

JIMMA UNIVERSITY INSTITUTE OF HEALTH, COLLEGE OF PUBLIC HEALTH
DEPARTMENTS OF HEALTH ECONOMICS, MANAGEMENT & POLICY



JOB SATISFACTION AND ASSOCIATED FACTORS AMONG HEALTH
PROFESSIONALS IN PUBLIC HEALTH FACILITIES OF GUJI ZONE,
OROMIA REGIONAL STATE, SOUTH EAST, ETHIOPIA.

By:

DIGILE ODA (BSc)

A RESEARCH THESIS TO BE SUBMITTED TO THE DEPARTMENT OF
HEALTH ECONOMICS, MANAGEMENT AND POLICY, INSTITUTE OF
HEALTH , JIMMA UNIVERSITY IN THE PARTIAL FULFILMENT FOR
THE REQUIRMENT OF MASTERS OF HEALTH CARE AND HOSPITAL
ADMINISTRATION (MHA).

JUNE, 2017

JIMMA, ETHIOPIA

JOB SATISFACTION AND ASSOCIATED FACTORS AMONG
HEALTH PROFESSIONALS IN PUBLIC HEALTH FACILITIES OF
GUJI ZONE, OROMIA REGIONAL STATE, SOUTH, ETHIOPIA, 2017.

By

DIGILE ODA GAMBELA (BSc)

Name Advisors:

- 1) Dr. Fekadu Assefa Jiru
(MD,MPH,Assistant professor)
- 2) Mr. Muluneh Getachew (BSC,MPH)

June, 2017

Jimma, Ethiopia.

ABSTRACT.

Background: Human resources are vital for delivering health services, and health systems cannot function effectively without sufficient numbers of skilled, motivated, and well-supported health professionals. Job satisfaction of health professional is important for motivation and efficiency, as higher job satisfaction improves both employee performance and patient satisfaction.

Objectives: To assess job satisfaction and associated factors among health professionals working in Guji Zone Public health facility, Oromia, Southern Ethiopia, 2017.

Methods: A facility-based cross-sectional study was conducted among 541 randomly selected health professionals working in Guji zone public facilities from February 20 to March 30/2017. Data was collected by using self-administered structured questionnaire. Bivariate analysis was done and candidate variables were selected at p-value <0.25 and p-value <0.05 in final model. Ethical clearance was obtained from Institutional Review Board of Jimma University. Factor scores were computed for the identified items by varimax rotation to represent satisfaction. Multivariate linear regression analysis was performed, and the effect of independent variables on the regression factor score was quantified.

Result: Five hundred forty one respondents participated in the study with a response rate of 97.25%. The overall level of job satisfaction was 38.9%. Compensation and benefit (benefits), working environment, relation with management factor score and salary were predictors of level of job satisfaction. A unit increment in salary, percentage scale score in compensation and benefit, working environment and relation with management factor score, resulted in ($\beta = 0.78$ [95% CI 0.23, 1.26]), ($\beta = 0.956$ [95% CI 0.217, 2.349]), ($\beta = 0.756$ [95% CI 0.161, 1.352]), ($\beta = 0.698$ [95% CI 0.113, 1.283]) yields increment in health professional job satisfaction respectively.

Conclusion & Recommendation: This study revealed that the level of health professionals' job satisfaction was generally low. Salary, Compensation and benefit, work environment and relation with management are the main factors that were found to influence job satisfaction. All concerned parties should make efforts to improve job satisfaction of health professionals working in public health care facilities of Guji zone.

ACKNOWLEDGEMENT

I would like to thank Jimma University, department of health economics, management and policy for providing this opportunity. My gratitude also goes to my advisers Dr. Fekadu Assefa and Mr. Muluneh Getachew for their unreserved and constructive comments in the reviewing of the initial proposal development and final thesis preparation. I am greatly indebted to my family for the kind cooperation, endurance, understanding and support. I would like to thank the wonderful people and friends supported and encouraged me through this thesis.

Table of content

ACKNOWLEDGEMENT	III
TABLE OF CONTENT	IV
LIST OF TABLES	VI
CHAPTER ONE: INTRODUCTION.....	1
1.1. BACKGROUND	1
1.2 STATEMENT OF THE PROBLEM.....	2
1.3 .Significance of the study	4
CHAPTER TWO: LITERATURE REVIEW	5
2.1 Job Satisfaction.....	5
2.2 Socio Demographic Factors and Job Satisfaction	6
2.3 Compensation (benefits) and job satisfaction.....	7
2.4 Recognition and Job Satisfaction	8
2.5 Development Opportunities and Job Satisfaction	9
2.6 Working Environment and Job Satisfaction.....	9
2.7 Relationship of Health Professionals with management and job satisfaction	10
2.8 Conceptual framework.....	12
CHAPTER THREE: OBJECTIVES:.....	13
3.1 General Objective	13
3.2 Specific objectives	13
CHAPTER FOUR: METHODOLOGY	14
4.1. Study area and period	14
4.2. Study design	14
4.3. Population.....	14
4.3.1 Source population	14
4.3.2 Study population.....	14
4.3.3. Eligibility criteria.....	14
4.5. Sampling technique and procedure.....	15

4.6. VARIABLES	16
4.6.1. Dependent Variables.	16
4.6.2. Independent Variables	17
4.7. Data collection procedures	17
4.7. 1 Data collection tool.....	17
4.8 Data collection methods and procedures	18
4.9 Data quality Management.	18
4.10. Operational definitions	18
4.11. DATA ANALYSIS PROCEDURES.....	19
4.12. Ethical consideration	20
4.13. Dissemination plan	20
CHAPTER FIVE: RESULT.	21
5.1 Socio-demographic characteristics of study participants	21
5.2 Descriptive analysis of health professionals job satisfaction	22
5.3 Level of job satisfaction.	27
5.4 Association of socio demographic factors and other job related factors with level of job satisfaction factor score.	28
5.5 Predictors of level of health professional job satisfaction score.	30
CHAPTER SIX: DISCUSSION	32
CHAPTER SEVEN: WEAKNESS OF THE STUDY	34
7.1 strength	34
7.1 Weakness	34
CHAPTER EIGHT: CONCLUSION AND RECOMMENDATIONS	34
8.1 Conclusion.....	34
8.2 Recommendations.....	35
REFERENCE.....	36
ANNEX 1: QUESTIONNAIRE	40

List of Tables

Table 1: Socio-demographic characteristics of study participants working (n=541) in Guji Zone public health facilities, Oromia, South East Ethiopia, March 2017.	21
Table 2:-The responses of overall jobs satisfaction items of health professionals working (n=541) in public health facilities of Guji Zone, Oromia, Ethiopia, March 2017.	23
Table 3:-The responses of compensation and benefit factors items of health professionals working (n=541) in public health facilities of Guji Zone, Oromia, Ethiopia, and March 2017.....	23
Table 4:-The responses of recognition and reward factors items of health professionals working (n=541) in public health facilities of Guji Zone, Oromia, Ethiopia, and March 2017.....	24
Table 5:-The responses on working environment factors items of health professionals working (n=541) in public health facilities of Guji Zone, Oromia, Ethiopia, and March 2017.....	25
Table 6:-The responses on development opportunity factors items of health professionals working (n=541) in public health facilities of Guji Zone, Oromia, Ethiopia, and March 2017.....	26
Table 7:-The responses of five items on relation with management factors of health professionals working (n=541) in public health facilities of Guji Zone, Oromia, Ethiopia, and March 2017	27
Table 8:-Reliability coefficient, total variances explained; mean score and SD the extracted factors of each scale for assessing level of job satisfaction of health professionals working (n=541) in Guji Zone, Oromia, Ethiopia, March 2017.....	28
Table 9: association of Socio-demographic and job related factor scale score with health Professional job satisfaction in Guji Zone public health facilities, Oromia, Ethiopia, March 2017.....	29
Table 10. Final predictor variable of overall level of health professional's jobs satisfaction (n=541) in Guji zone public health facilities, March 2017.....	31

List of Figure

Figure 1: - Conceptual Frame work adapted on factors affecting job satisfaction among health professionals (As commented by International Journal of Human Resource Studies Yaseen A. 2013 with modification, Guji zone 2017 G.C.....	12
Figure 2;- Diagrammatic representation of sampling technique.....	16

ACRONYMS

CI	-	Confidence Interval
EHRIG	-	Ethiopian Hospitals Reform Implementation Guide line
FMOH	-	Federal Ministry of health
G. C.	-	Gregorian calendar
GHWA	-	Global Health Workforce Alliance
HC	-	Health center
HF	-	Health facility
HR	-	Human Resource
HW	-	Health worker
JUSH	-	Jimma University Specialised Hospital
MDG	-	Millennium Development Goal
ORHB	-	Oromia Regional Health Bureau
SHRM	-	Society for Human Resource Management
SPSS	-	Statistical Package for Social Science
SRS	--	Simple Random Sampling.
WHO	-	World Health Organization
WoHO	-	Woreda Health office
ZHD	-	Zone health department
PMSS	-	Percentage of maximum scale score

CHAPTER ONE: INTRODUCTION

1.1. Background

Human resource (HR) in any organisation is the most valuable asset and it works as an engine to provide a sustainable service delivery in any organization [1].World Health Organization (WHO) background Paper indicates Health workers as the backbone of all health care systems, because they provide comprehensive health care system including, preventive, curative, rehabilitative and manage the overall implementation of health programs and respond to health emergencies [2, 3].

Due to these every healthcare professional is an important part of the healthcare system, and shortage of health professionals in any area creates problems in functioning of health system to provide complete quality health care services [4].

Among many factors that determines efficiency and productivity of human resources job satisfaction is one of the most important factors which leads to less productive of employees and provision of poor quality services, especially in health care organization since provision of health care require intensive labour which is qualified and competent. Job Satisfaction among health professionals means: the degree to which health professionals like or dislike their jobs.

It affects health professional's organizational commitment and consequently the overall provision of health services, which leads to great impact on quality, effectiveness and work efficiency and at the same time on health-care costs [3]. Besides its importance for patients and health care system as a whole, Health professional satisfaction in health care system is directly connected with absence from work, staff relations and incompetence of work since less satisfied health professionals give poor quality, less efficient care for their clients [4].

Job satisfaction of health professionals is said to be linked with many determinants according to different studies, these are: Socio demographic factors like (sex, age, profession, working experience), incentive both financial and non financial, work environment, job recognition, and promotion opportunities, workloads and relation of employees with their supervisor is some of the determinants discussed among various health professionals [5,6,7].

1.2 STATEMENT OF THE PROBLEM

WHO has identified a threshold in workforce density below which high coverage of vital interventions, as well as those necessary to meet the health-related Sustainable Development Goals (SDGs), is very not likely, based on these estimates, there are currently 57 countries, including Ethiopia [2].

This evidence indicates as Ethiopia is among many other countries that have been affected by shortage of health professionals. Similarly another study in 2007 on human resource development for health in Ethiopia indicates shortage of health workers in Ethiopia as it has been at a crisis point for at least the past decade due to brain drain of health professionals [8].

Study conducted on brain drain and Retention of Health Professionals in Africa, indicates African continent is facing a health crisis occasioned by very low funding of health services and deterioration of health service infrastructure and these factors threaten work performance of health workers and job satisfaction [9]. Similar study done on health professionals further revealed that health workers meet challenges such as: unfair compensation, overwhelming responsibilities with limited resources, poor access to continued professionals training, lack of a stimulating work environment, inadequate supervision from managers and supervisors [10, 11].

World bank 2010 working paper on Health Workers' Career Choices and Early work experience in Ethiopia, identifies that, in addition to limited number of qualified and well-trained health workers, there are two other challenges related to human resources and health in Ethiopia: among these challenges; Low levels of satisfaction and motivation of health workers, indicated as core challenge which are facing health sector [12].

The link between employee attitudes and patient satisfaction is known that unhappy or less satisfied employee relations and their communication with patients and other staff members is poor. So, one of the primary reasons for evaluating employee satisfaction is to identify problems and try to resolve them before they impact on quality of patient care and treatment and additionally it is critical component in retaining competent health professionals [4,13].

Different studies showed that many factors have impact on job satisfaction in health care workers, such as: gender, age, level of education, work experience, way of organization of work, working conditions, payment, working hours, promotions and so on [14,15 16]. On the other hand job satisfaction of health professionals can be affected by a variety of factors like personal needs and job characteristics, physical environment, amount of hours worked, the job's pressure level, workload, and relationships with colleagues and supervisors [4, 5].

Another study shows as, health professionals face increased risk for work dissatisfaction. Stress, burnout and complex shift of work are important factors of health professionals' interests and they also influence their professional satisfaction [6]. If health care administrators fail to sufficiently address indicated individual and job characteristics as well as the personal needs of their staffs, may result not to be satisfied with job, which may lead to poor performance, frequent absences from work, and high turnover [17].

In Ethiopia according to World Bank 2010 working paper report, health workers tend to be unsatisfied with most aspects of their job, and especially their salary, their training opportunities, and their chances of promotion and particularly about 80% of the health professionals are either “unsatisfied” or “very unsatisfied” with their current salary [12].

Although many studies have been done worldwide to address the question on the level of job satisfaction and its factors among health professionals working in the hospitals, mostly the focus of previous studies concentrated on specific profession categories such as, nurse satisfaction, pharmaceutical or doctor satisfaction [18, 19, 20].

In Ethiopia only few studies have been conducted so far, in specified areas and factors of job satisfaction not identified exhaustively in those studies. In the study conducted in Jimma University Specialised hospital on determinants of job satisfaction of health workers, recognition and development opportunities were not included [5].

World Bank papers on Career Choices and Early Work Experience in Ethiopia in 2010 considers only salary, training and chance of education were considered as factors [21]. Given the above noticeable gaps of studies on addressing factors affecting of job satisfaction among health professionals in detail, this study was assess job satisfaction and associated factors of health professionals working in the public health facilities of Guji Zone.

1.3 .Significance of the study

Conducting health professional's job satisfaction study in these public health care facilities is very important to identify health professional's matters that demand attention and interventions in order to provide quality and efficient health services in these facilities and other similar public facilities. Also it is useful in establishing a references of employee satisfaction by providing for future research results' comparison.

Even though a number of studies have been conducted on job satisfaction among health professionals working in the referral hospitals globally, many of them limited on specific profession categories and not include hospital and health center, but in this study sampled health professionals working in the selected hospitals and health center were included.

In Ethiopia only limited number of job satisfaction of health professionals working in the referral hospitals were conducted so far with limitation. Previous studies conducted in single teaching and referral hospital which is not representative for most of the facilities in rural and district setting of Ethiopia, but this study was conducted in selected hospitals and health center which are found in rural and district setting.

In addition factors affecting Job satisfaction like recognition, career development and relationship between employers and management were not exhaustively addressed in previous studies but studied in this study in detail.

So, given the above visible gaps on the previous studies, this study was attempted to address those gaps in the literature. The information obtained will hopefully assist in identifying factors influencing job satisfaction among health professionals in order to increase productivity, which leads to provide better health care services in Guji zone public health facilities and other facilities in similar setting.

CHAPTER TWO: LITERATURE REVIEW

2.1 Job Satisfaction

There is no single common definition for job satisfaction, a number of definitions available as there are authors, because it refers to broad as well as specific work satisfaction. But most of the authors' definition suggests as job satisfaction is a universal affective reaction that individuals hold about their job. In different studies frequently used definition of job satisfaction is that of Locke (1976), who defined job satisfaction as "a pleasurable or positive emotional state resulting from the appraisal of one's job or job experiences" This definition suggests that job satisfaction includes various aspects of one's job and is therefore, some kind of total sum of various components [22].

Various studies have established on the impact of job dissatisfaction, since not satisfaction with one's job may result in higher employee turnover, absenteeism, tardiness and complaint. In contrast, improved job satisfaction, results in increased productivity and satisfied workers have been found to be more committed to organizations [5, 19, 23].

Review of Job Satisfaction studies indicate as job satisfaction have several aspects like job role, job responsibilities, compensations, working conditions, development opportunities and recognition and job promotion [24]. On the other hand, other researchers classifies as job satisfaction is a combination of extrinsic which includes all the external factors such as, working conditions, pay communication style, supervisor co-operation and intrinsic which are type of work the workers do and the duty considered by the employee [4].

According to Ethiopian Hospital blue print 2007, Job satisfaction depends on the employee's evaluation of the job and the environment surrounding it. When assessing their job satisfaction, employee evaluates their actual experience in the job with compensation, supervision and the work conditions [25]. According to World Bank study on job satisfaction in Ethiopia, Health workers' satisfaction with their economic situation, career choice, and life in general has gotten worse between 2004 and 2007 [12].

Job satisfaction is a significant factor in healthcare sector for better performance and in public health practitioners the studies on job satisfaction is particularly relevant and of interest due to the fact that organizational and employees' health and well-being rest a great deal on their job satisfaction, as

satisfied health professionals provide quality care and health care system outcomes will be satisfactory [4]. To solve these problem organizations provides different facilities to employees like to provide good working condition, fairness in job, give promotion and rewards to employees because these are the elements which contribute to employee satisfaction as satisfied employee will perform well in workplace [26].

A Cross sectional study conducted in Pakistan on public health professionals in 2011, reported as majority of the public health respondents were not satisfied with the professional and development opportunities, Salaries and recognition they availed during their professional life [1]. Similar studies conducted in Jimma University Specialized Hospital, Southwest Ethiopia depicted that factors like promotion and trainings were also reported as predictors for job satisfaction on health professionals. For job dissatisfaction the major reasons were lack of promotion, poor infrastructure, insufficient materials, poor relationship between staffs and supervisors [5].

2.2 Socio Demographic Factors and Job Satisfaction

In assessing the level of job satisfaction, demographic factors such as age, gender, educational level, working experience and marital status have been considered in previous studies conducted on job satisfaction [2, 5, 14, 27]

On the study conducted on Job satisfaction level among human resource employees in Malaysia gender and marital status do not affect job satisfaction and age, tenure, and education level are found to be significantly influence job satisfaction [14]. But on similar study conducted in St Lucia, West Indies, there is no significant correlation of sex, level of education and length of employment to job satisfaction [15].

Study done in Indonesia in 2008 on job Satisfaction among nurses revealed that most of socio-demographic variables have no significant association with job satisfaction. But four items of socio-demographic factors had significant association with job satisfaction which was education level, travel time, professional training and amount of professional training attended in recent two years [19].

2.3 Compensation (benefits) and job satisfaction

Effective compensation administration is an important component of Human Resources for the health facilities hospital/health centers , while the facilities may be required to work within government-directed protocols and/or regulations for wages, salaries and fringe benefits, the compensation system will directly affect the organization’s ability to attract and retain qualified employees [25].

According to Global Health Workforce Alliance incentives guidelines for Health Professionals, incentives both financial and non-financial, provide one tool that governments and other employer bodies can develop to sustain a workforce with the skills and experience to deliver required care [28]. Financial incentives involve direct monetary payment from employer to employee which is integral to the employment contract. But Non-financial incentives include provision of recognition for best performance, being autonomous on job, flexibility in working conditions, these non-financial incentives are particularly very important for countries and organizations where limited funding constrains their capacity to provide financial rewards [28].

Early theory on satisfaction and motivation of workers identified compensation as a “hygiene” factor rather than a motivation factor, this means that basic salary satisfaction must be present to maintain ongoing job satisfaction, but increased amounts of salary will not directly contribute to an increasing level of job satisfaction according to this theory, salary is one of those hygiene factors which eliminate job dissatisfaction and leads employees from dissatisfaction to no dissatisfaction. However studies reports that salary increases and other financial benefits in the context of highly inadequate resource setting may certainly play great role to workforce retention [29]. On the other hand expectancy theory described that people do effort because they want some rewards in terms of money, promotion etc. This means people expect that if they work hard, then their output will increase and automatically they will be promoted and their pay will increase. This might be cause increase in their job satisfaction level [16].

If an employee is compensated enough for his job, he will competent and easily manage overload work in case of any emergency [30]. Similarly another study conducted on Job Satisfaction Survey of Healthcare Workers in the Psychiatric Hospital in Bahrain indicate that there was a significant contribution between job satisfaction and their received wage and other benefits which is consistent with the findings of other studies [31].

Various studies conducted on job satisfaction suggested that organization should take into account financial rewards like salary because it has strong influence on employee motivation and retention. Study conducted in Malaysia on relationship between Job Satisfaction and Job Performance reports, less pay as compared to work done is one of that extrinsic factor which is responsible for job dissatisfaction [16].

Ethiopian Hospital Blue print guide line recommends the compensation for the job should be deemed equitable by the employees. If, instead, the employee believes the wages paid are substandard in the market, then the hospital is at risk for unwanted turnover, low staffing ratios, higher overtime costs and lower productivity by employees [25].

2.4 Recognition and Job Satisfaction

Recognition is the component that is used to strengthen the relationship between organization and people. In The Study on, “impact of reward and recognition on job satisfaction and motivation” explain recognition as the process at which employees are rewarded by different status based on their well done job [32]. Similarly study on effect of compensation factors on employee satisfaction suggests that intrinsic rewards like recognition and growth opportunities lead employees more towards high job performance and motivation than extrinsic rewards like salary so, through recognition employee feel rewarded and motivated [16].

Recognition is actually to show employees that their participation is valuable for the organization which ultimately increases motivation and performance of employees. The best use of recognition is in the performance management system. Rewards and recognition are used to may increase motivation and job performance of employees [4]. Lawler E.E., (2003) on his article ‘What it means to treat people right’ suggested that the well being of any organization depend upon how its human resource is treated. By giving recognition to the employee’s competitive advantage can be achieved [33]. Through recognition, employees are being realized that they are valuable for organization and employees feel appreciated through recognition [34]. But many employers are missing the very valuable component in their organization that is recognition of the employee even though, the cost of practical implementation of this component is very low.

Human Resources Responsibility on Job Satisfaction pointed out those younger employees who are more active and energetic is motivated more through recognition than money. This indicates

recognition is the step through which they can be satisfied in their work. This study added that as recognition can be provided through involving employees in decision making processes to increasing their responsibility, by showing compassion towards them and provide them with succession planning and different opportunities to get high position through their best performance [30].

2.5 Development Opportunities and Job Satisfaction

Among factors those affect job satisfaction of health professionals the opportunities to develop is the one that individuals value for further enhancing themselves and growing within the ranks of their career. It determines the personality and value of individuals' well being, and the economic and social contribution they make, as individuals find a career path that utilizes their full potential, they are likely to be motivated and productive thus increasing job satisfaction [4].

Studies conducted in different countries depicted that promotion is the most important factor for the employee satisfaction and there is positive relationship between job satisfaction and opportunity to develop as seen in different studies [4, 26]. If organizations are not giving promotion to their employees then employees will be less satisfied and their turnover rate will be high [16]. If organization provides employees the chance of promotion like facilities, ability and skills, then employees will be automatically motivated and satisfied. Promotion and satisfaction has direct relationship [35].

A cross sectional study conducted in Pakistan in 2013 on job satisfaction among public health professionals working in public sector showed that the majority of the study participants were not satisfied with the professional and development opportunities they got during their professional stay [1]. Another literature shows human resource in health sector needs continuous training and refreshers if regular refresher training is not available, acquired skills and knowledge are quickly lost [36]. Because training increases the self- confidence and self- esteem of health professionals and improves the quality of care that would significantly elevate the morale of health professionals in the organization [37].

2.6 Working Environment and Job Satisfaction

Work environment is another significant factor that can affect job satisfaction among health workers. According to WHO 2006 report, working environment include equipment and supplies,

infrastructure, support services, regulations at work and lines of authority and decision-making, all of which are important factors for job satisfaction[38].

There are many studies which revealed that working environment is associated with job satisfaction. A cross sectional study done in Pakistan on Job satisfaction among public health professionals working in public sector reported that, improper working environment and time pressure were seen to have a significant influence on the job satisfaction due to this factor people respond unfavorably to restrictive work environments, therefore, it is necessary for organizations to create conducive working environment that allow the employees to get the highest level of job satisfaction [1].

Particularly, working condition and job security are the elements clustered under the working environment. Job security is feeling safe at work which is a basic prerequisite that must be addressed before high level needs can be met, on a systematic basis [39]. It will lead to a lower level of job satisfaction when there is sense of insecure at work [14]. Because of this argument, many studies have found a positive relationship between job security and job satisfaction [40].

Similarly, working conditions such as infrastructure, equipment`s, supplies, office arrangements and healthy working environment are also an important factors which influences job satisfaction. In other words, job satisfaction is strongly influenced by working conditions in which individual`s works have a great effect on their level of pride in them and the work they do [41]. As such, it must be suitable for personal needs, their expectations and aspirations because working conditions and factors that affect them are the most important issues affecting productivity [42]. As such, clean, pleasant and a comfortable office setting is needed to increase their job efficiency as well as their job satisfaction level. [14]. In addition descriptive cross sectional study conducted on job satisfaction among Primary Health Care Physicians and Nurses in Saud Arabia, indicated that, high work load and lack of adequate resources are relevant factors influencing among nurses and physicians' stress levels which cause main themes for not to be satisfied with job [43].

2.7 Relationship of Health Professionals with management and job satisfaction

As indicated by Ethiopian Hospital Blue print “relationship between employee involve work by the human resource Department to sustain relation between employees, that contribute to satisfactory motivation, productivity, and morale of health professionals because human resources department

can ensure optimum employer-employee relations by working on employee motivation and job satisfaction, since motivated staffs tend to work harder and stay longer with their employer [25].

According to the employee job satisfaction survey report by the society for human resource management (SHRM) on healthcare professionals, indicates that the importance of interpersonal relationships in job satisfaction as it lead to improved quality health services through increasing patient safety, quality of care and results greater patient satisfaction [39]. This report also supported by the findings of TEOH M. (2011) on employee relationship with management is one of the factors that influence job satisfaction of employees [14].

Branham L. 2005 suggested on his paper, the immediate supervisor should be able to spend time listening to their employees, able to give employees fair reviews and promote them, able to provide feedback to employees from time to time, able to train their subordinates when necessary, and able to back up the employees in order to raise up their job satisfaction [44]. On the other hand, under poor leadership, employees may be unwilling to change as they view change as a threat rather than an opportunity to their career. As result, if the immediate supervisor does not have a strong leadership it may lead to the subordinates feeling not to be satisfied with their jobs [45].

Study Conducted in Jimma University Hospital on Relationship between Leadership Styles of Nurses Managers and Nurses' Job Satisfaction indicated that nurses who were working at Jimma University Specialized Hospital preferred managers who are transformational leaders [21].

There are challenges faced managers to satisfy health workers because every individual has unique needs and desires that needs to be satisfied. Uganda health workforce study shows that, lack of supplies or equipment is viewed as beyond the means of anyone to control which may challenge for health managers to satisfy their health professionals [46].

2.8 Conceptual framework.

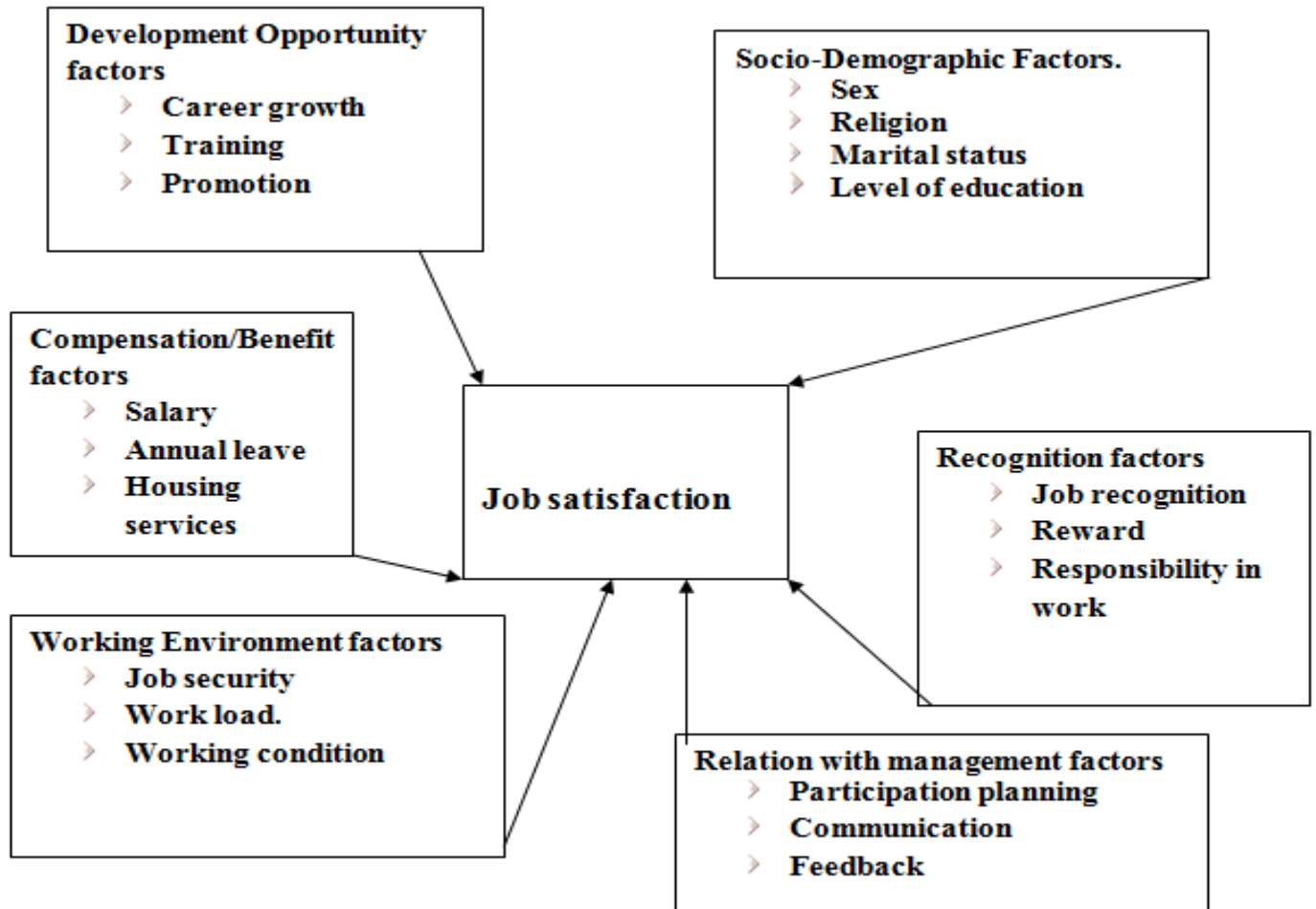


Figure 1: - Conceptual Frame work on factors affecting level of job satisfaction among health professionals (As commented by International Journal of Human Resource Studies Yaseen A. 2013 with modification)

CHAPTER THREE: OBJECTIVES:

3.1 General Objective

- To assess level of job satisfaction and associated factors among health Professionals working in Guji Zone Public health facilities Oromia Regional State, South Ethiopia , from February 20 to March 30/2017.

3.2 Specific objectives

- To assess level of job satisfaction among health professionals of public health facility of Guji Zone.
- To identify factors associated with job satisfaction of health professionals working in public health facility of Guji zone.

CHAPTER FOUR: METHODOLOGY

4.1. Study area and period

This study was conducted in Guji zone public health facilities, which is located 600 km from Addis Ababa. The study was conducted from February 20 to March 30/ 2017. Guji zone is one of the 20 zone found in Oromia region South East Ethiopia and administratively divided into 14 rural woreda and 3 town administrations and share boundaries with Bale, Borena, Somale and SNNP region. The zone has 2 public hospital and 62 Health centers and 283 health post. Eighty hundred professional are employed in the facility: 30 medical doctor ,75 health officer, 426 nurses all types, 154 midwifery nurse, 49 pharmacy professional, 51 laboratory professionals, and 3 radiology and 12 environmental health professionals. Based on projected figures obtained from 2008 census, this zone has an estimated total population of 1,432,571.

4.2. Study design

A facility based cross sectional study was employed.

4.3. Population

4.3.1 Source population

- ❖ All health professionals who were working in public health facility of Guji Zone, Oromia Region, South East Ethiopia

4.3.2 Study population

- ❖ Study population were sampled health professionals working in selected facility who fulfils inclusion criteria

4.3.3. Eligibility criteria

Inclusion criteria and exclusion.

- ✓ Health Professionals working in sampled health facility for more than six month exclusion criteria, were those who were working in these facilities for less than six months and not available during data collection period and not employed by the facilities

4.4. Sample size

The sample size for this study was calculated by single population proportion formula. Proportion of job satisfaction among health care providers in public health facilities was taken as (p=44.2%) from study done in Harari region [47], with 95% CI, and 5% marginal error (d) was considered to calculate the sample size.

$$n = \frac{(Z \frac{\alpha}{2})^2 * P(1 - P)}{d^2}$$

$$n = \frac{(1.96)^2 * 0.42 * 0.58}{0.05^2} = 378$$

Since our source population (number of health professional that work in Guji zone health facility were around 800) which is (<10,000) then the population correction formula used as follow:

$$N = n / (1 + n/N) = (378 / (1 + 378/800)) = 256$$

$$256 * 10\% = 25 \quad 256 + 25 = 281$$

By adding 10% non response rates and considering design effect the final sample size was become $281 * 2 = 562$

4.5. Sampling technique and procedure.

Selection of study subject was conducted through stratified sampling technique. In Guji zone there are total of 59 rural HC, 3 urban HC and 2 hospitals. In first rural facility (HC) and urban facility (HC and hospitals) are stratified in two groups. Then 30 HC were sampled by considering 50% coverage, (based on WHO assessment for human resources (If the number of units are small take 30-50% sample) [48]. Three HC and two hospitals were selected purposefully from town administration then the obtained sample size was proportionally allocated to each health facilities. Then the sample was collected from each selected health facilities by simple random sampling method from list of health professionals found at human resource management department. To collect sample from all category of health care professionals, the source population was stratified according to their professional category. After this simple random sampling method was employed to select study participants from sampling frame by using computer generated random numbers in Excel spreadsheet (Microsoft Corporation, 2013) , based on this 21 medical doctor ,53 health officer, 299 nurses all types, 108 midwifery nurse, 34 pharmacy professional, 36 laboratory professionals, and 2 radiology and 8 environmental health professionals were sampled.

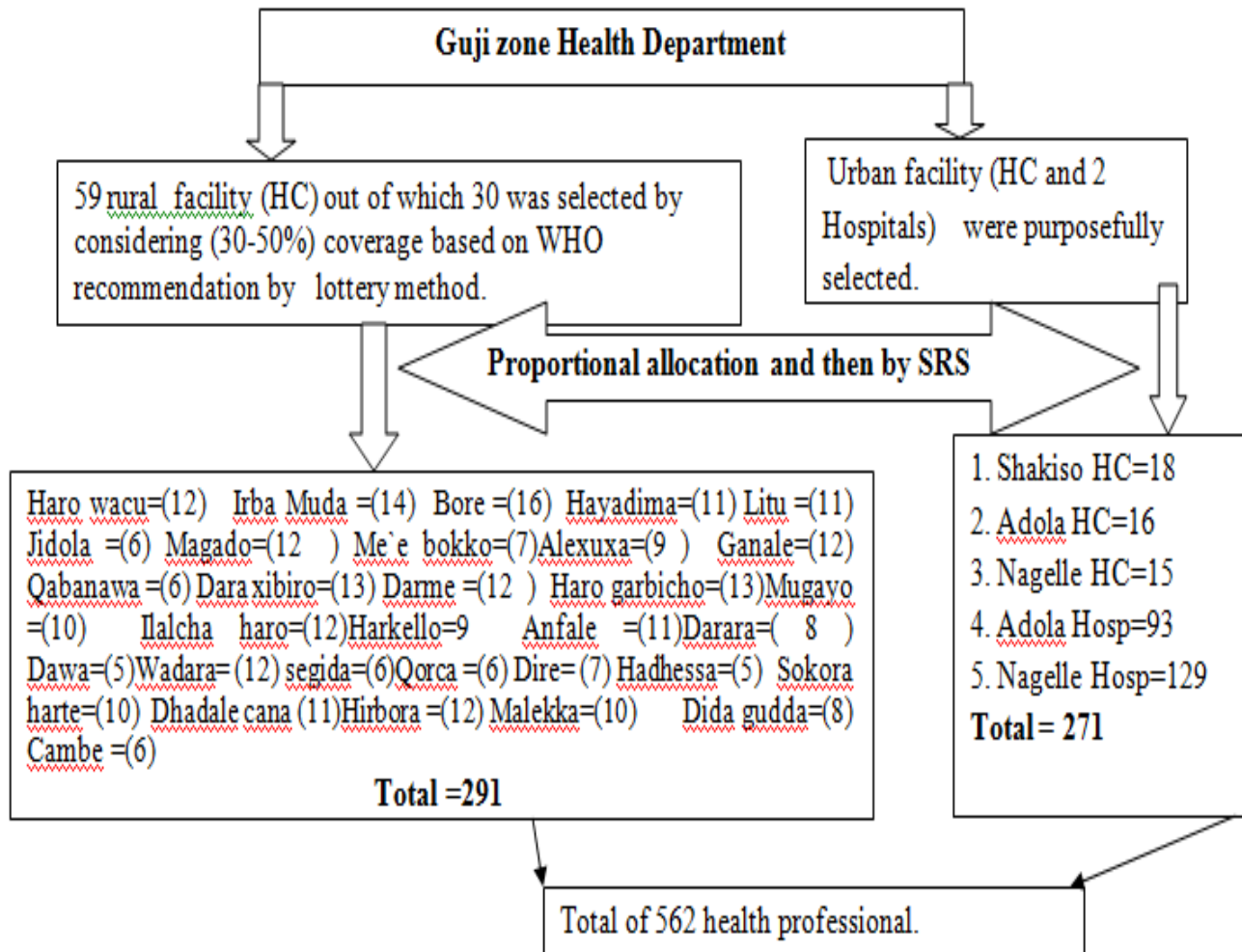


Figure 2;- Diagrammatic representation of sampling technique among health professionals working in public health facilities of Guji Zone ,2017 GC.

4.6. VARIABLES

4.6.1. Dependent Variables.

- ✓ Job satisfaction

4.6.2. Independent Variables

- ◆ Socio-demographic related Factors (age, Sex, marital status, salary, religion)
- ◆ Compensation and Benefits
 - Over time duty
 - Annual leave
 - Housing services and etc
- ◆ Recognition and award factors
 - Jo recognition
 - Reward
 - Responsibility in work and etc.
- ◆ Development Opportunities
 - Career growth
 - Training
 - Promotion opportunity and etc
- ◆ Working Environment
 - Job security
 - Work load
 - Equipment
 - Work physical condition and etc
- ◆ Employee relationship with management
 - Management system
 - Communication with professional in planning
 - Feedback of work done

4.7. Data collection procedures

4.7. 1 Data collection tool

Structure self-administered questionnaire was used to collect data from the study participants. This questionnaire consists of two sections: Section one comprised the socio-demographic information consisting of ten question, while Section two have employee satisfaction survey questionnaire that was adapted from “Conducting Hospital employee satisfaction Survey, with modification [49] It consisted of 54 job satisfaction statements measured on a five-point Likert scale (‘strongly agree’ to ‘strongly disagree’).

4.8 Data collection methods and procedures

The primary data used for this study was collected by using self-administrated questionnaire which adapted for this study. The questionnaires were distributed by 10 facilitators and also assist study participants if there is unclear point on the questionnaire.

4.9 Data quality Management.

To assure the quality of data, properly designed data collection instrument was used. The questionnaire for survey was first prepared in English language, then translated into Afan Oromo and translated back into English by translators that have health back ground to check for consistence. Orientation was given for 10 diploma holder facilitators. The questionnaire was pre-tested on 5 % (28) total sample size of health professionals working in public health facilities in the other facilities in other zone (Qarca hospital and Darikidame and hamballa HC). At the end of each data collection day the principal investigator and facilitators also checked the completeness of filled questionnaires and whether recorded information makes sense to ensure.

4.10. Operational definitions

Level Job satisfaction:-refers to the perception of Health Professional's attitude towards their job and measured by the percentage of maximum scale score and assessed using three items on a five point Likert scale ranging from strongly disagree (1) to strongly agree (5).

The percentage of maximum scale score was computed using the following formula

$$\text{PMSS} = \frac{(\text{Actual score} - \text{potential minimum score})}{\text{Potential Maximum score} - \text{potential minimum score}} \times 100$$

This formula gave individual percentage mean score and to know overall satisfaction score of study population.

The Cronbach's alpha of internal consistency was calculated for all independent variables together in order to demonstrate the reliability of the variables to measure the overall satisfaction level of the health professionals. The analysis indicated that reliability for variables were 0.777 and KMO 0.643.

Satisfaction with Relations with management: The perception of the health professionals in participation in planning, receiving feedback, communication and relation with their department head

and health care facility Management bodies. This was measured by percentage of maximum scale score on five items in the scale was used and yield a maximum score of 25 and a minimum score 5.

Satisfaction with Development opportunity: The perception that the participant has of the likelihood of being promoted by the hospital/health center with their Career bodies. Three items in the scale to measure development opportunity together yield a maximum score of 15 and a minimum score 3. This was measured by the responses for each 3 item used as percentage maximum scale score.

Compensation and benefit: Health professionals' total pay which includes the actual salary, overtime duty and other financial incentives of the participant. Three items in the scale to measure compensation and benefit together yield a maximum score of 15 and a minimum score 3. This was measured by the responses for each 3 item used as percentage maximum scale score.

Satisfaction with Recognition and award: Satisfaction of health professionals on acknowledgment and rewarding an employee's high performance work to encourage. Four items in the scale to measure together yield a maximum score of 16 and a minimum score 4.

Satisfaction with work environment: perception of health professionals' on question which involves the physical, infrastructure of the health care facility including availability of essential materials, presence of recreational area and supplies. Five items in the scale used to measure working environment together yield a maximum score of 25 and a minimum score 5.

Urban facility: Means facility located in town administration.

Rural facility: Means facilities located in woreda administration.

4.11. Data analysis procedures

Data were entered into EpiData version 3.1 and exported to SPSS version 20.0 for further analysis. Each study was described using descriptive statistics. Factor analysis was employed for Likert scale instruments to extract factor(s) representing each of the scales and to obtain factor scores. To determine the reliability of the questionnaire, the Cranach's alpha internal consistency test was used for each dimension. Cranbach's alpha values greater than 0.7 were regarded as acceptable and those ≥ 0.7 were subjected to factor/principal component analysis (PCA). The Kaiser-Meyer-Olkin test > 0.5 and Bartlett's test significant (< 0.005), communalities < 0.5 and loading on both component more than 0.4 were used to assess the appropriateness of using factor analysis and to identify job

satisfaction factor score. Factors with Eigen values greater than one were considered in subsequent analyses. Factor scores were computed for the item identified to represent the satisfaction scale by varimax rotation. Multivariable linear regression analysis was performed, and the effect of independent variables on the regression factor score of the dependent variable quantified. Explanatory variables that had a statistically significant association in bivariate with the dependent variable ($p < 0.25$) were entered into the final regression model.

4.12. Ethical consideration

Ethical clearness was obtained from Institutional Review Board of Jimma University. Furthermore, letter of permission was obtained from Oromia regional health bureau and communicated to Guji zone health department and respective health facility managers. Confidentiality and anonymity was ensured throughout the execution of the study as participants were not required to disclose personal Identifiers on the questionnaire. Participants were informed that their participation was voluntary and that they could withdraw from the study at any time if they wished to do so. Oral consent was also obtained from the study subjects after explaining the objectives and purpose of study.

4.13. Dissemination plan

Result of the study was submitted to Jimma University department of Health economics, management and policy as partial fulfillment of master's degree in health care and hospital administration (MHA). The result of the study will also report to Guji zone health department and to those governmental and nongovernmental organizations that potentially could benefit from the study outcome. All attempts will be made to publish the result of the study on reputable scientific journal.

CHAPTER FIVE: RESULT.

5.1 Socio-demographic characteristics of study participants

A total of 541 participants were included in the study giving a response rate of 97.25%. From study participants 155 (59%) of them were males in urban and 171(61%) in rural facility. The minimum and maximum age of respondents was 21 and 58 years, respectively with the mean age of 31 ± 5 SD years. Out of 541 participants, 158 (61%) of the respondents were married in urban facility, 168(60%) in rural and 89 (34 %) and 99(35%) were single respectively. Regarding the religion of the respondents, 92(35%) and 100(36.1%) protestant, 71(27%) and 95(34%) were Orthodox Christian from urban and rural respectively. (**Table 1**).

Table 1: Socio-demographic characteristics of study participants working (n=541) in Guji Zone public health facilities, Oromia, South East Ethiopia, March 2017.

Variables	Urban facility		Rural facility		
	Number	%	Number	%	
Sex					
	male	155	59	171	61
	female	106	41	109	39
Age					
	<25	35	13	38	14
	25-34	173	66	188	67
	35-44	42	16	42	15
	>45	11	4	12	4
Marital Status					
	Single	89	34	99	35
	Married	158	61	168	60
	Widowed	12	5	10	4
	Divorced	2	1	3	1
Religion					
	Muslim	57	22	68	24
	Protestant	92	35	100	36
	Orthodox	71	27	95	34
	Catholic	24	9	15	5
	Waqefata	17	7	2	1
Salary					
	<2500	120	46	140	50
	2500-5000	62	24	110	39
	5001-7500	54	21	25	9

Profession Types	>7500	25	10	5	2
	Medical Doctor	23	9		
	Nurse all types	139	53	157	56
	Mid-wife	38	15	60	21
	Laboratory	20	8	15	5
	Pharmacy	22	8	13	5
	Health officers	13	5	32	11
	Others*	6	2	3	1
Level of education	Specialist	3	1		
	GP	18	7		
	Masters Degree	5	2		
	BSc degree	25	10	44	16
	Diploma	204	78	211	75
	Certificate	6	2	25	9
Participant department					
	OPD	75	14	81	15
	IPD	94	17	101	19
	MCH	42	8	45	8
	Laboratory	21	4	22	4
	Pharmacy	16	3	18	3
	Others*	13	2	13	2
Distance from zonal capital					
	<30km	153	28	34	6
	31km-60km	75	14	145	27
	>60km	33	6	101	19
Place of work					
	Hospital	222	41		
	Health center	49	9	270	50

Remark: others include *= radiology, x-ray, EPI, ART, environmental.

5.2 Descriptive analysis of health professionals job satisfaction

Component 1: Overall Job satisfaction of health professionals

Principal component analysis was conducted on the six items and three items (My income is reflection of the work I do, There is personal growth in my work, I really enjoy my work) were discarded due to loading on both component more than 0.4(complex structure) which suggest that this item to be avoided from analysis, and accordingly, one component with Eigen value greater than one

was identified. This one items explained 64% of total variance of job satisfaction with KMO value of 0.687 and Cranach’s Alpha 0.774.

Of the respondents, sixty five (24.6%) agree, 55(19.6%) agree in urban and rural facility on their general job respectively (**Table 5.2**)

Table 2:-The responses of overall jobs satisfaction items of health professionals working (n=541) in public health facilities of Guji Zone, Oromia, Ethiopia, March 2017.

Variables	Urban Facilities						Rural Facilities					
	disagree		Neutral		Agree		Disagree		Neutral		Agree	
	No	%	No	%	No	%	No	%	No	%	No	%
My job has more advantages than disadvantages	144	52.2	67	25.7	50	19.2	179	63.9	23	8.2	78	27.9
I am happy with my profession	75	28.7	35	13.4	170	65.1	70	25	45	16.1	165	58.9
Generally I am satisfied with my work	169	64.7	27	10.34	65	24.9	185	66.7	9	3.21	55	19.6

Component 2: Compensation and benefit related items of study participants

A direct solution (PCA) was the 1st steps in analyzing the 6 items. Two items were discarded due to loading on both component more than 0.4(complex structure) which suggest that this item to be avoided from analysis. Ones again the remaining four items subjected to factor analysis. Once again items referring overall benefits package is satisfactory was avoided from analysis because of communalities estimate less than 0.5. For the third time the remaining three items were subjected for factor analysis accordingly, one component with Eigen value greater than one was identified and explains total variance 69% of the variability in the satisfaction factor score. These items had internal consistency with Cronbach’s alpha of 0.78 and KMO value of 0.67

Among respondents 130(48.9%) and 165(58.9%) were disagree on their “amount of annual leave in urban and rural respectively. Concerning housing services satisfactory for needed staff 173(66.3%) and 190 (67.9%) disagree in urban and rural respectively. (**Table 3**).

Table 3:-The responses of compensation and benefit factors items of health professionals working (n=541) in public health facilities of Guji Zone, Oromia, Ethiopia, March 2017

	Urban Facilities			Rural Facilities		
	disagree	Neutral	Agree	Disagree	Neutral	Agree

Variables	No	%	No	%	No	%	No	%	No	%	No	%
Amount of annual leave is enough	130	48.9	33	12.6	98	37.8	165	58.9	17	6.1	98	35
Housing service is satisfactory for needed staff	173	66.3	65	24.9	23	8.8	190	67.9	20	7.1	70	25
I believe salary is fair for my responsibilities	210	80.5	11	4.2	40	15.3	288	81.4	17	6.1	35	12.5

Component 3: Recognition and award factors related items of study participants

PCA was conducted for this on the seven items and three items (my patients co-operate because they understand my working conditions, I enjoy the status in the community as a healthcare professional, At this health facility I am treated like a person, not a number) were discarded due to loading on both component more than 0.4(complex structure) which suggest that this item to be avoided from analysis, and accordingly, one component with Eigen value greater than one was identified.

This one items explained 70% of total variance of job satisfaction with KMO value of 0.875 and Cranach's Alpha 0.793. From total respondents' 66(25%) and 30(10.7%) agree on the variables that they perceived enough recognition by management in urban and rural facility respectively. Forty (15.3%) and 55(19.6%) were agree on the variables if I work hard I will be rewarded 'respectively.

(Table 4).

Table 4:-The responses of recognition and reward factors items of health professionals working (n=541) in public health facilities of Guji Zone, Oromia, Ethiopia, and March 2017.

Variables	Urban Facilities						Rural Facilities					
	disagree		Neutral		Agree		Disagree		Neutral		Agree	
	No	%	No	%	No	%	No	%	No	%	No	%
I have get enough recognition by management for work that's well done	165	63.2	30	11.5	66	25.3	225	80.4	25	9.9	30	10.7
If I work hard and perform well, I will be rewarded	196	75.1	25	9.6	40	15.3	210	75	15	5.4	55	19.6
The patients appreciate what I do for them	15	5.7	101	38.7	145	55.6	13	4.6	75	26.8	173	61.8
I am entrusted with great responsibility in my work	13	5	55	21.1	212	81.2	9	3.2	46	16.4	225	80.4

Component 4: Working Environment related factors items of study participants

Principal Component Analysis was used to analyzing the 8 aspects items. Items (“I find my work is stimulating and initiate professional development, There is no frustration (Disturbances) in my work due to limited resources, This job is a good fit for my qualifications and skill level”)were discarded due to loading on both component more than 0.4 (complex structure) which suggest that this item to be avoided from analysis. For the second time the remaining five items were subjected factor analysis accordingly, one component with Eigen value greater than one was identified and explains total variance 66% of the variability in the satisfaction factor score. These items had internal consistency with Cronbach’s alpha of 0.873 and KMO value of 0.86.

From total respondents one hundred ninety five (74.9%) and 213 (76.1%) were disagree in urban and rural on equipment they need to do their job respectively. Regarding their job security 215(82.4%) and 236(84.3%) were disagree in urban and rural respectively. Of respondent`s 178(68.2%) and 207(73.9%) report as they disagree on their work load is manageable items in both facilities (**Table 5**).

Table 5:-The responses on working environment factors items of health professionals working (n=541) in public health facilities of Guji Zone, Oromia, Ethiopia, and March 2017

Variables	Urban Facilities						Rural Facilities					
	disagree		Neutral		Agree		Disagree		Neutral		Agree	
	No	%	No	%	No	%	No	%	No	%	No	%
I feel like my workload is manageable.	178	68.2	51	18.2	32	11.4	207	73.9	45	16.1	28	10
I have the equipment I need to do my job	195	74.7	26	10	40	15.3	213	76.1	29	10.4	38	14.6
I have adequate supplies to protect from Professional Hazards.	185	70.9	31	11.9	45	17.2	215	76.8	21	7.5	44	16.9
My physical working conditions are good	221	84.7	9	3.2	31	11.9	245	87.5	4	1.4	31	11.9
The job security is high in this facility	215	82.4	5	1.9	41	15.7	236	84.3	5	1.8	39	14.9

Component 5: Development opportunity related factors items of study participants

Principal Component Analysis was used to analyzing the 5 aspects items. Items ((If I do good work I can count on being promoted, I have sufficient opportunity to develop in my work) were discarded due to loading on both component more than 0.4 (complex structure) which suggest that this item to be avoided from analysis; accordingly, one component with Eigen value greater than one was identified and explains total variance 65% of the variability in the satisfaction factor score. These items had internal consistency with Cranach’s alpha of 0.843 and KMO value of 0.77.

Of respondents’ 145(55.6%) and 191 (68.2%) were disagree on the items “Initial training given by facilities was as I needed” respectively. One hundred eighty two (69.6%) and 198 (70.7%) were disagree on the items “ everyone has equal chance for promotion in respective facility respectively. (Table 6).

Table 6:-The responses on development opportunity factors items of health professionals working (n=541) in public health facilities of Guji Zone, Oromia, Ethiopia, and March 2017.

Variables	Urban Facilities						Rural Facilities					
	disagree		Neutral		Agree		Disagree		Neutral		Agree	
	No	%	No	%	No	%	No	%	No	%	No	%
Everyone has an equal chance to be promoted	182	69.1	11	4.2	68	26.1	198	70.7	25	8.9	57	20.4
My initial training provided was as I needed	145	55.6	38	14.6	78	29.9	191	68.2	23	8.2	66	23.6
My facility offers me professional development	175	67	20	7.7	66	25.3	165	58.9	17	6.1	98	35

Component 6: Relation with management related factors items of study participants

A direct solution (PCA) was the 1st steps in analyzing the 13 items. Accordingly items (“I have confidence in the facility leadership to implement the plan, I feel that my supervisor gives me adequate support with respect, My manager is concerned about my well being in the facility, I am happy with the management style in my department”) were discarded due to loading on both component more than 0.4(complex structure) which suggest that this item to be avoided from analysis. Ones again the remaining nine items subjected to factor analysis and items referring (I have given enough authority to make decisions I need to make., Communications from management keep

me up to date on the facility, I feel part of a team working toward shared goals, Communications from management are frequent enough) was avoided from analysis because of communalities estimate less than 0.5. For the third time the remaining five items were subjected for factor analysis accordingly, one component with Eigen value greater than one was identified and explains total variance 68% of the variability in the satisfaction factor score. These items had internal consistency with Cronbach's alpha of 0.874 and KMO value of 0.851.

Of the total respondents, 214(82%) and 233(83.2%) disagree were disagree on the items “managent participate professional in planning” respectively in both facilities. 185(71%) and 228(81.4%) were disagree on the variables “ There is a clear channel of communication at my workplace ‘respectively in respective facilities. (Table 7).

Table 7:-The responses of five items on relation with management factors of health professionals working (n=541) in public health facilities of Guji Zone, Oromia, Ethiopia, and March 2017

Variables	Urban Facilities						Rural Facilities					
	disagree		Neutral		Agree		Disagree		Neutral		Agree	
	No	%	No	%	No	%	No	%	No	%	No	%
Management participate health them in planning	214	82	18	6.9	29	11.1	233	83.2	9	3.2	38	13.6
I receive performance feedback from my supervisor	199	76.2	12	4.6	50	19.2	219	78.2	9	3.2	52	18.6
There is a clear channel of communication at my workplace	185	70.9	11	4.2	65	24.9	228	81.4	7	2.5	45	16.1
Co-operation between staff and management of the facility	196	75.1	22	8.4	43	16.5	209	74.6	22	7.9	49	17.5
I feel part of a team working toward shared goals	165	63.2	35	13.4	61	23.4	195	69.6	30	10.7	55	19.6

5.3 Level of job satisfaction.

Level of job satisfaction factor score was 38.52%. Compensation and benefit factors score have percentage mean score of 34.25% with possible values range of 3 to 15, recognition and awards factors score have percentage mean score of 30.82% with possible range of 4 to 20. Working environment factors score have percentage mean score of 33.05% with possible value range from of

25 and a minimum of 5. Development opportunity factors percentage mean score of 31.8% with maximum 15 and a minimum of 3. Relations with m management factors score have mean score of 36.26% with a maximum 25 to minimum of 5 (**Table 8**).

Table 8:-Reliability coefficient, total variances explained; mean score and SD the extracted factors of each scale for assessing level of job satisfaction of health professionals working (n=541) in Guji Zone, Oromia, Ethiopia, March 2017.

Extracted variables	Items load	Mean	SD	Cronbach's alpha	Total variance explained
Level jobs satisfaction factor score	3	7.62	3.02	0.774	64.01
Compensation related factor score	3	7.11	3.33	0.781	68.34
Recognition and award factor score	4	8.93	5.05	0.793	70.12
Working environment factor score	5	11.61	5.95	0.873	60.23
Development opportunity factor score	3	6.82	3.49	0.843	65.34
Relation with management factor score	5	12.26	5.85	0.874	68.56

5.4 Association of socio demographic factors and other job related factors with level of job satisfaction factor score.

To assess the association between job satisfaction and socio demographic factors before conducting multivariate linear regression, candidate variable were selected by using bivariate analysis in linear regression at p-values of <0.25 entry point.

Socio-demographic variables were found to explain 18.3% of the variability in the professional level of satisfaction factor score.

From the result of bivariate analysis in socio demographic characteristics there is no significant association between ages, sex, marital status, religion and etc. However, there is association between salary and job satisfaction of health professionals as their P-value <0.25 this analysis.

Concerning job related factor score there is strong association with compensation and benefit, recognition and award ,working environment ,development opportunity and relation with management at p-value <0.25 respectively,(Table 9).

Table 9: Association of socio-demographic and job related factor scale score with health Professional job satisfaction in Guji Zone public health facilities, Oromia, Ethiopia, March 2017.

variables	Frequency	Unstandardized Beta Coefficient	95% CI		P- Value
			Lower B	Upper B	
Sex					
Male*	330(61%)				
Female	211(39%)	-0.45	-1.284	0.535	0.659
Religion					
Protestant*	188(35%)				
Muslims	129(24%)	-0.34	-1.4	0.81	0.262
Orthodox	186(34%)	0.95	-0.032	1.933	0.360
Catholic	18(3%)	0.04	-0.827	0.913	0.912
Others	20(4%)	-0.70	-1.788	0.394	0.263
Marital status					
Married*	328(61%)				
Single	184(34%)	-0.35	-1.339	0.637	0.486
Divorced	26(4%)	-2.00	-3.11	-0.89	0.281
Widowed	3(0.6%)	-1.13	-0.32	0.97	0.3
Salary					
<2500*	269(49.7%)				
2500-5000	223(41.2%)	1.12	1.01	1.86	0.11
5000-7500	41(7.6%)	0.88	0.94	1.45	0.12
>7500	8(1.5%)	0.78	0.23	1.21	0.21
Types of profession					
Nurse all types*	288(53.2%)				
Medical doctors	25(4.6%)	0.212	-0.012	0.132	0.325

Level of education	mid-wife	77(14.2%)	0.023	0.369	0.418	0.402
	Laboratory	43(7.9)	0.054	0.02	0.397	0.432
	Pharmacy	32(5.9)	0.342	0.352	0.378	0.393
	Health officer	52(9.6%)	0.106	0.205	0.275	0.273
	Others	24(4.4%)	0.26	0.330	0.425	0.38
Level of education	Diploma*	418(77.3%)				
	Specialist	3(0.6%)	0.307	0.185	0.317	0.307
	GP	16(2.96%)	0.230	0.319	0.358	0.401
	Masters degree	2(0.4%)	0.120	0.343	1.334	0.87
	BSs degree	92(17%)	0.320	0.164	0.873	0.29
	Others	10(1.8%)	0.432	0.074	1.088	0.587
Respondents facility	Rural*	280(51.8%)				
	Urban	261(48.2%)	0.608	0.519	0.697	0.265
Compensation factor score			0.950	0.217	2.349	0.018
Recognition and award factor score			0.507	-0.03	1.043	0.064
Working environment factor score			0.756	0.161	1.352	0.013
Development opportunity factor score			0.509	-0.197	1.215	0.157
Relation with management factor score			0.698	0.113	1.2830	0.020

Remark: - * reference groups were observation with high frequency.

5.5 Predictors of level of health professional job satisfaction score.

All of the variables with p- values <0.25 in bivariate linear regression analyses were entered into a multiple regression model. The final model explained about 60% of the variation in job satisfaction. From socio demographic factors salary have positive association with job satisfaction level. Respondents who had a monthly salary of >7500 Ethiopian birr had a 0.78 unit greater job satisfaction score than those with a monthly income of <2500 Ethiopian birr (95% CI, 0.23, 1.26) with p-value of 0.03.

Compensation and benefit factors score have strong and positive association with level of job satisfaction. A unit change increment in percentage mean score of compensation and benefit factor scale score has an average of 0.950 increment in health professional jobs satisfaction with 95% CI (0.217, 2.349) at p –value 0.018.

Unit increment in percentage means score of working environment factor score has an average increment of 0.756 changes in health professional jobs satisfaction with 95% CI (0.161, 1.352) at p-value 0.013.

A Unit change increment in percentages scale score on relation with management factors has an average of 0.698 change in the level of health professional jobs satisfaction with 95% CI (0.113, 1.283) at p-value 0.020(**Table 10**)

Table 10. Final predictor variable of overall level of health professional’s jobs satisfaction (n=541) in Guji zone public health facilities, March, 2017.

variables	Frequency	Unstandardized Beta Coefficient	Standardized Beta Coefficient	95% CI		P-Value
				Lower B	Upper B	
Salary						
	<2500* 269(49.7%)					
	>7500 8(1.5%)	0.78	0.084	0.23	1.26	0.03
Compensation factor score		0.95	0.072	0.217	2.349	0.018
Recognition and award factor score		0.507	0.125	-0.03	1.043	0.064
Working environment factor score		0.756	0.082	0.161	1.352	0.013
Development opportunity factor score		0.509	0.131	-0.197	1.215	0.157
Relation with management factor score		0.698	0.087	0.113	1.283	0.02

NB * variables with high frequencies taken as reference group.

CHAPTER SIX: DISCUSSION

This study was important to identify the factors that affect health professionals' job satisfaction to focus attention on particular factors and provide possible interventions. The finding of this study show that, the overall level of health professional's job satisfaction as percentage means score was 38.52%. This is lower than the studies conducted in Jimma University specialized hospital in 2011 from which only 41.4% was satisfied [1] and Pakistan among public health professionals working in public sector in 2013 from which 59% participants were less satisfied with their job [5].

This may be due to other facilities have relatively good working environment and co-operation with their management and the other may be geographic difference and compensation and benefit package.

In determining the association of demographic factors with job satisfaction among the health professional in Guji zone public health facilities using multivariate regression model, socio demographic characteristics(age ,sex, religion ,marital status) investigated were not found as predictors that determine level of health professional job satisfaction. This was supported by study conducted in Malasia (2011) and Indonesia (2008) [14, 19]. But salary was positively associated with level of job satisfaction. This result was supported by similar studies conducted in Malaysia (2011) [19].

From this regression model there is strong association between job satisfaction and Compensation, because if there is discomfort with income or benefit from the facilities in relation to qualification and work done, it leads to be not satisfied with job which in turn affects health professional job satisfaction. This result was supported by many similar studies conducted in different places [15, 16, 30, 31].

Ethiopian Hospital Reform Implementation Guide line also recommends the compensation for the job should be deemed equitable by the employees. If, instead, the employee believes the wages paid are substandard in the market, then the hospital is at risk for unwanted turnover, low staffing ratios, higher overtime costs and lower productivity by employees [25]. Working environment was other component included in the study and from the analysis we see that working environment factor score have positive association with job satisfaction.

This result was supported by similar studies conducted in Pakistan in 2013 which indicates improper working environment and time pressure were seen to have a significant influence on the job satisfaction, due to this factor people respond unfavorably to restrictive work environments. Similarly study in Saud Arabia in 2006 depicted that high work load and lack of adequate resources are relevant factors influencing among nurses and physicians' stress levels which cause main issue for not satisfied with their job (1, 43).

Relationship between health professionals and facilities management bodies also other dimension included in studies to see its association with job satisfaction. There was significant association between job satisfaction and relationship of health professionals with management (P -Value < 0.05)

This result was supported by similar studies conducted in South Africa in 2011 it shows significant association [4].

Also the results studies conducted on human resource in Malaysia reveal that employee relationship with management is a major factor contributing to job satisfaction [14].The health professional relationship with management was significantly associated with job satisfaction and it is also an important issue that must be taken into account when considering the health professionals job satisfaction.

According to the employee job satisfaction survey report by the Society for Human Resource Management (SHRM 2009) on healthcare professionals, it indicates that the importance of interpersonal relationships in job satisfaction as it lead to improved quality health services through increasing patient safety, quality of care and results greater patient satisfaction.

CHAPTER SEVEN: WEAKNESS OF THE STUDY

7.1 strength

- ✚ The study includes hospital and health center
- ✚ Includes participants from all categories of profession.

7.1 Weakness

These study have the following limitations.

- ✚ The response of study participants were self-reporting and self responses may be liable to response bias(over reporting or under reporting)

CHAPTER EIGHT: CONCLUSION AND RECOMMENDATIONS

8.1 Conclusion

The overall level of job satisfaction of health professional's as measured by the mean of percentage of maximum scale score was low when compared with other literature finding. According to this research finding, salary, working environment, compensation/benefit and relation with management, related dimensions factor were predictors of health professional's jobs satisfaction.

From working environment related items, the health professional was not satisfied on job security, having adequate supply to their job for protection of them from hazard and physical working condition. When we see compensation and benefit related items the health professionals were not satisfied with their amount of annual leave, their salary fairness according to their responsibility and housing services.

Concerning relation with management professional participation in planning, feed back with respect, clear channel of communication were among items in the component. However there is no significant association between health professional job satisfaction and socio demographic characteristics such as, age, marital status, religion and from job related factors development opportunities and recognition and award.

8.2 Recommendations

Improving health professional's job satisfaction is one of the key indicators in provision of quality health service and finally to satisfy patient. According to this study result we recommend the following strategies to improve health professional job satisfaction in public health care facilities of Guji zone.

For health care managers.

- Health professionals perceived that their participation in planning was poor, so facility managers should participate professionals in planning.
- Facilities management bodies should create favorable working environment that enables the professionals the talent, free will to think and reach higher level of job satisfaction.

For woreda health office/administration.

- Health professionals perceived that their job security was poor, woreda administration and health office should improve job security for health professional.
- Health professionals perceived that they have no enough supply that protect them from hazard so, woreda health office should avail supply for professional that protect them from occupational hazard.
- Health professionals perceived that their working environment was not conducive, so woreda health office and administration should create conducive working environment.

For RHBs and Zonal Administrative

- RHBs and ZHD should invest on medical equipments, supplies and infrastructure as working environment is one factor that affects job satisfaction.

Reference

1. Ramesh Kumar, Jamil Ahmed et al. Job satisfaction among public health professionals working in public sector: a cross sectional study from Pakistan. *Human Resources for Health* 2013 11:2. <http://www.human-resources-health.com/content/11/1/2>
2. Marjolein Die leman and Jan Willem Harnmeijer. WHO Improving health worker performance: in search of promising practices; Evidence and Information for Policy, Department of Human Resources for Health Geneva, 2006.
3. Bahalkani A. H. et al. Job Satisfaction in Nurses Working in tertiary level Health Care Settings of Islamabad, Pakistan *J Ayub Med Coll Abbottabad* 2011; 23(3); <http://www.ayubmed.edu.pk/JAMC/23-3/Bahalkani.pdf>
4. Ramasodi J. Factors Influencing Job Satisfaction among Health Professionals [Research]. Itlay: University of Limpopo; 2010.
5. Alemshet Y. et al. Job Satisfaction and Its Determinants among Health Workers In Jimma University Specialized Hospital, Southwest Ethiopia. *Ethiop J Health Sci.* Vol. 21, Special Issue August, 2011
6. Dragana Nikić. Job satisfaction in health care workers; *Acta Medica Medianae* 2008, Vol.47
7. McManus IC, Keeling A, Paice E. Stress, burnout and doctors' attitudes to work are determined by personality and learning style: a twelve year longitudinal study of UK medical graduates. *BMC Med* 2004; 2:29-32.
8. Samuel G., Human Resource Development for Health in Ethiopia: Challenges of Achieving the Millennium development Goals *Ethiop.J.Health Dev* 2007;21(3)
9. Dovlo D. The Brain Drain and Retention of Health Professionals in Africa. A case study prepared for a regional training conference on improving tertiary education in Sub Saharan Africa: Things That Work: 2005; 23-25.
10. Muula, AS, Maseko FC. How are health professionals earning their living in Malawi? *BMC. Health Services Research* 2006; 6: 97.
11. Caffrey M, Frelick G. Attracting and retaining nurse tutors in Malawi. *Health workforce.* 'Innovative approaches and promising practices.' Intra health international. Study series; 2006.
12. World Bank. Discovering the Real World, Health Workers' Career Choices and Early Work Experience in Ethiopia, Africa Human Development Series. Washington, D.C. No.101, (2010).

13. SYEDA A. Y., Assessing Job Satisfaction Level Of Employees In A Tertiary Care Hospital; A Tool For Talent Retention International Journal of Multidisciplinary Research Vol.1 Issue 8, December 2011, ISSN 2231 5780
14. TEOH M.Y, TAN W.K et.al. Job satisfaction level among human resource employees: Malaysia's perspective African Journal of Business Management 2011.Vol. 6(2), pp.595-607
15. Orisatoki R. O., Oguntibeju O. O. Job satisfaction among selected workers in St Lucia, West Indies Scientific Research and Essays Vol. 5(12), pp. 1436-1441, June, 2010. Available online at <http://www.academicjournals.org/SRE>
16. Yaseen A. Effect of Compensation Factors on Employee Satisfaction- A Study of Doctor's Dissatisfaction in Punjab. International Journal of Human Resource Studies ISSN 2162-3058. 2013, Vol. 3, No. 1 URL: <http://dx.doi.org/10.5296/ijhrs.v3i1.335>
17. David E., The Determinants Of Job Satisfaction Among Registered Nurses; American Journal of Health Sciences – Fall 2011, Volume 2, Number 2
18. Bovier PA, Perneger TV. Predictors of work satisfaction among physicians. Eur J Public Health 2003; 13:299-305.
19. Saifuddin A.R. Job Satisfaction among Nurses in Aceh Timur District Nanggroe Aceh Darussalam Province Indonesia, Journal of Public Health and Development 2008 Vol.6 No. 1
20. Keetle JL. Factors Affecting Job Satisfaction in Registered Nurses. University of North Carolina, Charlotte, NC; 2005.
21. Nebiat N. Relationship between Leadership Styles of Nurses Managers and Nurses' Job Satisfaction In Jimma University Specialized Hospital. Ethiop J Health Sci. 2013 Vol. 23, No. 1
22. Saari, L. M., & Judge A.T. Employee Attitudes and Job Satisfaction; Human Resource Management, winter 2004, Vol. 43, No. 4, Pp. 395–407; Wiley Periodicals, Inc. Published online in Wiley Inter Science (www.interscience.wiley.com). DOI: 10.1002/hrm.20032
23. Anuar B.The Relationship between Job Satisfaction and Job Performance Among Employees In Trade winds Group of Companies. Centre for Graduate Studies Open University Malaysia 2011.
24. Yanhan Zhu. A Review of Job Satisfaction; Asian Social Science; Vol. 9, No. 1; 2013; Published by Canadian Center of Science and Education; ISSN 1911-2017 E-ISSN 1911-2025. doi:10.5539/ass.v9n1p293 URL: <http://dx.doi.org/10.5539/ass.v9n1p293>

25. Federal Ministry of Health (FMOH). Ethiopia Hospital Management Initiative; Blueprint for Hospital Management in Ethiopia; Published by Yale Reprographic and Image Services 155 Whitney Avenue New Haven Ct 06511 Usa 2007.
26. Parvin, M. M. & Kabir, M.M. Factors Affecting Employee Job Satisfaction Of Pharmaceutical Sector. Australian Journal Of Business And Management Research, 2011 Vol.1 No.9 [113-123].
27. Scott M. The Relationships between Selected Demographic Factors and the Level of Job Satisfaction of Extension Agents , Mississippi State University journal of Southern Agricultural Education Research Volume 55, Number 1, 2005
28. Global Health Workforce Alliance (GHWA), Guidelines: Incentives for Health Professionals 2008.
29. Tesco. Motivational Theory in practice. The times Business Case studies LLP-registered in England 2009. [accessed on December 19,20213]
30. NL, D. M. (. Human Resources Responsibility on Job Satisfaction. Journal of Business and Management, 2012, 2278-487X Volume 2, Issue 1, PP 11-14.
31. Haitham J., Zahra A., Gnanavelu P., et al Job Satisfaction Survey of Healthcare Workers in the Psychiatric Hospital, Bahrain Medical Bulletin, Vol. 33, No.4, December 2011
32. Danish, Q. D., & Usman, A. Impact of reward and recognition on job satisfaction and motivation: An empirical study from Pakistan. International Journal of Business & Management, 2010. 5(2), 159-1 67.
33. Lawler, E. E. Treat people right. San Francisco: Jossey-Bass Inc. McGraw-Hill Irwin. 2003
34. Sarvadi, P. The best way to reward employees. Solutions for growing Business. February 27, 2005, from <http://www.entrepreneur.com>. [on line accessed on June 12, 2013]
35. Naveed A. Promotion: A Predictor of Job Satisfaction A Study of Glass Industry of Lahore (Pakistan), International Journal of Business and Social Science Vol. 2 No. 16; September 2011
36. WHO Policy Brief. Community health workers: What do we know about them? Evidence and Information for Policy, Department of Human Resources for Health Geneva, January 2007.
37. Van Dormael M, Dugas S, Kone Y, Coulibaly S, Sy M, Marchal B, et al: Appropriate training and retention of community doctors in rural areas: a case study from Mali. Hum Resour Health 2008, 6:25.
38. WHO. Working together for health, World Health Report 2006.

39. Society for Human Resource Management (SHRM), (2009). Employee job satisfaction: Understanding the factors that make work gratifying.[Online] Available:http://www.shrm.org/Research/SurveyFindings/Articles/Documents/09_0282_Emp_Job_Sat_Survey_FINAL.pdf (Accessed on June 2, 2013).
40. Nikolaou A, Theodossios I, Vasileiou E (2005). Does Job Security Increase Job Satisfaction? A Study of the European Experience. [Online] Available: <http://www.abdn.ac.uk/epicurus/epicnews3.pdf> (accessed on August 25, 2013).
41. Kinzl JF, Knotzer H. (2004). Influence of working conditions on job satisfaction in anaesthetists. *Br. J. Anaesthesia*, 2004. 94(2): 211-215.
42. Kebriaei A, Moteghedhi MS 2009. Job satisfaction among community health workers in Zahedan District, Islamic Republic of Iran. *East. Mediterr. Health J.*, 2009, 15(5): 1156-1163.
43. Nahla A. K. Job Satisfaction Among Primary Health Care Physicians and Nurses in Al-Madinah Al-Munawwara The Journal of the Egyptian Public Health Association (JEPHAss.) 2006, Vol.81 No. 3& 4,
44. Branham L. *The 7 Hidden Reasons Employees Leave: How to recognize the subtle signs and act before it's too late.* New York 2005:
45. Menon AS. Leadership. [Online] Available: http://usefularticles.blogspot.com/2004_12_01_archive.html (Accessed on June 2, 2013).
46. Ministry of Health Uganda Health Workforce Study: Satisfaction and Intent to Stay Among Current Health Workers USAID-funded Capacity Project. 2007.
47. Ayele Geleto .Job satisfaction and associated factors among health care providers at public health institutions in Hariri region, eastern Ethiopia. *Ethiopian J.Health Sci. (PMC)*.2012.
48. Evidence and Information for Policy, Department of Health Service Provision, World Health Organization, Geneva, 2002.
49. Linda P. *Conducting Hospital Employee Satisfaction Surveys; Practical Step-By-Step Information for Assessing Employee Perceptions.* Mountain States Group, Inc 2001.

Annex 1: Questionnaire

**Jimma University Institute of Public Health and Medical Sciences Department of Health
Economics, Management and Policy**

Information sheet

Dear Sir/Madam

My Name is _____. I am here on behalf of the Jimma University, to assist the health facilities in improving its service given for patient in obtaining information on level of health professional job satisfaction and associated factors. You were selected to participate in this study.

The attached document contains questions related to specific aspects of your job in order for me to determine your feelings about these aspects. There is no right or wrong answers. No risks was associated with the study and the results will help to design strategies to motivate, satisfy and retain Health Professionals in health facilities and come up with recommendations that may contribute for policy improvement in order to enhance Satisfaction of Health Professionals.

For confidentiality, names will not be written down and as soon as the questionnaires were completed the facilitator gather them. You are free to refuse or withdraw your consent and no punishment measures exercised.

Are you willing to participate in this study?

Yes No (if no, don't continue to fill the questionnaire)

Name of facilitator _____

Name of Supervisor _____

Date of data collection _____ Questionnaire Id _____

Section I: Background Information:-

Thick in the box or Enter your answers to the questions below.

Q1	Back Ground Information	Remark
Q100	Place of Work 1. Urban facility <input type="checkbox"/> 2. Rural facility <input type="checkbox"/>	

Q101	Sex 1. Male <input type="checkbox"/> 2. Female <input type="checkbox"/>	
Q102	Age (in completed years) _____	
Q103	Marital status? 1. Single <input type="checkbox"/> 2. Married/ cohabited <input type="checkbox"/> 3. Divorced/Separated <input type="checkbox"/> 4. Widows <input type="checkbox"/>	
Q104	Relegion? 1. Muslim <input type="checkbox"/> 2. Protestant <input type="checkbox"/> 3. Orthodox <input type="checkbox"/> 4. Catholic <input type="checkbox"/> 5. waqefata 6. Other (Specify)_____	
Q105	What is Your Profession? 1. Medical Doctor <input type="checkbox"/> 2. Nurse all type <input type="checkbox"/> 3. Midwifery nurse <input type="checkbox"/> 4. Medical Laboratory <input type="checkbox"/> 5. Health Officer <input type="checkbox"/> 6. Pharmacy <input type="checkbox"/> 7. Radiographer <input type="checkbox"/> 8. Other (Specify)_____	
Q106	What is your level of education? 1. Specialist <input type="checkbox"/> 2. General Practitioner <input type="checkbox"/> 3. Masters Degree <input type="checkbox"/> 4. Bachelor Degree <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

	5. Advanced Diploma 6. Diploma 7. Certificate 8. Other (Specify)_____	
Q107	Currently in Which Department you are Working? 1 =OPD, 2 =IPD, 3 =MCH , 4=pharmacy, 5=laboratory ,6=others	
Q108	Your average monthly income (in birr) _____	
Q109	Distance from zonal capital in km _____	

Section II: Job Satisfaction

The following questions refer to your job satisfaction where you are currently working. Please circle the number that best fits your level of agreement with each statement, using a 5 point scale where 1=strongly disagree, 2=disagree, 3= Neutral, 4=agree, 5=strongly agree,

	Statements	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)
Q2	General job Satisfaction					
Q211	My job has more advantages than disadvantages	1	2	3	4	5
Q212	My income is a reflection of the work I do	1	2	3	4	5
Q213	There is personal growth in my work	1	2	3	4	5
Q214	I am happy with my profession	1	2	3	4	5
Q215	I really enjoy my work	1	2	3	4	5
Q216	In general I am satisfied with my work	1	2	3	4	5
Q3	Compensation and benefits					
Q317	My salary is fair in relation to my qualification	1	2	3	4	5
Q318	The additional payment, for example overtime payment (Duty), is reasonable fair	1	2	3	4	5

Q319	I believe my salary is fair for my responsibilities and work I do	1	2	3	4	5
Q320	Salary increases are decided on a fair manner	1	2	3	4	5
Q321	Housing service is satisfactory for needed staff	1	2	3	4	5
Q322	Amount of annual leave is enough	1	2	3	4	5
Q323	Overall benefits package is satisfactory	1	2	3	4	5
Q4	Recognition and Award					
Q424	I am given enough recognition by management for work that's well done	1	2	3	4	5
Q425	At this health facility I am treated like a person, not a number	1	2	3	4	5
Q426	I enjoy the status in the community as a healthcare professional	1	2	3	4	5
	Statements	Strongly disagree (1)	disagree (2)	Neutral (3)	agree (4)	Strongly agree (5)
Q427	I am entrusted with great responsibility in my work	1	2	3	4	5
Q428	The patients appreciate what I do for them	1	2	3	4	5
Q429	If I work hard and perform well, I will be rewarded.	1	2	3	4	5
Q430	My patients co-operate because they understand my working conditions	1	2	3	4	5
Q5	Working Environment					
Q531	I feel like my workload is manageable.	1	2	3	4	5
Q532	I have the equipment I need to do my job well and efficiently.	1	2	3	4	5
Q533	This job is a good fit for my qualifications and skill level.	1	2	3	4	5
Q534	I have adequate supplies and knowledge to protect myself against Professional Hazards.	1	2	3	4	5
Q535	The job security is high in this facility	1	2	3	4	5

Q536	My physical working conditions are good (availability of water, electricity, toilet facilities, telephone, internet Service etc)	1	2	3	4	5
Q537	There is no frustration (Disturbances) in my work due to limited resources	1	2	3	4	5
Q538	I find my work is stimulating and initiate professional development	1	2	3	4	5
Q6	Development Opportunity					
Q639	Everyone has an equal chance to be promoted and Staff are promoted in a fair and honest way	1	2	3	4	5
Q640	My facility offers me professional development opportunities.	1	2	3	4	5
Q641	My initial training provided by the facility was as much as I needed	1	2	3	4	5
Q642	I have sufficient opportunity to develop in my work	1	2	3	4	5
Q643	If I do good work I can count on being promoted	1	2	3	4	5
	Statements	Strongly Disagree (1)	Disagre e (2)	Neutral (3)	Agree (4)	Strongly Agree (5)
Q7	Relationship with Management					
Q744	The facility management participate health professionals for planning and decision making process of the facility.	1	2	3	4	5
Q745	I have confidence in the facility leadership to implement the plan	1	2	3	4	5
Q746	I feel that my supervisor gives me adequate support with respect	1	2	3	4	5
Q747	I receive performance feedback from my supervisor	1	2	3	4	5
Q748	There is an atmosphere of co-operation between staff and management of the facility	1	2	3	4	5

Q749	There is a clear channel of communication at my workplace	1	2	3	4	5
Q750	My manager is concerned about my well being in the facility.	1	2	3	4	5
Q751	I am happy with the management style in my department	1	2	3	4	5
Q752	I am given enough authority to make decisions I need to make.	1	2	3	4	5
Q753	I feel part of a team working toward shared goals	1	2	3	4	5
Q754	Communications from management are frequent enough	1	2	3	4	5
Q755	Communications from management keep me up to date on the facility.	1	2	3	4	5
Q756	I am provided enough information by the facility to do my job well	1	2	3	4	5

Thank you!

Annex II

Walii galtee fi gaafilee versinii Afaan Oromoo

Waliigaltee gaaffiileen dura afaaniin mirkana'uu qaban

Akkamaa jirtan!! Maqaan kiyyaa _____ yemmuu ta'uu, ani miseensa _____ . Qorannoo waa'ee “**sadarkaa itti qufinsaa ogeeyyii fayyaa fi wontoota sababoota itti qufinsa isaan wolqabatan** ” ilaalchise buufatalee fayya fi hspitaala mootumma keessa hoojjatan karaa saayinsawaa ta'een Godinaa Gujii keessatti qorannoo gaggeessudhaaf kan qopha'e dha. Oddeffannoon qorannoo kana keessatti funaannaman, haala waliigalaa hawaasumaa fi dinagdee, haala sadarkaa itti qufinsaa ogeeyyii fayyaa fi ontoota sababa ta'an qofa ta'a. Kaayyoon qorannoo kanaa, ogeeyyii fayyaa kan dhabbiilee fayyaa motumma Godina Gujii keessaa hoojjatan, ilaalchise itti qufinsaa isaanii fi dhimmoota isaan walqabatan sakkata'uu fi addaan bafachuu dha. Yaadin isin nuuf kennitan itti qufinsa ogeeyyi fayyaa foyyeessuuf akka galtetti ,worra seera,qajelfama baasuu fi hoggansa dhaabbilee fayyaa ni gargaara jedhamee amanama.

Kan waan ta'eef, gaafileen yeroo muraasa kan fudhatu yoo baay'ate daqiiqaa 30 waan ta'eef akka hirmaatan kabajaan isin gaafachaa, hirmaanaan keessan immoo gutumaagututti feedhii keessan irraatti kan hundaa'eedha. Gaafilee kamiyyu yeroo barbaadanitti dhabuu kan dandeettan fi maqaa fi deebiin isin gaaffiilee keenyaaf kennitan/lattan hundumtuu icittii dhaan kan egamu waan ta'eef yaadda'uun isin irraa hin jiru. Raawwiin qorannoo kana yoo maxanfame ta'e maqaa nama tokkon osoo hin tane yaada hirmaatoota hundaa walitti qabuudhaan ta'a. Qorannoo kana irratti hirmaachuun fedhii irraatti kan hunda'ee yemmuu ta'u hirmaachuus ta'e hirmaachuu dhisuun tajaajila isin gara fuula duraatti dhabbiilee adda addaa keessatti kennitanuu irratti dhiibbaa hin qabu. Kana waan ta'eef, gaaffii yoo qabatan gafachuu ni dandeessuu. Qorannoo kana irratti hirmaachuu ni feetuu? () Eeyyee () Miti, Yoo gaafatamaanii “Eeyyee” jedhan, gaaffii kee itti kennii akka guutamuu agarsiisi Yoo gaafatamaanii “Miti” jedhan galaateefadhu dhiisi.

Gaaffilee Afaan Oromoo

Maqaa haala mijeessa: _____

Maqaa Too`ataa _____

Guyyaa Ragaan itti guuramuu: _____ Id gaafilee _____

Kutaa Iffaa: Oddeffannoo haala waliigalaa

Q1	Haala waliigalaa	Filannoo	Yaa
----	------------------	----------	-----

			da
G100	Iddoo hojii keessaan	1 .Hospitaala <input type="text"/> 2 .Buufata fayyaa <input type="text"/>	
G101	Saala	1.dhiiraa <input type="text"/> 2.dhalaa <input type="text"/>	
G102	Umurii keessan meeqaa	Woggaa guutuun barreessuu_____	
G103	Haalli fuudhaa fi heerumaa keessan hoo?	1.Heerumeera/Fuudheera <input type="text"/> 2.Hinfuune/ hin heerumne <input type="text"/> 3.Hiikeera / Yeroof addaan baaneerra 4.Najalaa du'eera <input type="text"/>	
G104	Amantaan kee maali?	1.ortodox <input type="text"/> 2.protestant <input type="text"/> 3.musilima <input type="text"/> 4.catolic <input type="text"/> 5.waqefata 6.Kan biraa(Ibsi)	
G105	Ogummaan kee maalii?	1.Haakima woliigala 2.Narsii gosa hundaa 3.Narsii deesistuu 4.Laboratory 5.Qondaala fayyaa 6. ogeessa qorichaa 7.Radiyoogiraafedrii 8.kan biro ibsaa_____	
G106	Sadarkaan barumsaa kee maalii ?	1.speeshalistii 2.Doktera woliigalaa 3.digirii lamaffaa 4.digirii jalqabaa 5.advanced diploma 6.kan biro ibsaa____	

G107	Amma department kam keessa hojjataa?	Maqaa department _____	
G108	Galiin keessan giddugaleessan meeqaa?	_____	
G109	Fageenyi isin magaala godinaa irra qabdan hagam?	Km yaa ibsamuu _____	

Kutaa 2ffaa: Haala itti qufinsaa hojii ogeeyyii faayyaa ilaalchisee

Gaafileen armaan gadii kun haala itti qufinsaa hojii keessan kan iddoo amma Hojjata jirtanuu kan agarsiisudha. Kanaaf iddoo laakkofsa itti quufinsi keessan jiruu ykn itti woliigaltuu agarsiisuu guuti ykn itti marii(**isaanis 1=baay`ee itti woliingaluu 2=itti woliingaluu 3=woma yaadahinqabu 4=itti woliigala 5= baay`ee itti woliigala**)

L	Gaafilee/statement	Baay`ee itti woliigala (1)	Ittiwolihi n galuu (2)	Yaada hinqabu (3)	Itti woliigala (4)	Baay`ee ittiwoliigala (5)
G2	Itti Quufinsaa Hojii Kan Woliigalaa					
G211	Hojiin koo midha caala bu`aa naaf qabaa	1	2	3	4	5
G212	Galiin an argadhu hojii kiyyaan wolgita	1	2	3	4	5
G213	Hojii koo keessatti guddina ni argadha	1	2	3	4	5
G214	Ogumma kiyyatti nan gammadaa	1	2	3	4	5
G215	Hojii kiyyaan ni gammadaa	1	2	3	4	5
G216	Woliigala hojii kiyyan itti quufinsaa qaba.	1	2	3	4	5
G3	Gaafilee Fayidaalee adda fi bu`aa wol qabatuu					
G317	Mindaan kiyyaa ogumma kiyyaan gahaa dha	1	2	3	4	5
G318	Kafaltiin dabalataa an argadhuu gahaa dha	1	2	3	4	5
G319	Mindaan kiyya gahe kiyya woliin gaha	1	2	3	4	5
G320	Daballin mindaan godhamuu qubsa dha	1	2	3	4	5
G321	Tajajilli mana jireenya staff qubsaa dha	1	2	3	4	5
G322	Eyyamni wogga an argadhu gahaa dha	1	2	3	4	5
G323	Fayidaa woliigalaa argadhu gahaa dha.	1	2	3	4	5
G4	Gaafilee Beekkamtii fi badhaasa wolqabatuu					
G424	Hojii akka gaaritti hojjadhef hoggansa irra bekkamtii ni argadha.	1	2	3	4	5

G425	Dhabbatni kun sirritti na simataa	1	2	3	4	5
G426	Akka ogeesatti iddo hawasa biratti qabuu gariidha.	1	2	3	4	5
G427	Gahee hojii kiyya irratti hamilee gaari qaba	1	2	3	4	5
G428	Dhibaman waan godheef na galateeffata	1	2	3	4	5
G429	Cime hojjadhe yo bu`a buusee ni badhafama	1	2	3	4	5
G430	Mamili kiyya hojii kiyyaa waan hubatuuf tumsa naaf godha.	1	2	3	4	5
G5	Gafilee iddoo hojiin wolqabatuu					
G531	Hojiin an hojjadhu natty hin baayatu	1	2	3	4	5
G532	Meshaa hojii koo hojjachuuf an barbaaduu gahaa qaba.	1	2	3	4	5
G533	Hojiin kun sadarkaa ogumma kiyyaa waliin gahaa dha.	1	2	3	4	5
G534	Waan midhaa iddo hoji kiyya irratti naan gahuu irratti bekumsa fi dhiheessi gaha qaba	1	2	3	4	5
G535	Iddo hojii kiyyaa irratti eegumsi gahaan naaf godhama.	1	2	3	4	5
G536	Mooraan an keessa hojjadhu gaaridha	1	2	3	4	5
G537	Sababa hanqinna dhiyeessiin hojii kiyya irratti dhiibban dhufu hin jiru	1	2	3	4	5
G538	Hojiin kiyya ogumma kiyya akka an guddifadhu na kakkasa.	1	2	3	4	5
G6	Gafilee Caarraa Guddinaan wolqabatuu					
G639	Ogeessi hunda carra guddachu fi jijjiramu qixxee qaba.	1	2	3	4	5
G640	Dhabbatni kun carra guddina naaf kenna	1	2	3	4	5
G641	Leenjii jalqaba dhaabbatni kun naaf kenna fedhii kiyyaan wol gita	1	2	3	4	5
G642	Hojii koon guddachuuf carraa guddaa qaba	1	2	3	4	5
G643	Hojii gaarii yoo hojjadhe akka guddachuuf naaf	1	2	3	4	5

	qabama.					
G7	Gafilee wolitti dhufeenya hoggansa woliin jiruu					
G744	Dhabbatni kun ogeeyyi hojii karoorsu fi murtee kennuu irratti ni hirmaachisa.	1	2	3	4	5
G745	Hojii kiya raawachuuf hoggansa irratti amanta ni qaba	1	2	3	4	5
G746	Hoganan dhiyo kiyya degarsa gaha naaf keenna	1	2	3	4	5
G747	To`ata kiyya irra duub deebi yeroon argadha.	1	2	3	4	5
G748	Wolitti dhufenyi ogeessa fi hoggansa gaariidha	1	2	3	4	5
G749	Hariiron wolitti dhufenya sirriin ni jira.	1	2	3	4	5
G750	Hoggansi waa`ee fayyuma kiyya ni dhimmama	1	2	3	4	5
G751	Hala hoggansa garee kiya irratti gamachuu qaba	1	2	3	4	5
G752	Akka murtee kennuu angoon naaf kennama	1	2	3	4	5
G753	Galma woliin irratti hojjachuuf ka`umsa qaba	1	2	3	4	5
G754	Hordofin hoggansa gahaa dha.	1	2	3	4	5
G755	Jijjiram yeron dhufu irratti odeefanno ni argadha	1	2	3	4	5
G756	Dhabbatni kun hojii kiyyaf odefanno gaha na kena	1	2	3	4	5

“Galatooma