (51.3%) of the participants were satisfied with supervision style. These findings are seemed comparative with the findings of a study done in Bangladesh in which the participants satisfied with working condition 62% and about 56.2% of participant satisfied with supervision [37]. The possible explanation may be better remuneration, strength supportive supervision and better working condition are avail in Bangladesh and different people want different things from the employment with their job context.

This study found that 61.3% and 59.4% of the respondents were satisfied with their responsibilities and patient care respectively. It is inconsistent with finding of a study done in Northeast Ethiopia, 61.7% and 52.5% of respondents were dissatisfied with their responsibilities and patient care. This is because of satisfaction and dissatisfaction are a function of the

relationship between what individual expect from their work and what the actually derived. Herzberg's two-factor theory suggests that intrinsic work factors such as employee recognition and skills development may increase job satisfaction. Increased work responsibility may be related to many related factors suggested in the two-factor model because recognition and interpersonal relationships have implications for individuals' identity. Again in our study nearly two third (60.9%) of the respondents were satisfied with their opportunity to develop at the work place, which is consistent with a study done in Southern Ethiopia in which the respondents just 58.3% were satisfied with their opportunity to develop [41]. this is probably opportunity to use own skills and task variety are uniform at both work place. This study is also revealed that level of salary& benefits of study participants were scored the mean (2.123) (dissatisfied)

It is supported by the study was done in Japan dissatisfied with salary level at mean score of (3.25) [39]. The difference in scored may due to healthcare workers form a special group of employees with characteristics which differs them from worker industrial or commercial setting. And the views of the personnel on additional payment based on performance are the most unfavorable in the both country.

Factors associated with overall job satisfaction

The result of our study indicated that level of education, sex of respondents, age, profession, marital status and working departments of socio-demographic of the respondents were significant association with job satisfaction ($p < 0.05$) and this result was inconsistent with the study was done in Nepal and south Africa the same stated no association was found in between socio demographic characteristics and job satisfaction. The difference may be attributed to difference in socio-demographic characteristics difference in study area [33], [34].

Accordingly, the age of healthcare professional had an average increase of 0.013 unit in their job satisfaction score ($P < 0.05$). It is in line to a study conducted in public health facilities, southern Ethiopia the results revealed that, by far the age group of 41-50 years is 15 times more likely to be satisfied than that of 20-30 years ($P < 0.05$) [41] and similar study done in Pakistan, it found that people among 41-50 age group are more satisfied than the people with 25-30 years group ($P < 0.001$)[38]. It indicated that the profession experience may be impact job satisfaction significantly, as a worker gets older, he/she will have more realistic expectations of his/her job and, consequently, that his/her level of job satisfaction will increase

The present study also showed most of job satisfaction factors score (i.e. staff relation, supervision, salary& benefits, working condition, opportunity to develop, patient care and

opportunity to develop) had statistical significant association with job satisfaction score. These findings are also supported with the findings of Ramasodi in South Africa found that there was a significant positive medium association between job satisfaction and opportunity to develop, responsibility, patient care and staff relations for both clinical and clinical support staff [33]. It is also supported with others study done in Pakistan by Raja Muhammad Ali α & Dr. Faraz Ahmed Wajidi, the result of the study was revealed that opportunities for career development, time pressure and promotional schemes of the organizations have high associations with job satisfaction[38]. Additionally the finding of our study quite comparable with finding of done in Nepal, variables such as responsibility, opportunity to develop, staff relations and patient care were significantly influencing factors for job satisfaction.

Working condition, opportunity to develop, responsibilities and supervision were significant predictors of job satisfaction. Healthcare professionals who satisfied to working condition had an average increase of ($\beta = 0.468$) unit in their satisfaction score. It is consistent with the study was done in Malaysian the result revealed that primary healthcare professionals had on average ($\beta=2.0$) higher points in the working condition satisfaction scale[47].This is suggested that there are the best physical work atmosphere including space, lighting, ventilation, and equipment in Malaysian rather than our study place.

It may also be people who tend to act more freely derive greater job satisfaction from working at their own establishment.

In the similar way the respondents who satisfied to opportunity to develop and responsibilities had an average increase of ($\beta= 0.307$ and $\beta= 0.094$) unit in their satisfaction score respectively. It is also in line with study was done in Nepal found that opportunity to develop and responsibilities had an average increase of ($\beta=0.351$ and $\beta=0.370$) unit in satisfaction score respectively [34]. So, the different ways of delegating responsibility to give their employees the space and freedom to use their skills and abilities, there may be the positive relationship between organizational support for this factor and improved job satisfaction at both study area.

.Overall this findings is related with the theory Hygiene factors are features of the job such as policies and practices, remuneration, benefits and working conditions, corresponding to Maslow's lower order of needs. Improving these factors may decrease job dissatisfaction and thus increasing of motivators. Inadequate hygiene factors may lead to dissatisfaction and Motivators comprise responsibility, recognition, promotion, achievement and all intrinsic aspects

of the job while hygiene factors comprise extrinsic aspects of the job such as supervision, salary, work environment policies, relationship with colleagues etc.[31].

In generally findings presented in this survey; the study instrument was used is a self-reporting measure, the information presented by participants is based upon their subjective perceptions. Although participants was assured of confidentiality, it is therefore possible that they may be either over- or under-reported their level of satisfaction and even with the high level of participation in this study. It might also lower understanding and sense of value for research was identified at different levels during data collection. With this limitation in mind, this study evaluated the important factors influencing job satisfaction among healthcare professionals at Asella Referral Teaching hospital and the findings highlighted overall level of satisfaction.

Chapter Seven: Conclusion and recommendation

7.1 Conclusion

Healthcare professionals were working at Asella Referral Teaching Hospital their satisfaction slightly below moderate level of job satisfaction. They were less satisfied with supervision and salary& benefits.

Most of the factors found to be significant predictors association with job satisfaction were the opportunity to develop, supervision, working condition and responsibilities, while level of education, age of respondents and profession were also found significant predictors of job satisfaction of healthcare professionals at aspects of their work place in terms of socio-demographic characteristics.

7.2 Recommendation

The following points are recommended towards:-

Ministry of health

- It is better to make continuous service evaluations and monitoring of job satisfaction which can be useful to determine aspects of the services that need improvement.
- As most of staff are frustrated regarding benefit and salary issue it would like to strengthen further intervention regarding the issue to further motivate the staff.

Management and administration

- Priority should be given to improving relationships between management and staff and increasing decision-making latitude among staff members.
- Initiate supervision at all levels which consists of giving directions, models and guidance for employees.
- Developing staff and empowering them to make decisions about their work is necessary to achieve quality of healthcare service
- Provide equitable opportunities to employees guided by the creation of a commission with clear indicators for employee promotion, training opportunities.

Healthcare professionals

- Work closely with staff relation for mutual help with regards to sharing of experience and overwhelming workload.
- It is suggested that improve their patient co-operation thoroughly sufficient time for each patient

Others researcher

- Future research instrument can use both qualitative and quantitative methods. It can be provided a different perspective of employees, job satisfaction and contribute a more in-depth understanding of how employees view their job.

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Annexes

Annex:-one

Jimma University College of Health Sciences, Department of Health Economics, Management and Policy.

Questionnaire for Level of Job Satisfaction and Associated Factors among Healthcare Professionals at Asella Referral Teaching Hospital, 2015

Introduction

My name is _____. I am working in the research team of Jimma University Department of Health Economics, Management and Policy. I would like to provide you questionnaire with a few questions about your experience and opinion of job satisfaction while you are working in this hospital. The objective of this study is to determine the level of job satisfaction and associated factors among healthcare professionals in this Hospital, which is important to improve the quality of health services and level of job satisfaction. So your cooperation and willingness for the participation is helpful in identifying the issues related to the subject matter. Your name will not be written in this form. All information that you give was kept strictly confidential. Your participation is voluntary and you are not obliged. Thank you! for your willingness.

001:-Questionnaire Code -----

002:-Study Area-----

Part I: Socio-demographic characteristics of the participants

101. Sex
102. Age
103. Ethnicity.....
104. Marital status
105. Profession
106. How long have you worked at this hospital?
107. What is your level of education?
108. In which department are you working now?

Part II: Evaluation of job satisfaction

Kindly decide how you feel about the aspect of your job described by the statement and **tick the only one** appropriate choice using this symbol (✓)

Number coded	Work Condition	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
201	My work activities are personally meaningful to me					
202	The work I do is interesting					
203	I make a difference in the lives of other people					
General satisfaction		Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
204	My job has more advantages than disadvantages					
205	There is a personal growth in my work.					
206	Too much is expected from me at work					
207	I am generally satisfied with the kind of work I do in this job					
Opportunity to Develop		Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree

301	I have sufficient opportunity to develop in my work					
302	The variation in my work is satisfactory					
303	My work is mentally stimulating					
304	I experience frustration in my work due to limited resources					
305	I find my work routine non stimulating					
306	I have opportunities for advancement.					
Responsibility		Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
401	I enjoy the status in the community as a healthcare professional					
402	I receive recognition for tasks well done					
403	I am entrusted(care of) with great responsibility in my work					
Patient Care		Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
501	The patients appreciate what I do for them					
502	I have sufficient time for					

	each patient					
503	My patients co-operate because they understand my working conditions					
Time Pressure		Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
601	There are no many non-clinical tasks that I have to do					
602	I have enough freedom to decide how I do my work					
603	I spend more time doing what could be done by others with less experience & training					
Staff Relations		Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
701	I have a good working relationship with my colleagues					
702	There is an atmosphere of co-operation between staff & management					
703	There is a clear channel of communication at my					

	workplace					
704	My manager is concerned about my well being					
705	Management involves staff in decision making					
706	I can depend on my colleagues for support					
707	I am happy with the management style in my department					
Supervision		Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
801	I feel that I am valued by this Hospital					
802	I am satisfied with the way this Hospital is managed					
803	I believe that my supervisors care deeply for me and for our patients					
804	I receive adequate support from my supervisors					
Salary and Benefits		Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
901	For the work I do, the pay is good					

902	My salary is in line with my expectation.					
903	I make pretty good money compared to others in this field.					
904	The level of pay is in relation to what it costs to live in this area.					
905	I am satisfied with the benefits offered to me through this job					
training		Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
1001	I received adequate training to do my job well.					
1002	I am confident of my abilities to succeed at my work					
1003	I have mastered the skills necessary to perform my work					
1004	If I felt that I needed extra training, it would be made available for m					

Filling only by data collectors (facilitators)

003:-Enumerator's ID number

004:-Date of provided& returned in Ethiopian calendar:

Provided -----, Returned-----

005:-Approved by Supervisor

Name

Signature

Date

DECLARATION

I, the undersigned, declare that this thesis is my original work, has not been presented for a degree in this or any other university and that all sources of materials used for the thesis have been fully acknowledged.

Name: _____

Signature: _____

Name of the institution: _____

Date of submission: _____

This thesis has been submitted for examination with my approval as university advisor

Name of the first advisor: _____

Signature _____

Name of the second advisor: _____

Signature _____

Name and Signature of Internal Examiner for approval

Name _____

Date _____ Signature: _____