

Job Satisfaction among Health Workers of Public and Private Sector
Hospitals in South-West Shoa Zone, Oromia Regional State

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June, 2015

Jimma, Ethiopia

Health Workers' Job Satisfaction.....

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A Thesis Submitted to Jimma University in Partial Fulfillment of the
Requirements for the Degree of Master of Arts in Counseling Psychology
in the College of Education and Behavioral Sciences

Declaration

Student ID. Number: MA1015/06

I declared that *Job Satisfaction among Health Workers in Public and Private Sector Hospitals of South-West Shoa zone, Oromia Regional State* is my own work, and that all material contained herein has been duly acknowledged by means of complete references.

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

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Acknowledgments

I thank all who in one way or another contributed in the completion of this thesis. First and foremost, my special and heartily thanks goes to my advisor, Assistance Professor Kinde Getachew, who encouraged and directed me substantially throughout the study. His immense contribution and encouragement brought this study towards its completion. Besides, I would like to thank Dr. Getachew Abeshu and Ms. Aregash Hassen for their encouragement and professional advising starting from the inception of this study to its completion. I am also indebted to the participants of the research for their time in filling out the questionnaire, their generosity and transparency in the data collection procedure. I would like to thank my mother Zewditu Gumata and my father Shaka Gudeta, for their continued support throughout this research process.

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Acronyms

ANOVA: Analysis of variance

Bsc. Bachelor of Science

FDREMH: Federal Democratic Republic of Ethiopia Ministry of Health

HIV/AIDS: Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome

JSS: Job Satisfaction Survey

JUSH: Jimma University Specialized Hospital

MOH: Ministry of Health

SNNP: Southern Nation Nationalities and Peoples

SPSS: Statistical Package for Social Sciences

TB: Tuberculosis

UK: United Kingdom

USA: United State of America

WHO: World Health Organization

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Abstract

Job satisfaction among health workers became high on the agenda as it has been the driving force on quality of work, productivity, turnover, patients' satisfaction and organizational performance. Thus, the objective of this study was to examine the level of job satisfaction among health workers of private and public sector hospitals in South-West Shoa Zone, Oromia Regional State. In doing so, comparative cross-sectional survey was conducted on 220 healthcare workers who were selected based on stratified sampling method. Spector's self-administered Job Satisfaction Scale was used to collect data. The findings showed a moderate level of overall job satisfaction among health workers. Furthermore, the study found out that health workers in private sector hospital had better job satisfaction than public counterparts which was statistically significant. Regarding gender differences, the study also revealed female health workers had high job satisfaction than males, which was also statistically significant. Statistically significant differences on job satisfaction were also found for age group, level of education, and fields of profession. Moderate positive relationships between overall job satisfaction and all nine facets of satisfaction were obtained which were also significant. The study findings could provide decision makers with valuable insights in identifying factors to focus on improving job satisfaction. Based on the findings of the research, recommendations were also forwarded.

Key words: *Job satisfaction, Health workers, Public and Private Sector Hospitals*

CHAPTER ONE

INTRODUCTION

1.1. Background of the study

The origin of interest on the topic of job satisfaction is traced back in early 20th century, when scholars began to study employees and their duties to develop better ways to train workers (Taylor cited in Naveed, Usman, & Bushra, 2011). Even though there was an interest in employee job satisfaction prior to early twenty century, there were no studies published.

In recent years, however, employee job satisfaction has become an important corporate objective which begins to receive attention worldwide. Recently, the issue of job satisfaction such as what it is and why it is important bring with it a great deal of research (Scheid, 2005). As an example, several literatures shows the extent of employees' job satisfaction and how it affects relationship among employees within the organization, their approach to working, creation of collegial relations within an organization, and organizational outcomes (Crossman & Harris, 2006; Chaplain as cited in Darmody & Smyth, 2010).

More specifically, the research on job satisfaction among health workers were started in USA in 1971 (Ezeja, Azodo, Ehigiator, & Oboro, 2010). Since then several researches on various categories of health worker like physicians (Ofili, Asuzu, Isah & Ogbeide, 2004), dentists (Luzzi, Spencer, Jones & Teusner, 2005), nurses (Hu & Liu, 2004, & Asegid, Belachew, & Yimam, 2014), physiotherapists (Oyeyemi, 2001), and primary health care workers (A Moran, Omokhodion, Dairo, & Adebayo, 2005) in different parts of the world have been conducted.

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The issue of job satisfaction among health worker became high on the agenda as it has been the driving force on patient care, patient satisfaction, improved patient outcome and overall quality of the health care delivery (Kaldenberg & Regrut, 1999). Appleton, House and Dowell, (1998), documented the importance of job satisfaction in terms of its positive relationship with performance, employee relations, physical and mental health as well as life satisfaction. As well, their investigation pointed out that job satisfaction is necessary to retain existing health workers as well as to promote recruitment of new ones.

Moreover, the quality of health-care workers depends on the level of job satisfaction (Igharia, Meredith & Smith, 1994). Research by Park and Kim (2009) have indicated that the greater the job satisfaction of health workers the lower their rates of absenteeism and turnover intent, and higher staff morale, productivity and work performance. In this case, job satisfaction among health workers needs great concern as there is empirical evidence which suggests that health workers are at great risk of job dissatisfaction generally compared to professionals in other types of organizations (Ramasodi, 2010).

According to Levinson and Moser (as cited in Ayeni & Popoola, 2007) job satisfaction is so important in that its absence often leads to lethargy and reduced organizational commitment. One local study conducted on health workers in Jimma University Specialized Hospital (JUSH) reported the importance of job satisfaction in building up employee motivation and efficiency which could determine better employee performance and higher level of patients' satisfaction (Alemshet, Leja Alima, Challi, & Morankar, 2011). More importantly, job satisfaction is considered as a strong predictor of overall individual mental well-being (Diaz-Serrano & Cabral Vieira, 2005, & Arnold et al., 1998 cited in Berghe, 2011), and intentions of employees to leave a job (Gazioglu & Tansel, 2002).

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On the other hand, different scholars also documented the deleterious consequences of job dissatisfaction. With this regard, Dimatteo et al. (1993) have demonstrated that the dissatisfaction of health care workers from job has a direct effect on medical care which can lead to reduction in the quality of treatment, and it is also a predictor of quitting a job which has a negative impact on the structure and work flows of organizations.

Dissatisfaction with work further followed by greater non-conformance with procedures and policies, increases in work accidents, poor job performance, lower productivity, staff turnover and organizational conflicts that may increase the rate of medical errors, thus jeopardizing patient safety, and higher employment costs, that contribute to the shortages of health-care providers (Tzeng, 2002; Buciumiene, Blazevicene, & Bliudziute, 2005; Alexander, Litchenstein & Hellmann, 1997; and Jamal, 1997, cited in Ayeni & Popoola, 2007).

As many literature agreed up on it, job satisfaction was also context dependent. According to Desai and Idson (2001) the comparison of levels of job satisfaction in the twenty three countries of European and USA indicated that there is difference in the mean level of job satisfaction between these countries. Thus, in Denmark job satisfaction was found to be high, whereas, low level of job satisfaction was observed in Hungary.

In addition, a multinational study to assess the level of dissatisfaction among nurses in five countries found lowest level of job dissatisfaction among nurses in Germany, followed by Canada England, Scotland and the United States, respectively (Aiken et al., 2001). Similarly, Adamson, Kenny, and Wilson-Barnett, (1995) reported that job dissatisfaction to be higher among British health workers compared to Australian health workers.

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Job satisfaction of health workers has been shown to be influenced by a range of factors. In relation to this, Herzberg (as cited in Ercikti, Vito, Walsh, & Higgins, 2011) stated that different factors combine to create job satisfaction and dissatisfaction among employee. In similar study, organizational policies, supervision and leadership, pay or salary, recognition, and advancement/promotion work conditions, communication with supervisors/work partners were identified as a major factors of job satisfaction.

Furthermore, Kavanaugh, Duffy and Lilly (2006) reported that job satisfaction is significantly influenced by professional experience. In addition, in the study conducted in Istanbul hospital of Turkey, Kuzey (2012) suggested that next to management's attitude towards employees, payment or salary was found to be the second most important factor for employees' job satisfaction.

Similarly, the result of some other studies have also elaborated that pay, adequate staffing, a pleasant working environment, opportunities for promotion, workload, supervision, recognition, noticeable progress of patients, positive relationships with co-workers, autonomy on the job, job security and contingent rewards are the major sources of job satisfaction among health workers (Pillay, 2009; Freeborn & Hooker, 1995; Eker, Tuzun, Dasakapan, & Surenkok, 2004),

On the other hand, the study conducted in JUSH of Ethiopia found evidence that lack of promotion, insufficient trainings and lack of job description were also predictors for job dissatisfaction on health workers (Alemshet et al., 2011). The reports of several studies have been showed that the level of job satisfaction among health workers from public to private sector hospitals was quite different. For instance, the study conducted in India shows that due to

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different factors employees in public sector were more satisfied than employees of private sectors (Shobhna & Hartesh, 2013).

In Ethiopia, health system consists of both a private and government health sector, and the health service organization is decentralized, but still there is shortage of health professionals in different disciplines. This has a great deal of unwanted impact on efficiency and resource allocation (Government of Ethiopia and the World Bank as cited in Alemshet et al., 2011).

Many scholars found that different level of job satisfaction between private and public sector hospital health workers. Some empirical findings pointed out that health workers of private sector hospitals were more satisfied than the public ones (Rana, 2014; Pillay, 2008; Pala, Eker, & Eker, 2008) while others studies revealed that public sector health workers were much more satisfied than the private sector health workers (Rao & Malik, 2012). Still other studies reported that there is no difference between private and public sector health workers in terms of job satisfaction (Chauhan & Solanki, 2014).

Regardless of the fact that job satisfaction is the backbone for the provision of quality health care for the population, there is limited amount of literature in the areas related to job satisfaction among employees of private and public sector hospitals in Ethiopia in general and South-West Shoa Zone in particular. Accordingly, having this as bases, the present study was intended to investigate job satisfaction among health care workers of private and public sector hospitals at South-west Shoa Zone, Oromia Regional State, Ethiopia.

1.2.Statements of the problem

Every healthcare institution is expected by the public to render a professional-based quality health services. In order to do so, healthcare institutes need employees to be satisfied with their jobs as health workers play a great role in determining efficiency, effectiveness and sustainability of health care systems (Mohase & Khumalo, 2014). Thus, it is vital to understand what motivates them and to what extent they are satisfied with their job because job satisfaction is also an indispensable part of ensuring quality care and dissatisfied healthcare providers are likely to give poor quality and less efficient care (Ramasodi, 2010).

While Ethiopia has made commendable progress in scaling up the health status of its population in last one and half decades, the utilization of health services still need some improvement , and the shortage of healthcare workers is still well documented (FDREMH, 2010). Different factors could be responsible for the shortage of health work force in Ethiopia. With this respect, the findings from the Second Wave of a Cohort Study of Young Doctors and Nurses of Ethiopia have been confirmed that international migration of health workers abroad is a justified factor, which resulted from job dissatisfaction (Serra, Serneels, Lindelow, & Mantalvo, 2010). It implies that health workers who are more satisfied with their current job are significantly less likely to migrate abroad. With a significant shortage of health professionals and dissatisfied workers, achieving the millennium development goals, such as reducing child mortality, improving maternal health and combating HIV/AIDS pandemic, TB, Malaria and other diseases would be at stake (WHO, 2006).

More importantly, after a review of the literature specific to health workers' job satisfaction, the researcher realized that most of the studies were done in developed countries while little research

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outputs found in developing countries including Ethiopia is scant. Even if there were some local research on job satisfaction, they failed to address differences of job satisfaction in government and private sector and among different professionals. This is a serious gap as it failed to provide adequate information for the two sectors and various professionals which ultimately affects the intervention process aimed at enhancing job satisfaction. Moreover, to the researcher knowledge, there is no study addressing job satisfaction among different healthcare professionals in South-West Shoa Zone, public and private hospital settings in particular. In addition, how the facets of job satisfaction among health workers related to overall job satisfaction is scarce in the health profession literatures though establishing such type of relationship is common in other professions like education (Malik, 2011 & Ali, 2010) and banks (Nimalathasan, 2012, Shaikh, Bhutto, & Maitlo, 2012).

This research, therefore, tried to address the above mentioned gaps. Thus, the objective of this research was to find out the overall job satisfaction among health workers of public and private sector hospitals in South-West Shoa Zone, Oromia Regional State. Consequently, the following basic research questions were addressed.

- What is the magnitude of job satisfaction among health workers in hospitals at South-West Shoa Zone, Oromia Regional State?
- ✓ What is the level of difference in job satisfaction of the health workers in private and public sector hospitals in South-West Shoa Zone?
- ✓ Are there significant differences on job satisfaction across gender, age groups, level of education, field of professions and work experience on job satisfaction?
- ✓ What is the association between facets of job satisfaction & overall job satisfaction?

1.3.Objective of the study

1.3.1. General objective of the study

The general objective of this study was to examine the level of job satisfaction among health care workers of private and public sector hospitals in South West Zone, Oromia Regional State.

1.3.2. Specific objective of the study

More specifically the present study has been intended to:

- ➡ Examine the magnitude of job satisfaction of hospitals' health workers at South-West Shoa Zone, Oromia Regional State.
- ➡ Find out difference in the level of job satisfaction between the health workers of Private and public sector hospitals at South-West Shoa Zone, Oromia Regional State.
- ➡ Investigate the level of job satisfaction across gender among health workers in hospitals at South-West Shoa Zone, Oromia Regional State.
- ➡ Determine job satisfaction across different age groups among health workers in hospitals at South-West Shoa Zone, Oromia Regional State.
- ➡ Examine job satisfaction across different level of education among health workers in hospitals at South-West Shoa Zone, Oromia Regional State.
- ➡ Examine job satisfaction across different years of services or experience among health workers in hospitals at South-West Shoa Zone, Oromia Regional State.
- ➡ Explore job satisfaction across fields of profession among health workers in hospitals at South-West Shoa Zone, Oromia Regional State.

- ➡ Assess the extent relationship between facets of job satisfaction with overall job satisfaction among health workers in hospitals at South-West Shoa Zone, Oromia Regional State.

1.4. Significance of the study

The result had theoretical and practical significances. With respect to theoretical significances the results of this study will benefit the selected hospitals under this study in particular; and governmental as well as non-governmental service hospitals in general as the findings disclose health workers' job satisfaction and the specific areas of dissatisfaction. Moreover, the study will be helpful for the administrator to know exactly what employees want and what management is doing and understand how much the employees are satisfied with their job along with factors influencing or boosting the situation. Thus, it facilitates mutual settlement of grievances and other unwanted situations. It is also important for organizational counselor to describe the major causes of dissatisfaction and satisfaction with job, which is useful to handle employees-related problems in organization. This study will also be helpful for concerned bodied to know the status of job satisfaction among private and public organization so that they can set adaptive mechanisms.

Wirth respect to practical significance, this study might provide input for policy maker on changing worker characteristics, changing job characteristics, and working environment adjustment. It may also help in job placement strategies to retain more staff. Thus, the findings from this study will help the concerned bodies in designing an intervention packages based on the hygiene or maintenance factors which aims at improving job satisfaction of health workers. Furthermore, it will be used as reference for other researchers who are interested to conduct a study related to this problem.

1.5.Delimitation of the study

This study was conducted on two hospitals (Tullu-Bollo public hospital and St. Luke Catholic private hospital) in South-West Shoa Zone Oromia Regional State, to investigate job satisfaction among health care workers of these two hospitals. This zone has been chosen for having both private and public sector hospitals. More importantly, no studies were done on health workers' job satisfaction in this zone. In addition, the researcher knows and familiar with geography of the zone so that it would be easy to collect necessary data required for this study.

Further, this study examines job satisfaction in relation to selected socio-demographic variables, such as sex, age, education, experience and fields of profession. This study again focuses on nine facets of job satisfaction such as pay, promotion, nature of work, supervision, relationship with co-workers, operating procedure, contingency reward, fringe benefits, and communication to explore the relationship they have with overall job satisfaction.

1.6.Operational definition of terms

For the purpose of this study, the following terms as used in the research were operationally defined as follows to avoid ambiguity.

Job satisfaction: a cluster of feelings about the job or an attitude towards one's job which could be measured by the following nine dimensions: pay, promotion, supervision, fringe benefits, contingent rewards, working condition, coworkers' relationships, nature of work and communication.

Pay: Satisfaction with the amount and fairness or equity of salary

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Promotion: Satisfaction with promotion opportunities that provide opportunities for personal growth, more responsibilities and increased social status.

Supervision: Satisfaction with person's immediate supervision. Employee satisfaction increases when the immediate supervisor is understanding, friendly, offers praise for good performance, listens to employees' opinions and shows personal interest in them.

Nature of work: employees' satisfaction with the type of work they do.

Communication: Satisfaction with communication within the organization.

Fringe benefits: satisfaction with monetary and non-monetary fringe benefits, such as insurance and vacation.

Contingent reward: satisfaction with appreciation, sense of respect, recognition and rewards for good work.

Operating procedures: satisfaction with operating policies and procedures.

Co-workers: satisfaction with perceived competence and pleasantness of one's colleagues.

Healthcare workers: all healthcare providers including medical doctors, nurses, health officers, midwives, laboratory technicians and others involved in the direct care of patients.

Public sector hospital: Facilities funded by the government or the state. In this study public and government hospital are used interchangeably.

Private sector hospital: that are not owned or controlled by the state or government.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

In this chapter, the researcher reviewed existing literature and researches on job satisfaction among health workers. The researcher studied concepts and theoretical model of job satisfaction, the association between job satisfaction and socio-demographic characteristics, such as gender, age, level of education, experience, fields of profession, and facets of job satisfaction.

2.1. Concepts of job satisfaction

Locke (1976) defines job satisfaction as a pleasurable or positive emotional state resulting from the appraisal of one's job or job experiences. Thus, it reflects an employee's general attitude toward, and his feeling about, his job. Job satisfaction is a result of employee's perception of how well their job provides those things that are viewed as important. Similarly, Bhatnagar and Srivastava (2012) define job satisfaction as an attitude or emotional response to positive employment relationships and high levels of job performance.

While others seemed to focus on the comparison between efforts put into the job and the rewards. In line with this, Spector (1997) focuses on peoples' feeling about their jobs and different job aspects. This feeling can be positive or negative. In many of these instances, it has been related to one's personal needs, whether shaped by internal or external factors, and the ability of the job to satisfy these (Spector, 1997).

In broad concept, job satisfaction generally focuses on employees' attitude towards their job. The attitude can be either a positive or negative emotion; this attitude is normally stemmed from job and different aspects of job.

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Regarding job aspects, Stamps and Slaritt (as cited in Roslan, Noor, Nor, & Azahadi, 2014) identified pay, autonomy, task requirement, organizational requirements, interaction and job prestige as the domains of job satisfaction among health professionals. Rad and Moraes, (2009) however, have found out that dimensions of job satisfaction among employees in public hospitals to be pay, promotion, supervision, fringe benefits, contingent rewards, working conditions, co-workers, nature of work, and communication.

In explaining and understanding why people are satisfied and/or dissatisfied with their job satisfaction, different models have been developed. Spector (1997), for instance suggested job satisfaction is a cluster of feelings about the job or an attitude towards one's job which could be measured by the following nine dimensions: (a) Pay - amount and fairness or equity of salary; (b) Promotion - opportunities and fairness of promotions; (c) Supervision - fairness and competence at managerial tasks by one's supervisor; (d) Benefits - insurance, vacation, and other fringe benefits; (e) Contingent rewards - sense of respect, recognition, and appreciation; (f) Operating procedures - policies, procedures, rules, perceived red tape; (g) Coworkers - perceived competence and pleasantness of one's colleagues; (h) Nature of work - enjoyment of the actual tasks themselves; (i) Communication - sharing of information within the organization.

One of the most popular and comprehensive model of job satisfaction model is Herzberg's Two Factor or Motivator-Hygiene Theory, which mainly concerned with two separate sets of factors: "motivators" (or satisfiers), and "hygiene factors" (dissatisfiers which are incapable of providing motivation or satisfaction but can also minimize dissatisfaction). Thus, according to Pietersen cited in Vorster, (2010), Herzberg have attempted to make a distinction between satisfiers and dissatisfies. If working conditions and supervisors are good, they are

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perceived as satisfiers and if the working conditions are experienced as bad they can be seen as dissatisfies.

Locke's (1983) discrepancy theory, on the other hand, introduced the consideration that satisfaction is specified by a contrast between what an individual wants in a job and what they actually have in a job. Moreover, this theory stresses that many individuals value given dimensions of work such that they are satisfied when their expectations are met. In contrast, when a person doesn't value a particular dimension of a job, his job satisfaction will not be too significantly impacted.

In short, Overall job satisfaction is the sum of each of the aspects of the job multiplied by the importance of the aspect for a person. This theory have also been focused on satisfaction and dissatisfaction with a job, and states that satisfaction, or dissatisfaction, with some aspect of a job depends on the perceived congruence or discrepancy between desires and outcomes, and the importance of what is wanted (Locke, 1976).

Another popular theory of job satisfaction is the model of facet satisfaction theory which was developed by Lawler in 1973. According to his model, employees are satisfied with a particular facet of their job (e.g. co-workers, supervisors, pay) when the amount of the facet they perceive that they should receive for performing their work at least equals the amount they actually receive.

2.2.Theoretical Framework

For conducting any research it is very important to conceptualize the thought. This title looked at the framework on which the research was based. Herzberg's dual theory was adapted as it was very important to understandings of job satisfaction or dissatisfaction (Spector, 1997).

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Specifically, the theory takes into account the motivational aspect of worker productivity and its impact on satisfaction or dissatisfaction with work related processes. One of its defining aspects therefore is that it distinguishes between intrinsic and hygienic factors (Pietersen, 2005) where intrinsic motivators include the work-itself (the nature of the job), achievement (achievement in the work), recognition, advancement and growth (promotion opportunities as well as chances for personal growth and recognition) that enhance degrees of job satisfaction while hygiene factors refer to one's working position, pay, benefits, working conditions, supervision, co-workers, job security, supervision, company policies, work conditions or work environment and personal life which are seen as dissatisfies (Buitendach & De Witte, 2005).

The major visible criticism Herzberg's theory is that it doesn't consider the effect of demographic variables on job satisfaction. Therefore, some demographic characteristics, such as gender, age, education, and experience are considered as a factor of job satisfaction and inculcated within the conceptual framework of the study. Again, the model demonstrates how these aspects of the job determine the job satisfaction. Figure 1 depicts the theoretical framework in the form of a model for measuring job satisfaction. Generally, in present study hygiene factor were consists of pay, supervision, fringe benefits, operating conditions, co-workers relationships and communication while motivators were includes promotion, nature of work and contingent reward.

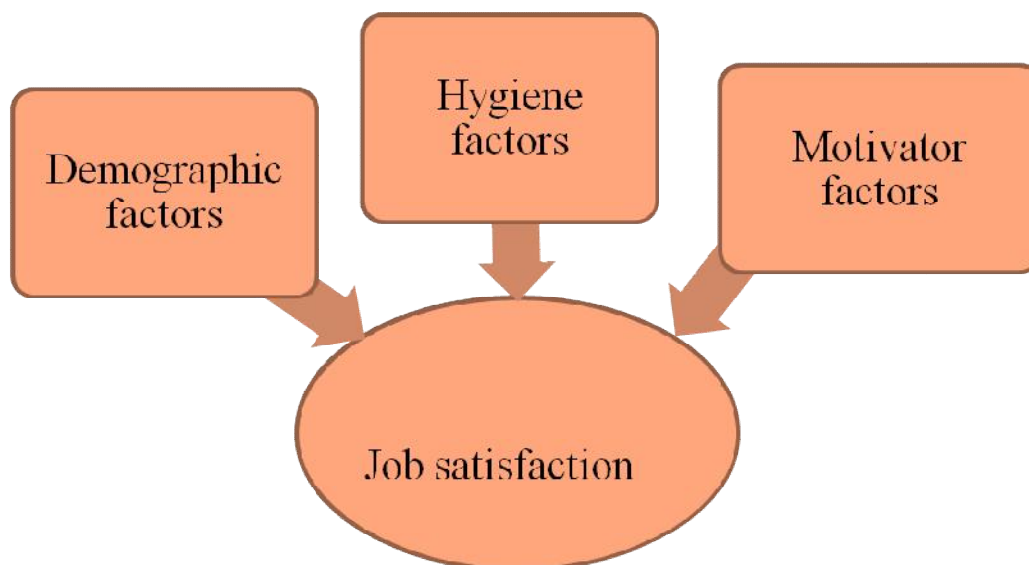


Figure 1: Conceptual and theoretical model of job satisfaction

2.3. Health worker' job satisfaction

Several studies have examined the level of job satisfaction. However, the results of many studies have been contradictory. For instance, high level of job satisfaction was reported among Malaysian health care workers (Roslan, Noor, Nor, & Azahadi, 2014)

However, Jahrami, AlShuwaikh, Panchasharam, and Saif, (2009) reported a moderate level of job satisfaction among Bahrain health workers. Their study further showed that scores of nature of work, supervision, co-workers and communication showed high levels of satisfaction compared to operating conditions, pay, promotion, rewards and Benefits which showed mild levels of dissatisfactions. It shows that they are satisfied with what they do and the place of work, but not satisfied with what they get.

Similarly, in Malaysia, the study conducted to explore turnover intention and job satisfaction among healthcare employees of Ministry of Health (MOH) was found to be a moderate level of job satisfaction among MOH employees (Roslan, et al, 2014). Furthermore, according to Ali-

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Mohammed (2004) health workers in Iran public sector hospitals had a moderate level of general satisfaction among participants. The study also showed that the opportunity to develop was a significant predictor of job satisfaction among study participants.

D'amour (2012), conducted a study on job satisfaction among health professionals in Kigali University Teaching Hospital, and the results revealed that levels of job satisfaction was found to be moderately high. Low level of job satisfaction among health workers were reported by numbers of researchers. With this regard, in South Rand of South Africa, the study conducted on factors influencing job satisfaction among health care professionals by Ramasodi (2010), have found out low level of job satisfaction.

Dissatisfaction with job among health workers were also documented by the findings of several study. For example, in Ethiopia, the study conducted in West Shoa Zone, Oromia Regional State, reported that health workers were dissatisfied with their job (Mengistu & Bali, 2015). They reported the reasons for dissatisfaction were poor payment scheme, lack of training opportunity, and lack of incentives, bureaucratic management style, poor performance evaluation system and poor working conditions. Similar study revealed that age, fields of profession, education, and experience had a significant impact on job satisfaction. Similar result in which health workers were dissatisfied with their job were also reported in the study conducted in JUSH by Alemshet et al. (2011).

2.4.Demographic factors and job satisfaction

Researches by scholars have shown that job satisfaction can also be influenced by a variety of factors such as personal variables like sex, age, education, profession and experience. Many studies (Stamps, Piemont, Slavitt, & Haase., 1978; Sarker, Crossman, & Chinmeteepituck, 2003;

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Kavanaugh, Duffy, & Lilly, 2006; Patterson, Moore, Sanddal, Wingrove, & La Croix, 2009), have indicated a close association between demographic variables of healthcare professionals and job satisfaction. On other hand, in South Rand of South Africa, the study conducted on factors influencing job satisfaction among health care professionals found a low level of job satisfaction and there was no association between job satisfaction and socio-demographic characteristics (Ramasodi, 2010).

2.4.1. Job satisfaction across gender

A plethora of studies have examined the gender difference on job satisfaction. However, the results of many studies have been contradictory. A statistically significant gender difference on job satisfaction in which female health workers had better job satisfaction than male counterparts were reported by different scholars (Bender, Donahue & Harewood, 2005; Carrillo-García et al., 2013; Pillay, 2008; & Mahmood et al., 2011).

Likewise, it was found by in Jathanna, Melisha, Mary, and Latha (2011), opined that in India female health workers tend to report higher level of job satisfaction than men. In addition, the study conducted in public hospital of JUSH showed that more males were dissatisfied than female health workers.

Nevertheless, some others have found men to be more satisfied than women. In a study of health care staff in Czech Republic, Franek, Mohelska, Zubr, Bachmann, & Socolova (2014) divulged a statistically significant difference on job satisfaction across gender in which higher overall job satisfaction was found in men. Similarly, Lefkowitz, 1994 as cited in Berghe, 2011, analyzed a number of studies and discovered that women's job satisfaction is in average lower than men's.

2.4.2. Age and job satisfaction

The relationship between job satisfaction and age has been studied extensively and inconsistent relationships were reported. Researchers argue that elder workers tend to be more satisfied with their jobs because they have adopted a more positive approach to their jobs (DeSantis & Durst, 1996; Spector, 1997). A study conducted in Spain on the influence of gender and age on the quality of the professional lives of health care professionals at a university hospital also showed that older health care professionals had the highest levels of satisfaction (Carrillo-García et al., 2013).

Contrary, Clark (1996) has reported that younger and older workers are more satisfied than middle aged in their job among health workers in UK. In addition, several scholars documented that job satisfaction increased with increasing age. With this regard, studies conducted in Rome and Italy revealed that job satisfaction increased with increasing age (Gigantesco et al, 2003 & Mckenna, 2000). . However, in the study of health care staff in Czech Republic, Franek, Mohelska, Zubr, Bachmann, & Socolova (2014), have revealed that there is no statistically significant effect of age on the level of overall job satisfaction.

2.4.3. Education and job satisfaction

Numerous empirical studies have been point out that health workers' job satisfaction is tend to be influenced by the level of education. In accordance with this, the study conducted in Kuwait on job satisfaction among healthcare professionals revealed a significant negative relationship between educational level and job satisfaction and respondents with a diploma reported the highest level of job satisfaction (Shah, Al-Enezi, Chowdhury, and Shah, 2001).

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Similarly, a negative relationship between education and job satisfaction in which most educated health care professionals were less satisfied than least educated were also reported among health workers (Ogborugbo, 2009). In such cases, researchers were reasoned out that when employees are more educated than the job required, there is a gap between what they want and what they job offers which unintentionally lowers their satisfaction with their work.

Other researchers however articulated a positive relationship between education and job satisfaction. With this regard, Ganzach (2003) have found that more educated health workers tend to be more satisfied with their job because they are more apt to find employment opportunities that were both professionally and emotionally more rewarding. Still some other studies revealed no significant differences between levels of education in relation to job satisfaction (Franek, Mohelska, Zubr, Bachmann, & Socolova, 2014; Ting, 1997; and Kardam & Rangnekar, 2012).

2.4.4. Work experience and job satisfaction

Years of service or experience serves as another factor that affects job satisfaction among health workers. As the result of many studies have shown, employees with greater tenure reported feeling more satisfied than workers who have worked for lesser period of time (Kumar & Giri, 2009; Shah, Al-Enezi, Chowdhury, & Shah, 2001).

In addition, the study by Amburgey (2005), demonstrated a statistically significant differences on job satisfaction based the length of services among health care workers. More importantly, one local study conducted in Sidama Zone of SNNP to assess factors that determine employees' job satisfaction among professional nurses reported a significant importance of experience in determining job satisfaction (Asegid, Belachew, & Yimam, 2014). Conversely, the study

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conducted by Kardam & Rangnekar, (2012), divulges that no significant difference exists between difference experiences groups related to job satisfaction.

2.4.5. Job satisfaction across fields of profession

Statistically significant differences were observed on job satisfaction among different fields of health professions. In Malaysia, physicians were found to be significantly more satisfied than other job designations (Roslan, Noor-Hazilah, Nor Filzatun & Azahadi 2014).

In addition, Aleksandra, Bjegovis, Vranes, Milic (2008) were undertaken a study on job satisfaction among Serbian healthcare workers who work with disabled patients. Their study found very low levels of job satisfaction among healthcare workers. The lowest job satisfaction was found among nurses, while doctors were most satisfied with their jobs. Similar study also revealed that health workers with longer experience were also more satisfied than those with short experience.

Conversely, the study conducted in Rome by Gigantesco, Picardi, Chiaia, Balbi, & Morosini, (2003) revealed insignificant difference on job satisfaction among different professional roles. Their findings were also showed that participants were dissatisfied with career prospects, decision latitude, and the availability and circulation of information. In general, mental health professionals working in the Italian National Health Service were not satisfied with their jobs. In line with age, the findings revealed that job satisfaction increased with increasing age.

A study by Ishara, Bandeira and Zuardi (2007), on public psychiatric services in Brazil found that general satisfaction was similar among different professional categories though greater satisfaction was observed among technicians, which according to the authors could be associated with their low level of responsibility.

2.4.6. Job satisfaction across sectors

As many research findings agreed up on it, employees' job satisfaction is sector dependent. With this regard, the finding obtained from comparative study were done in Punjab shows that employees in private sector feel that their jobs are more comfortable and satisfaction level is quite high as compared to employees working in the public hospitals (Rana, 2014).

Similarly, the report of the study by Pala, Eker, & Eker, (2008) have found a significant difference in job satisfaction that health care staff had been working in private hospitals were higher job satisfaction levels compared to public hospitals. Their findings were also showed that In point of profession, physicians were higher job satisfaction levels than others, but there was no significant gender difference on job satisfaction.

On the other hand, Rao & Malik (2012) revealed that though health workers of both the sectors are quite satisfied from their job but comparatively overall the government healthcare workers were significantly more satisfied with their job than private counterparts. Moreover, Chauhan and Solanki (2014) reported that there is no statistically significant difference on job satisfaction between government and private sector employees.

A comparative analysis of the public and private sectors in South Africa showed overall job dissatisfaction among participants. However, comparatively, public sector nurses were highly dissatisfied with salaries, workload and resources, while private sector nurses were moderately dissatisfied with pay, workload and opportunities to develop (Pillay, 2008).

2.5.Facets of job satisfaction

Several researches indicate that employee satisfaction derives from facets of job satisfaction. Overall employee satisfaction is a combination of once feelings towards the different facets of job satisfaction (Locke, 1976, as cited in Weiss, 2002). In addition, according to Spector (1997), there are nine facets of job satisfaction combine to create overall job satisfaction.

The study conducted in Nazilli cited by Dogan, (2009), found a significant positive relationship between variables of job satisfaction (such as pay, relationship with co-workers, health facilities, relationship with supervisor, training and education facilities, autonomy, physical facilities, reconciliation role of supervisor, procedural justice, tangible aids, office tools, level of role clearness, participation in decisions, management/democratic style of supervisor are positively related to job satisfaction. But only promotion does not have a correlation with job satisfaction.

A considerable number of research reports have indicated that job satisfaction was related positively to salary (Tovey & Adams, 1999; Chan, Luk, Leong, Yeung & Van, 2008). In their study of job satisfaction on Uganda health workers, Hagopian, et al. (2011) also demonstrated the positive association between salary and job satisfaction. According to these studies, an increase in salary and/or payment was followed by a considerable raise in the health workers' job satisfaction.

In accordance with the above, Morrison (1993) stated that low salaries promote dissatisfaction and will make workers feel frustrated. Almost the same result was also reported by Bodur, 2001 as cited in Ramasodi, (2010), that salary as the major causes for job satisfaction among healthcare workers in Turkey.

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Flanagan and Flanagan, (2002), explored that professional level, relationship and communication with employee is the important and affective sources of job satisfaction. In addition, Locke, 1983 have been identified supportive colleagues, supportive working conditions, mentally challenging work and equitable rewards as factors contributing to high levels of employee satisfaction.

A number of scholars (McCausland, Pouliakas & Theodossiou, 2000; Saari & Judge, 2004) suggest that there is a direct and positive association between promotional opportunities and job satisfaction. When employees perceive that there are high chances for promotion, they feel motivated to work harder to achieve organizational goals with a view to attaining elevated job designations and higher ranks (Dessler, 2008). By contrast, employees who are dissatisfied with the available promotional opportunities in their organization usually demonstrate a greater intention to leave the organization (Shields & Ward, 2001).

People share the work environment with others doing the same or similar kind of work. The success and interest shown by other employees in their own work usually strongly affect the satisfaction that people feel in their work environment. With respect to this, a number of authors are in opinion that having friendly and supportive colleagues contribute to increased job satisfaction (Kreitner & Kinicki, 2001; Madison, 2000). Thus, health workers who lacked support from fellow workers were more likely to suffer from job dissatisfaction.

More importantly, Adam and Bond, 2000 cited in Kuzey, 2012, discovered that human relationships are the best predictors of job satisfaction, and that job satisfaction is significantly predicted by professional relationships in the work environment. The study conducted on job satisfaction of health-care workers at health centers in Vientiane Capital and Bolikhamsai

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Province revealed a positive relationship between overall job satisfaction and relationships (Khamlub et al., 2013).

Another survey also found that positive relationships with fellow workers enhance job satisfaction (Berta, 2005). The study conducted in Vientiane center and Bolikhamsai Province by Khamlub, et al. (2013) pointed out that the correlation coefficient between relationship with coworkers and overall job satisfaction was found to be 0.49.

Moreover, a quantitative descriptive study done by Nkomeje (2008) in Rwanda on factors contributing to job satisfaction among healthcare workers at King Faycal Hospital (KFH) showed that healthcare workers had moderate job satisfaction. It suggested that some factors (supervision, co-workers, nature of work and communication) caused greater job satisfaction whereas factors such as pay, promotion, fringe benefit, contingent reward and operation procedures also contributed to some degree of job satisfaction, even if very little.

The study conducted by Khamlub et al (2013) found out the statistically significant correlation between supervision, salary, promotion, operating procedures, nature of work, job security, total working hour and overall job satisfaction with correlation coefficients of .66, .58, .63, .71, .63, .64, .62, respectively, among health workers in Vientiane Capital and Bolikhamsai province.

CHAPTER THREE

RESEARCH METHODOLOGY

This chapter addresses the relevant approach to the study. It provides an explanation of the research design, details regarding the sample, instrumentation, means of data collection, and data analysis. Therefore, this chapter places the groundwork for the method of this study by discussing the above stated components below.

3.1.Design of the study

According to McMillan & Schumacher (2010), research design refers to the plan that describes the conditions and procedures for collecting and analyzing data. This strategy helps to systematically address the central research problem and specific research questions, for situating researchers in the context of the empirical world and for connecting them to specific sites, participants, and methods of data analysis.

The objective of the study was to explore and compare the level of job satisfaction among health care workers in private and public sector hospitals at South West Zone, Oromia Regional State. In so doing, comparative cross-sectional research design with quantitative methods, which involves correlation, was implemented. It was also correlation, since the study was intended in determining the association between facets of job satisfaction with overall job satisfaction, and comparative since it was aim to compare the status of job satisfaction of employees worked in public and private sector hospitals.

3.2.Study area and target population

The study was carried out in two different hospitals located at South-West Shoa Zone, Oromia Regional State; St. luke Catholic private and Tullu Bollo government hospital. According to the

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data obtained from South-West Shoa Zone, Administration Health Bureau, there are two hospitals in this Zone, which is namely Tullu-Bollo public hospital and St. Luke private hospital. The study population consisted of all health workers from private and public sector hospitals at South-West Shoa Zone available at the time the study was conducted. The total population of present study was 271 health care workers with different categories of specific professions. Of these, 184 of them were from St. Luke and the rest 87 were from Tullu-Bollo hospital (see table 1).

Table 1: Target population of the study by sector and fields of profession.

Fields of profession	Public sector		Private Sector		Total	
	F	%	F	%	F	%
Physicians	12	4.43	23	8.49	35	12.91
Health officers	10	3.69	15	4.43	25	9.22
Nurses	37	13.65	68	25.10	105	38.74
Midwives	12	4.43	19	7.0	31	11.43
Lab Technicians	-	-	13	4.8	13	4.80
Anesthesia Expert	-	-	13	4.8	13	4.80
Others**	16	5.90	33	12.17	49	18.10
Total	87	32.11	184	67.89	271	100

**Others include (psychiatrists, Physiotherapy, Pharmacist, Ophthalmologist, X-ray technicians for both sectors, and Lab technicians for public sector).

3.3. Sample and sampling techniques

Sampling is central to ensure that the generalizations are valid. This is because proper sampling improves the internal and external validity of the measuring instrument (the questionnaires). For the purpose of this study, the representative sample was drawn from all health care workers

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working in two hospitals (Tullu-Bollo hospital and St. Luke Hospital) of South-West Shoa Zone using stratified sampling techniques. Then, stratification was made based on the fields of profession, namely physician, health officers, nurses, midwives, lab technician, anesthesia expert and others, which includes psychiatrists, Physiotherapy, Pharmacist, Ophthalmologist, X-ray technicians for both sectors, and Lab technicians for government sector.

Stratification ensured that the sample had the same proportions in each category. In this study, five different fields of profession from Tullu-Bollo hospital and seven fields of profession from the private St. Luke hospital comprised the sample. Then, the sample size of each stratum was determined by Cochran sample size determination method. The sample size of each stratum was determined by its proportion in the study population to produce a self-weighting sample. Finally, as shown in Table 2, the total sample size of 232 in which 75 from Tullu Bollo public and 157 from St. A Luku private hospital was drawn.

3.4. Sample size determination

The following sample size estimation formula which was developed by Cochran 1963 as cited in Israel, 2013, was employed to draw the actual sample size from the total population.

$$n = \frac{n_0 N}{n_0 + (N - 1)}$$

Where: $n_0 =$ Is a sample size drawn from the population: i. e $p(1 - p)\left(\frac{Z^2}{E^2}\right)$

$n =$ is a sample size drawn from a finite population.

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The following assumptions were adopted from Cochran (1963) in order to draw the representative sample size. So as to obtain the maximum sample size, and based on the assumption of maximum heterogeneity or maximum variation sampling, the estimate of the population (p) was assumed to be 50% (.50). The maximum allowable error (E) was assumed to be 5% = .05. The standard normal value corresponding to the desired level of confidence (z), or a confidence interval of 95%, was assumed (z = 1.96). As such, 232 respondents were selected from the total population of 271 health workers. The sample from each stratum was drawn using the formula mentioned above. The number of samples taken from each fields of profession is indicated in table 2.

Table 2: *Sample of the study by sector and field of professions.*

Fields of profession	Public sector		Private Sector		Total	
	F	%	F	%	F	%
Physicians	11	4.74	20	8.62	31	13.36
Health officers	9	3.88	13	5.60	22	9.48
Nurses	31	13.36	56	24.14	87	37.50
Midwives	11	4.74	17	7.33	28	12.08
Lab Technicians	-	-	11	4.74	11	4.74
Anesthesia Expert	-	-	11	4.74	11	4.74
Others**	13	5.60	29	12.50	42	18.10
Total	75	32.32	157	67.67	232	100

**Others include (psychiatrists, Physiotherapy, Pharmacist, Ophthalmologist, X-ray technicians for both sectors, and Lab technicians for public sector).

3.5. Inclusion and exclusion criteria

All healthcare workers who are available at the time of the study and willing to participate as well as those who are permanent employees and have been working there at least six months were included in this study. Six months was the target period, as people tend to get permanent contracts six months after they are recruited. It was assumed by many researchers that after six months one has an idea of one's job satisfaction. All those on annual leave and unwilling to participate were excluded from this study.

3.6. Research variable

3.6.1. Dependent variable

A dependent variable is a criterion or variable that is to be predicted or explained. In this research, job satisfaction with nine facets: pay, promotion, supervision, fringe benefits, contingent rewards, working condition, coworkers, nature of work and communication, has been identified as the dependent variable.

3.6.2. Independent variable

An independent variable is a variable that is expected to influence the dependent variable. Based on the review of literature, the following variables were used as independent variables in this study.

- Age
- Gender
- Educational level
- Fields of profession, work experience and sector.

3.7.Data Collection Instruments

There are many instruments for measuring job satisfaction. However, Job Satisfaction Survey (JSS) is a specific questionnaire of job satisfaction that has been widely used. It is developed by Spector (1997) to measure one's satisfaction in nine facets: pay, promotion, supervision, fringe benefits, contingent rewards, working condition, coworkers, nature of work and communication.

The researcher adapted and used the Job Satisfaction Survey (JSS). Because it allows researchers and organizations to find out not only whether people are satisfied with their jobs but also, more importantly, which parts of the job facets are related to satisfaction. Further, previous research has indicated that the JSS has high psychometric properties for example providing assurance that the data would be valid and reliable (Jahrami, et al. 2011).

For instance, the reliability of JSS across three countries such as USA, Australia and Hong Kong was found to be .9418, .9138, .9045, respectively (Spector, 2000). Another reason behind choosing the JSS is found it very beneficial for the research, as it is very comprehensive towards my focus on the extrinsic and intrinsic needs that dominate the core of my research based on Herzberg Hygiene-Motivator Theory.

The questionnaire package for this study contained four sections. Section one contained cover page that indicated the detail purposes of the study and the significant importance of the respondent's response. Section two contained items on demographic characteristics such as gender, age, level of education, service year, and fields of profession.

The third section contained the JSS, which contained nine facets with a 36-items in which the participants rate their level of job satisfaction on a 6-point Likert scale (*1=disagree very much, 2= disagree moderately, 3= disagree slightly, 4= agree slightly, 5= disagree moderately, and*

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6= *agree very much*) with a highest score indicating highest work satisfaction. The items were negatively and positively phrased in order to minimize response set biases. The nine facet of job satisfaction contained 4 items each. The final section contained two open-ended questions which were used to supplement quantitative data regarding health workers' feeling to their current job.

3.7.1. Pilot Study

In order to test feasibility of tools and time required to be applied, a pilot study was conducted. According to De Vos (2002), the purpose of the pilot study was to improve the success and effectiveness of the investigation. The pilot study helped to identify possible errors in the research process so that they could be rectified before data collection commenced. There is always a possibility that a certain trend may exist when answering the questionnaire, some questions may be answered incorrectly or may be misinterpreted or just plainly ignored. The pilot study ensures that such a situation is managed before it goes out to the study population.

Accordingly, reliability of the instrument was estimated on forty health workers working in the public sector of Ambo hospital. Pilot subjects were asked to respond to the questionnaire by providing them the purpose of piloting. Following their willingness to fill questionnaire, the researcher administered the questionnaire during their brake time. The duration of the pilot was two days in January 26 and 27, 2015.

The researcher used the split-half method of reliability analysis and as given in Table 3, the reliability estimate was found to be .92 for the entire 36-item scale and the split half reliability estimate for all nine facets of job satisfaction subscale were ranged from $\alpha = .68$ to $\alpha = .89$. The reliability estimate for the overall job satisfaction scale and all nine facets of job satisfaction

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subscale demonstrated good internal reliability as the reliability estimate result of 0.7 and above implies acceptable level of internal reliability (Bryma and Bell, 2003, as cited by Miesho, 2012).

Table 3: Reliability coefficients based on 40 participants.

Facets of Job satisfaction	N	Cronbach's alpha	Number of items
Pay	40	.76	4
Promotion	40	.78	4
Supervision	40	.68	4
Fringe benefits	40	.82	4
Contingent reward	40	.70	4
Operating procedures	40	.74	4
Co-workers	40	.89	4
Nature of work	40	.82	4
Communication	40	.70	4
Overall Job satisfaction	40	.92	36

The questionnaire took on average, 20 - 25 minutes to complete. Based on the result of the pilot, some questions were modified in terms of wording (for example the word 'red tape' was modified as 'excessive bureaucracy' as participants failed to understand the word 'red tape'). Similarly, content and face validity was checked by experts from psychology department after constructing the draft questionnaire and the experts rated the content validity was acceptable for the present study. Special focus was also there with respect to clarity of terms and statements. Finally, JSS was improved further and applied to collect data from the subjects under the actual study.

3.7.2. Procedure of data collection

Before collecting data, the ethical clearance and approval to conduct this research was obtained from the Research and Post-Graduate Program Coordinator, College Education and Behavioral Sciences, Jimma University. Then, the letter was communicated for each hospital and permission to collect data was obtained. Finally, the questionnaires were distributed during employees' tea break with the help of facilitator and the completed questionnaire was collected.

3.7.3. Data Collection periods

The data was collected for about four weeks from two hospitals (one private and one public sector) from February 8 to March 6, 2015. In each hospital two weeks were assigned to distribute instruments and collect the necessary information. The first day was used to introduce the purpose of the study to the administrative bodies of the hospital and the permission letter to collect data was obtained. Then after, 232 participants were drawn by using stratified random sampling from the total population of 271 health workers. Finally, the questionnaires were distributed and the completed questionnaire was collected.

3.7.4. Scoring and interpretation of data

In JSS, there are 19 negatively and 17 positively worded items. Agreement with positively-worded items and disagreement with negatively-worded items would represent satisfaction, whereas disagreement with positive-worded items and agreement with negative-worded items represents dissatisfaction. For the 4-item subscales, as well as the 36-item total score, this means that scores with a mean item response (after reverse scoring the negatively-worded items) of four or more represents satisfaction, whereas mean responses of three or less represents dissatisfaction. Mean scores between three and four was moderate.

3.8.Methods of Data analysis and interpretation

Data collected from the test instruments were entered into the SPSS version 20 to evaluate descriptive as well as inferential statistics, and to provide analysis to answer the research question posed. After the data had been entered, efforts were made to check whether the data had been entered properly. The data were checked through comparing the entered data with the original filled questionnaires. Accordingly, the data were processed using SPSS version 20 and descriptive and inferential statistics were performed on the basis of their relevance for answering the research questions intended.

In order to reduce the data in to a summary format, descriptive statistical measures such as mean, standard deviation, maximum and minimum score were used for the sake of explaining the general pattern of job satisfaction of the respondents according to sex, age, level of education, experience, sector and fields of profession.

Some inferential statistical methods, such as Independent sample T-test, one way ANOVA and the Pearson Product Moment Correlation Coefficient were used in this study. Independent sample T-test were computed to determine whether there is a significant mean difference on job satisfaction between health care workers of public and private sector hospitals. Independent sample T-test was also performed to investigate job satisfaction across gender. One way ANOVA was conducted to explore job satisfaction across different age groups, level of education, experience and fields of professions.

Bonferroni Post-hoc test were used to explain what means were exactly significant when the statistically significant difference were obtained. Bonferroni test able to control Type-I error or fluctuation of alpha resulted from difference in sample size between comparative groups.

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Further, so as to examine the relationship between facets of job satisfaction with overall job satisfaction, the Pearson Product Moment Correlation Coefficients are used. In addition, the data has been collected through open-ended questions were analyzed using data driven thematic approach.

3.9.Ethical considerations

Ethical clearance and approval to conduct this research was obtained from the Research and Post-Graduate Program Coordinator, College of Education and Behavioral Sciences, Jimma University. Prior to contacting the health workers, administrative bodies were communicated with the letter written from Jimma University, and administrative permission to collect data was obtained from the respective hospitals. After permission has obtained to collect data, objectives of the study were clearly explained to the participants and oral informed consent was obtained.

Confidentiality and anonymity were ensured throughout the execution of the study as participants were not required to disclose personal information on the questionnaire. Provisions were made to have participants' concerns relating to the study addressed and misconceptions corrected. 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.

CHAPTER FOUR

RESULTS

The purpose of this study was to examine job satisfaction among health workers of public and private sector hospitals at South-West Shoa Zone, Oromia Regional State. This chapter presents the results of the study based on the empirical analysis of the data collected from the research participants with respect to basic research questions. In addition, both descriptive and inferences on the data analysis are presented.

4.1. Sample characteristics

4.1.1. Response rate

In order to answer the aforementioned research questions, this comparative cross-sectional study was conducted at South-West Shoa Zone among health workers of public and private sector hospitals. The total population of the study was 271 health workers where 184 and 87 were taken from private and public sector hospital, respectively. From this total population, 232 samples (157 health workers from private and 75 health workers from public sector hospitals) were drawn using a standard formula developed by Cochran (1963). A total of 232 health workers were provided the self-administered questionnaire.

A total of 232 questionnaires were distributed. 157 questionnaires were distributed to the private sector health workers and the other 75 questionnaires were distributed to the health workers in government sector hospital. Among the 232 questionnaires distributed, 220 completed questionnaires were returned, resulting in an overall response rate of 94.83%. Within these 220 questionnaires, 148 questionnaires were from private sector health workers, with a response rate of 94.27%; 72 questionnaires were from public hospital health workers, with a response rate of

96%. The overall response rate and the response rates of the two specific sectors of health workers are very much satisfactory.

4.1.2. Characteristics of the respondents

The study solicited information from participants based on their sex, age, sector, experience, fields of profession and level of education. In aggregate, as a Table 4 indicate, the study attracted a total of 220 respondents of which 148 (67%) were from private and 72 (33%) were from public sector hospitals. In terms of sex distribution, female health workers are made up 114 (51.82 %) while male health workers constituted 106 (48.18%). Slightly more than half of the participants 113 (51.36 %) were in the age group of less than 30 years, followed by the age group 30-40 were 75 (34.10 %), and 14.54 % above 40 years of age. The holders of at least first degree accounted for 92 (41.82 %), diploma accounts 91 (41.36%), and about 100 (45.45 %) of the respondents have a work experience of five and less, followed by 6-10 years of service 81 (36.81 %) and above 10 years, respectively.

Regarding profession, it is clear that from both sector most of the respondents in the sample were Nurses 81 (36.81%) mostly due to the large number of nurses in both government and private sector hospitals, 30 (13.63%) were physicians, 39 (17.72%) were Others, which includes psychiatrists, Physiotherapy, Pharmacist, Ophthalmologist, X-ray technicians for both sectors, and Lab technicians for public sector; 27 (12.72%) were midwives, 21 (9.54%) were health officers, 11 (5%) were lab technicians and anesthesia expert each.

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Table 4: Socio-demographic characteristics of the respondents under the study (N=220).

Demographic variables		Public Hospital		Private Hospital		Total	
		F	%	F	%	F	%
Sex	Male	33	15	73	33.18	106	48.18
	Female	39	17.72	75	34.10	114	51.82
	Total	72	32.72	148	67.28	220	100
Age	<30 years	30	13.63	83	37.73	113	51.36
	30 – 40 years	35	15.91	40	18.19	75	34.10
	Above 40 years	7	3.18	25	11.36	32	14.54
	Total	72	32.72	148	67.28	220	100
Level of Education							
	Diploma	31	14.09	60	27.27	91	41.36
	Bsc. Degree	30	13.64	62	28.18	92	41.82
	Above Bsc. Degree	11	5.00	26	11.82	37	16.82
	Total	72	32.72	148	67.28	220	100
Service year							
	5 year and less	33	15.00	67	40.45	100	45.45
	6 – 10 years	28	12.72	53	24.09	81	36.81
	Above 10 years	11	5.00	28	12.727	39	17.72
	Total	72	32.72	148	67.28	220	100
Profession							
	Physicians	12	5.45	18	8.18	30	13.63
	Health Officer	9	4.09	12	5.45	21	9.54
	Nurses (Bsc. & Diploma)	27	12.27	54	24.54	81	36.81
	Midwives	11	5.00	16	7.27	27	12.27
	Lab technicians	-	-	11	5.00	11	5.00
	Anesthesia Expert	-	-	11	5.00	11	5.00
	Others **	13	5.90	26	11.82	39	17.72
	Total	72	32.72	148	67.28	220	100

4.2. Health workers' Job satisfaction

Table 5 highlights the descriptive statistics of overall job satisfaction with its facets among health workers. As such, it shows job satisfaction mean scores for the nine JSS facets and total satisfaction for the healthcare workers. As shown in Table 5, the overall mean score for job satisfaction among health workers was found to be 3.05 with the standard deviation of .90, which can be interpreted as moderate level of satisfaction.

With regard to facets of job satisfaction, co-workers, nature of work, contingent reward, communication had a moderate mean value of 3.89 ($SD = .90$), 3.52 ($SD = .77$), 3.21 ($SD = .67$), 3.10 ($SD = .54$), respectively which suggesting a moderate level of satisfaction whereas pay ($M = 2.78$, $SD = .88$), promotion ($M = 2.59$, $SD = .87$), Supervision ($M = 2.78$, $SD = .78$), fringe benefits ($M = 2.94$, $SD = .69$) and operating procedures ($M = 2.61$, $SD = .92$) showed the least mean score, which interpreted as low satisfaction.

Table 5: *Descriptive statistics of overall job satisfaction and particular facets of job satisfaction among health workers in hospitals at South-West Shoa Zone (N=220).*

Facets of job satisfaction	Mean	SD.	Minimum	Maximum
Pay	2.78	.88	1.00	4.50
Promotion	2.59	.87	1.00	4.50
Supervision	2.78	.78	1.50	4.75
Fringe benefits	2.94	.69	1.25	4.75
Contingent reward	3.21	.67	1.75	4.75
Operating procedures	2.61	.92	1.00	4.50
Co-workers	3.89	.90	2.00	6.00
Nature of work	3.52	.77	1.25	5.75
Communication	3.10	.54	1.75	4.75
Overall Job satisfaction	3.05	.49	2.06	4.86

4.3. Job satisfaction across sector (public and private)

One of the main objective of this study was to investigate whether or not there is significant mean difference on the level of job satisfaction between health workers in public and private sector hospitals. As such, the descriptive statistics and Independent Samples t-test was computed, and results obtained are summarized in Table 6.

According to these results, the mean score of overall job satisfaction in private sector hospital ($M = 3.29$, $SD = .56$) was found to be higher than those in public sector hospital ($M = 2.94$, $SD = .41$). In terms of the facets of job satisfaction, analysis result showed that except satisfaction with the nature of work and co-workers relationship the mean score of satisfaction with contingent reward ($M = 3.62$, $SD = .68$), operating conditions ($M = 3.20$, $SD = .98$), communication ($M = 3.17$, $SD = .55$), pay ($M = 3.11$, $SD = .82$), promotion ($M = 3.11$, $SD = 1.00$), fringe benefits ($M = 3.16$, $SD = .72$), supervision ($M = 3.07$, $SD = .78$) was found to be high in private sector hospital health workers.

As shown in Table 6, Independent sample t-test also revealed statistically significant difference on the level of overall job satisfaction between health workers at private and public sector hospital, $t(219) = 5.292$, $p = .000$. More specifically, Independent sample t-test also revealed a statistically significant mean difference across sectors on seven facets of job satisfaction, namely pay, $t(219) = 3.957$, $p = .001$, promotion, $t(219) = 6.814$, $p = .000$; supervision, $t(219) = 3.985$, $p = .000$; fringe benefits, $t(219) = 3.387$, $p = .001$; co-workers relationship, $t(219) = -5.235$, $p = .000$; contingent reward, $t(219) = 6.891$, $p = .000$, and operating conditions, $t(219) = 7.536$, $p = .000$. However, no statistically significant difference was found regarding the nature of work, t

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(219) = $-.628$, $p = .53$ and communication, $t(219) = 1.577$, $p = .116$, between private and public sector hospitals' health workers.

Table 6: Summary of descriptive analysis and Independent sample T-test of job satisfaction across private and public sector hospital (N=220).

Facets of job satisfaction	Private hospital		Public hospital		t-test for Equality of Means		
	Mean	SD.	Mean	SD.	t	df	p-value
Pay	3.11	.82	2.62	.87	3.957	219	.000**
Promotion	3.11	1.00	2.33	.66	6.814	219	.000**
Supervision	3.07	.78	2.63	.75	3.985	219	.000**
FB	3.16	.72	2.83	.66	3.387	219	.001**
CR	3.62	.68	3.01	.58	6.891	219	.000**
OC	3.20	.98	2.32	.72	7.536	219	.000**
Coworkers	3.46	.83	4.10	.86	-5.235	219	.000**
NW	3.47	.69	3.54	.81	-.628	219	.530
COM	3.17	.55	3.05	.53	1.577	219	.116
Overall JS	3.29	.56	2.94	.41	5.292	219	.000**

** . Difference is significant at 0.05 alpha levels (2-tailed), $p < 0.05$

Note: FB stands for fringe benefits, CR for contingent reward, OP for operating procedure, NW for nature of work, COM for communication and Overall JS for overall job satisfaction.

In order to supplement the quantitative result, the participants of this study were asked two open-ended questions to explore their views regarding their current feeling towards their job. The data obtained through open-ended questions was analysed using data driven thematic analysis, and

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presented into two parts. The first part was mainly focused on the factors in which health workers currently satisfied on while the second part emphasized on the factors in which health workers currently dissatisfied on.

Table 7: Themes and sub-themes on the factors currently health workers satisfied on (both sector).

Themes	Sub-themes
Personal factors	<ul style="list-style-type: none">○ Helping patients (both sector).○ Seeing patients recover and patients' satisfaction (both sector).
Organizational factors	<ul style="list-style-type: none">● Health assurance (both sector).● Supportive collegial relationships (both sector)● Fringe benefits (annual leave, sick leave and maternity leave) (both sectors)● Salary increasment for government sector.● Nature of work or profession (both sector).

As indicated in Table 7, the participants of this study reported they are satisfied in helping patients, seeing patients recover and patient's satisfaction. In line with organizational factors, health workers from both sectors were expressed their current feeling of satisfaction resulted from health assurance they have, supportive relationship they have with their colleagues, fringe benefits such as annual, sick and maternity leave. Even though they are satisfied with salary increasement, health workers from government hospitals still they were not satisfied with salary

they were earn. This result is partially consistent with the result obtained quantitatively, especially on the nature of work and co-workers relationship.

Table 8: Emerged themes and categories of themes on the current areas of job dissatisfaction among health workers.

Themes	Sub-themes
Patient-related factors	Patients' misbehaviour (both sectors). Patients' lack of progression, and death (both sectors). Patients' misuse of prescribed drugs (both sectors).
Family factors	Marriage conflict resulted from night duty (both sectors).
Organizational factors	Low salary (private sectors). Unfair and less opportunities for promotion (public sector). Poor communication between administration and staff (private sector). Workload (private sector).

Table 8 is mainly emphasized on the factors in which health workers currently dissatisfied on. Accordingly, it shows that health workers who were working both in private and public sector hospitals was dissatisfied with patient-related factors such as patients' misbehavior, patients' lack of progression and death; patients' misuse of prescribed drugs. In both sectors, health workers were also dissatisfied with their job which is resulted from marriage conflict in response to night duty.

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Furthermore, Table 8 shows that private sector health workers tend to be dissatisfied with salaries, workload, and poor communication between administration and staff. In other way, health workers in public sector hospital said that they are dissatisfied with their current job which stemmed from unfair and less opportunities for promotion.

4.4. Demographic variables and job satisfaction

4.4.1. Gender difference on job satisfaction

As shown from Table 9, the mean score of overall job satisfaction among female health workers was found to be 3.54 with the standard deviation of .78, that can be interpreted as moderate level of job satisfaction, whereas the mean score of overall job satisfaction among male health workers was found to be 2.95 with the standard deviation of .68, which can be interpreted as low job satisfaction.

Regarding facets of job satisfaction, Table 9 were also showed that female health workers are highly satisfied with co-workers ($M = 4.50, SD = .74$), and moderate level of satisfaction was observed on four facets: fringe benefits ($M = 3.00, SD = .66$), contingent reward ($M = 3.23, SD = .70$), nature of work ($M = 3.39, SD = .74$), and communication ($M = 3.02, SD = .52$) while poorly satisfied with pay ($M = 2.92, SD = .84$), promotion ($M = 2.72, SD = .88$), supervision ($M = 2.70, SD = .79$), and operating procedures ($M = 2.72, SD = .92$). On the other hand, low level of satisfaction with pay ($M = 2.64, SD = .91$), promotion ($M = 2.45, SD = .84$), supervision ($M = 2.86, SD = .78$), fringe benefits ($M = 2.87, SD = .73$) and operating procedures ($M = 2.50, SD = .90$), and moderate level of satisfaction with contingent reward ($M = 3.19, SD = .65$), co-workers ($M = 3.28, SD = .83$), nature of work ($M = 3.65, SD = .78$), and communication ($M = 3.15, SD = .56$) was found among male health workers.

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Independent sample t-test also divulged a statistically significant gender difference in which female health workers had high level of job satisfaction than male counterparts, $t(219) = 3.039, p = .001$. With respect to facets, independent sample t-test also revealed a statistically significant difference across gender on satisfaction with pay, $t(219) = 2.35, p = .02$; promotion, $t(219) = 2.249, p = .026$; co-workers, $t(219) = 3.116, p = .001$; and nature of work, $t(219) = -2.494, p = .013$. However, no statistically significant difference were found between gender on satisfaction with supervision, $t(219) = -1.489, p = .138$; fringe benefits, $t(219) = 1.31, p = .192$; contingent reward, $t(219) = .392, p = .696$; operating procedures, $t(219) = 1.745, p = .082$, and communication, $t(219) = -1.789, p = .074$.

Table 9: Summary of descriptive results and Independent sample T-test of job satisfaction by gender in both public and private sector hospital (N=220).

Facets of job satisfaction	Gender				t-test for Equality of Means		
	Female (n=113)		Male (n=108)		t	df	p-value
Mean	SD.	Mean	SD.				
Pay	2.92	.84	2.64	.91	2.350	219	.020**
Promotion	2.72	.88	2.45	.84	2.249	219	.026**
Supervision	2.70	.79	2.86	.78	-1.489	219	.138
FB	3.00	.66	2.87	.73	1.310	219	.192
CR	3.23	.70	3.19	.65	.392	219	.696
OP	2.72	.92	2.50	.90	1.745	219	.082
Coworkers	4.50	.92	3.28	.83	3.116	219	.001**
NW	3.39	.74	3.65	.78	-2.494	219	.013**
Com	3.02	.52	3.15	.56	-1.789	219	.074
Overall JS	3.54	.78	2.95	.68	3.039	219	.001**

** . Difference is significant at 0.05 alpha levels (2-tailed), $p < 0.05$

Note: FB stands for Fringe benefits, CR for Contingent reward, OP for Operating procedures, NW for Nature of work, COM for Communication and Overall JS for Overall job satisfaction.

4.4.2. Age and job satisfaction

Table 10 indicates some mean score difference between different age groups of health workers on job satisfaction in which health workers of above 40 years of age seem to had large score ($M = 3.25$, $SD = .35$), followed by health workers of less than 30 years ($M = 3.05$, $SD = .47$) and between 30-40 years of age ($M=2.93$, $SD=.56$), respectively.

Table 10: Descriptive summary of overall job satisfaction across age groups among health workers both public and private sector hospitals ($N=220$).

Variables	Group	N	Mean	SD.	Min	Max
Age	Less than 30 years	113	3.05	.47	2.25	4.86
	30-40 years	76	2.93	.56	2.06	4.47
	Above 40 years	32	3.24	.35	2.47	3.89

A one-way analysis of variance was conducted to examine whether health workers' level of job satisfaction is the function of age. The independent variable represented the three different age groups: 1) Less than 30 years of age; 2) Between 30-40 years of age and 3) Above 40 years of age. Before computing ANOVA, the test of normality and homogeneity of variance was calculated using Shapiro-Wilks test and Levene's statistics, respectively, which indicated that underlying assumptions was met. The one way ANOVA revealed a statistically (see Table 11) significant difference on the level of job satisfaction among age groups, $F(2, 218) = 3.287$, $p = .039$.

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Table 11: Summary of the ANOVA to test whether significant effect of age on the job satisfaction of health workers (N=220).

Variables	Group		Sum of square	df	Mean square	F	Sig.
Age:	Less than 30 years	Between groups	1.595	2	.798	3.287	.039**
	30-40 years	Within groups	52.903	218	.243		
	Above 40 years	Total	54.498	220			

** . Difference is significant at 0.05 alpha levels (2-tailed), $p < 0.05$

In order to check which pairs of the three group means differ, Post-hoc comparisons using Bonferroni procedures were used. The result of Post-hoc comparisons are given in Table 12 and indicate that health workers whose age were above 40 years of age (3.24) was significantly different from health workers with ages between 31 – 40 years of age (2.93), with the mean difference of .26581 and a p-value .033. Bonferroni post-hoc test were chosen because it is most widely used and control Type-I Error resulted from unequal sample size among groups.

Table 12: Bonferroni post-hoc test for job satisfaction and age.

(I) Age	(J) Age	Mean Difference(I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
< 30 years	31 - 40 years	.07015	.07308	1.000	-.1062	.2465
	> 40 years	-.19566	.09865	.146	-.4337	.0423
31 - 40 years	<30 years	-.07015	.07308	1.000	-.2465	.1062
	> 40 years	-.26581*	.10381	.033	-.5163	-.0154
> 40 years	> 30 years	.19566	.09865	.146	-.0423	.4337
	31 - 40 years	.26581*	.10381	.033	.0154	.5163

*. The mean difference is significant at the .05 level.

4.4.3. Education and job satisfaction

Table 13 indicates some mean score difference among health workers with different levels of education. Thus, those who hold above Bachelor of Science comparatively had high mean score ($M = 3.29, SD = .55$), followed with nearly equal mean scores on job satisfaction among health workers who had Bachelor of Science ($M = 3.05, SD = .49$) and Diploma ($M = 3.00, SD = .46$).

Table 13: Descriptive summary of overall job satisfaction across age groups among health workers both public and private sector hospitals (N=220).

Variables	Group	N	Mean	SD.	Min	Max
Education	Diploma	95	3.00	.46	2.06	4.86
	Bsc. Degree	99	3.05	.49	2.06	4.86
	Above Bsc. degree	27	3.29	.55	2.25	4.47

A one-way analysis of variance was conducted to explore whether the statistically significant the impact of education on levels of job satisfaction among health workers based on their level of education (Diploma; Bsc. Degree; and above Bsc. Degree). As shown in Table 14, ANOVA result revealed a statistically significant difference on the level of job satisfaction for the three education groups, $F(2, 218) = 3.936, p = .021$.

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Table 14: Summary of the ANOVA to test whether there is a significant differences between levels of education on job satisfaction of health workers (N=220).

Variables	Group		Sum of square	df	Mean square	F	Sig.
Education	Diploma	Between groups	1.899	2	.950	3.936	.021**
	Bsc. Degree	Within groups	52.599	218	.241		
	Above Bsc. degree	Total	54.498	220			

** . Difference is significant at 0.05 alpha levels (2-tailed), $p < 0.05$

Since the result was significant, post-hoc analysis by using Bonferroni test was then carried out. Thus, as table 15 indicates, Post-hoc test showed significant difference between Diploma holder and Above Bsc. degree holders ($p = .016$). It implies that health workers who had above Bachelor of Science had higher level of job satisfaction than those who had Diploma with the mean difference of .30.

Table 15: Bonferroni post-hoc test for job satisfaction and level of education.

(I) Education	(J) Education	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Diploma	Bsc. Degree	-.07033	.07055	.960	-.2405	.0999
	Above Bsc.	-.30050*	.10713	.016	-.5590	-.0420
Bsc. Degree	Diploma	.07033	.07055	.960	-.0999	.2405
	Above Bsc.	-.23017	.10665	.096	-.4875	.0271
Above Bsc.	Diploma	.30050*	.10713	.016	.0420	.5590
	Bsc. degree	.23017	.10665	.096	-.0271	.4875

*. The mean difference is significant at the .05 level. **Note:** Bsc. stands for Bachelor of Science.

4.4.4. Service year and job satisfaction

Table 16 depicted that nearly equal mean score on job satisfaction was obtained between three groups of service year: 1-5 years ($M = 3.02, SD = .054$), 6-10 years ($M = 3.07, SD = .049$), and above ten years of experience ($M = 3.09, SD = .077$).

Table 16: Descriptive summary of overall job satisfaction across health workers with different year of services both public and private sector hospitals (N=220).

Variables	Group	N	Mean	SD.	Min	Max
Service year	1-5 years	101	3.02	.054	2.06	4.86
	6-10 years	81	3.07	.049	2.06	3.94
	Above 10 years	39	3.09	.077	2.06	4.47

In order to determine whether there is a significant mean score difference on job satisfaction among health workers with different years of service, one way ANOVA was computed and the summary result were presented in table 17. Table 17 indicated that there was no statistically significant difference between health workers with varied experience on job satisfaction, $F(2, 218) = .391, p = .677$. This result implies that although some relatively descriptive mean scores difference (see Table 16) was observed between participants' from different years of services, these differences are statistically not significant. Therefore, post-hoc multiple comparisons was not computed.

Table 17: Summary of the ANOVA for job satisfaction by experience among health workers (N=220).

Variables	Group		Sum of		Mean		Sig.
			square	df	square	F	
Service year	1-5 years	Between groups	.195	2	.097	.391	.677
	6-10 years	Within groups	54.303	218	.249		
	Above 10 years	Total	54.498	220			

** . Difference is significant at 0.05 alpha levels (2-tailed), $p < 0.05$

4.4.5. Professional difference on job satisfaction

As can be seen from table 18, health officers had better mean score of overall job satisfaction ($M = 3.48$, $SD = .63$), followed by physicians ($M = 3.35$, $SD = .54$), midwives ($M = 3.07$, $SD = .36$), others ($M = 3.05$, $SD = .48$), and anesthesia expert ($M = 3.02$, $SD = .53$), respectively. However, low mean score was observed among nurses ($M = 2.94$, $SD = .41$), and lab technicians ($M = 2.70$, $SD = .09$).

Table 18: Descriptive summary of overall job satisfaction across health workers with different fields of profession both in public and private sector hospitals (N=220).

Variables	Group	N	Mean	SD.	Min	Max
Profession	Physicians	30	3.35	.54	2.25	4.47
	Health officers	21	3.48	.63	2.50	4.86
	Nurses	82	2.94	.41	2.06	3.50
	Midwives	27	3.07	.36	2.44	3.89
	Lab technicians	11	2.70	.09	3.00	3.19
	Anesthesia expert	11	3.02	.53	2.06	3.44
	Others**	39	3.05	.48	2.0	3.89

Note: Others include (psychiatrists, Physiotherapy, Pharmacist, Ophthalmologist, X-ray technicians for both sectors, and Lab technicians for public sector).

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Analysis of variance (ANOVA) followed by post hoc test was carried out between job designations and overall job satisfaction. The finding from Table 19, indicates that there is statistically significant difference between job satisfaction and the various fields of profession, $F(6, 214) = 7.430, p = .001$.

Table 19: Summary of the ANOVA to test whether there is a significant difference between different professional groups on job satisfaction of health workers (N-220).

Variables	Group		Sum of square	df	Mean square	F	Sig.
Profession	Physicians	Between groups	9.396	6	1.566	7.430	.000**
	Health officers	Within groups	45.102	214	.211		
	Nurses	Total	54.498	220			
	Midwives						
	Lab technicians						
	Anesthesia expert						
	Others**						

** . Difference is significant at 0.05 alpha levels (2-tailed), $p < 0.05$

Note: Others include (psychiatrists, Physiotherapy, Pharmacist, Ophthalmologist, X-ray technicians for both sectors, and Lab technicians for public sector).

Since the result was significant, post-hoc analysis by using Bonferroni test was then carried out. The post-hoc test presented in Table 20 showed a significant difference between some fields of professions. The findings indicate that among health workers in South-West Shoa Zone Hospitals, the Physicians and Health officers tend to be moderately satisfied than other fields of professions except Health Officers, Lab technicians, and others, which include psychiatrists,

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Physiotherapy, Pharmacist, Ophthalmologist, X-ray technicians for both sectors, and Lab technicians for public sector.

The Health officers are significantly more satisfied than all the other fields of profession except for the Physicians and Lab Technicians. Table 20 also indicates high level of dissatisfaction between Anesthesia experts and some fields of profession as indicated by the large mean difference between Anesthesia experts and Health Officers (mean difference was $-.77429$); and Anesthesia experts and Physicians (mean difference was $-.65379$). High level of dissatisfaction between Nurse and some fields of professions was also obtained by large mean difference between Nurses and Health Officers (mean difference was $-.53304$); and Nurses and Physicians (mean difference was $-.41253$).

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Table 20: Bonferroni post-hoc test for job satisfaction across fields of profession.

(I) Profession	(J) Profession	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Physicians	Health officer	-.12050	.13062	1.000	-.5221	.2811
	Nurses	.41253*	.09796	.001	.1113	.7137
	Midwives	.43755*	.12178	.009	.0631	.8120
	Lab technician	.28763	.16182	1.000	-.2099	.7852
	Anesthesia expert	.65379*	.16182	.002	.1562	1.1513
	Others	.33768	.11149	.058	-.0051	.6805
Health off	Physician	.12050	.13062	1.000	-.2811	.5221
	Nurses	.53304*	.11228	.000	.1878	.8783
	Midwives	.55805*	.13357	.001	.1473	.9688
	Lab technician	.40813	.17087	.373	-.1173	.9335
	Anesthesia expert	.77429*	.17087	.000	.2489	1.2997
	Others	.45818*	.12426	.006	.0761	.8402
Nurses	Physician	-.41253*	.09796	.001	-.7137	-.1113
	Health officer	-.53304*	.11228	.000	-.8783	-.1878
	Midwives	.02502	.10186	1.000	-.2882	.3382
	Lab technician	-.12491	.14741	1.000	-.5782	.3283
	Anesthesia expert	.24125	.14741	1.000	-.2120	.6945
	Others	-.07486	.08930	1.000	-.3494	.1997
Midwives	Physician	-.43755*	.12178	.009	-.8120	-.0631
	Health officer	-.55805*	.13357	.001	-.9688	-.1473
	Nurses	-.02502	.10186	1.000	-.3382	.2882
	Lab technician	-.14993	.16421	1.000	-.6548	.3550
	Anesthesia expert	.21624	.16421	1.000	-.2887	.7212
	Others	-.09987	.11493	1.000	-.4533	.2535
Lab tech	Physician	-.28763	.16182	1.000	-.7852	.2099
	Health officer	-.40813	.17087	.373	-.9335	.1173
	Nurses	.12491	.14741	1.000	-.3283	.5782
	Midwives	.14993	.16421	1.000	-.3550	.6548
	Anesthesia expert	.36616	.19575	1.000	-.2357	.9681
	Others	.05005	.15673	1.000	-.4319	.5320
Anesthesia	Physician	-.65379*	.16182	.002	-1.1513	-.1562
	Health officer	-.77429*	.17087	.000	-1.2997	-.2489
	Nurses	-.24125	.14741	1.000	-.6945	.2120
	Midwives	-.21624	.16421	1.000	-.7212	.2887
	Lab technician	-.36616	.19575	1.000	-.9681	.2357
	Others	-.31611	.15673	.944	-.7980	.1658
Others	Physician	-.33768	.11149	.058	-.6805	.0051
	Health officer	-.45818*	.12426	.006	-.8402	-.0761
	Nurses	.07486	.08930	1.000	-.1997	.3494
	Midwives	.09987	.11493	1.000	-.2535	.4533
	Lab technician	-.05005	.15673	1.000	-.5320	.4319
	Anesthesia expert	.31611	.15673	.944	-.1658	.7980

*. The mean difference is significant at the .05 level.

4.5. Association between facets of job satisfaction with overall satisfaction

One of the main objectives of the present study was to determine the relationship between facets of job satisfaction and overall job satisfaction. In doing so, Pearson Product Correlation Coefficients was computed and presented in Table 21.

Table 21: Pearson's Coefficient of Correlation Matrix for the nine facets of job satisfaction with overall satisfaction (N=220).

		Pay	Pro	Sup	FB	CR	OC	NW	Cow	CO	OJS
Pay	PC	1									
Pro	PC	.574**	1								
Sup	PC	.328**	.362**	1							
FB	PC	.515**	.567**	.563**	1						
CR	PC	.480**	.589**	.502**	.575**	1					
OP	PC	.378**	.530**	.546**	.437**	.515**	1				
Cow	PC	.135*	-.190**	-.091	.019	-.054	-.243**	1			
NW	PC	.000	-.011	.364**	.081	.142*	-.042	.346**	1		
CO	PC	.342**	.352**	.403**	.516**	.420**	.234**	.212**	.241**	1	
OJS	PC	.682**	.693**	.705**	.733**	.732**	.622**	.208**	.359**	.638**	1

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

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

Note: PC=Pearson Correlation, Pro=Promotion, Sup=Supervisor, FB=Fringe benefits, CR=Contingent reward, OP=Operating procedures, Cow=Co-workers, NW=Nature of work, CO=Communication, OJS=Overall Job satisfaction.

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Table 21 shows that there is statistically significant moderate positive relationship between overall job satisfaction and nine facets of job satisfaction ($p < .01$), which indicates that increases in dimension of satisfaction correspond to increases in the overall job satisfaction. Correlation result (table.14) shows except nature of work, $r(220) = .208, P < .01$) and co-worker relationship, $r(220) = .359, p < .01$), the rest seven dimensions have a strong association with satisfaction related to the job which is ranges from .622 to .733. Results also shows that fringe benefit, $r(220) = .733, p < .01$) is the most associated dimension with job satisfaction. Where nature of work, $r(220) = .208, p < .01$) is the least associated dimension with overall job satisfaction among health workers. A significant association also found within some dimensions of the job satisfaction.

CHAPTER FIVE

DISCUSSION

This is a comparative cross-sectional study that aimed at comparing job satisfaction between private and public sector hospital health workers in South-West Shoa Zone, Oromia Regional State. This section presents the results of the statistical analysis in relation to the previous research and literature.

5.1. Job satisfaction among health workers

The findings of this study show that health workers working in hospitals at South-West Shoa Zone were moderately satisfied with their job. Interestingly, this finding is similar to that of several other studies conducted on job satisfaction among health workers in Kigali University Teaching Hospital (D'amour, 2012), Malaysia (Roslan, et al, 2014), Iran (Ali-Mohammed, 2004), Rwanda (Nkomeje, 2008).

The moderate level of satisfaction reported in this study may probably also due to the influence of some facets of job satisfaction, such as pay, promotion, supervision, fringe benefits and operating conditions. Because the respondents were slightly agree that they get paid a fair salary for the work they do and can live comfortably on their current salary. Opportunities for promotion were somewhat limited and according to health workers, not free from bias, although co-workers relationship was found to be moderately effective.

Of the factors that were investigated in this study, satisfactions with 'co-workers', supervision, 'nature of work', 'contingent reward' and 'communication' had the moderate mean satisfaction rate. However, the mean score of satisfaction with operating conditions pay and promotion showed low level of satisfactions.

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Similarly, Jahrami et al. (2011) reported that health workers in psychiatric hospitals in Bahrain were moderately satisfied with their job. Regarding facets, their findings have found out that health workers had better level of job satisfaction with regard to nature of work, supervision, co-workers and communications as compared to other dimensions of job satisfaction such as pay, promotion, fringe benefits, contingent reward and operating conditions. As this study revealed, the most important factors for health workers' job satisfaction were co-worker relationship and nature of work. Health workers in this survey saw that the tasks and duties of helping others were the major sources of satisfaction.

Moreover, the data obtained through open-ended questions indicated that health workers from both private and public sector hospitals have reported that the desire to help people who were sick was the primary factors that make them satisfied. Those health workers further explained that by helping patients, they feel honored and happy. The findings of present study are supported by Atefi, Abdullah and Wong (2014) in Malaysia which was reported that the nature of work as an important was found to be another important area in health workers satisfaction.

Dissatisfaction with regard to salaries in this study findings seem to be a common issue that is also evident in a very recent study conducted in West Shoa Zone, Oromia Regional state (Mengistu & Bali, 2015). Again, this result is partly similar with the result obtained in Bahrain (Jahrami et al., 2011).

5.2. Job satisfaction among health workers in the two sectors

With regard to sector differences, the present study indicate that the health workers in private sector feel that their jobs are more comfortable and satisfaction level is quite high as compared to employees working in the public hospitals. In line with these results, consistent findings were

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obtained. For example, Rana (2014) reported that in Punjab private sector health workers were more satisfied than public sector health workers. Likewise, Pala, Eker & Eker (2008) also reported that a significant difference in job satisfaction in which private hospitals workers were having higher job satisfaction levels compared to public hospitals. Contrary to this study, Rao & Malik (2012) found out that government healthcare workers are more satisfied with their job as compared to private nurses.

With regard to facets of job satisfaction in the two sectors, the finding of this study divulge that the health workers who were worked in private sector hospital had comparatively better satisfaction than those in public hospital in all dimension of job satisfaction except satisfaction with co-workers. This result partially inconsistent with the result reported by Pillay (2008) which reported private sector health workers were dissatisfied with pay and promotion while health workers from public sector were moderately satisfied with such facets of job satisfaction.

Furthermore, the data obtained through open-ended questions revealed that health workers from both sector were also satisfied with fringe benefits such as health allowance, sick, annual, and maternity leave. However, consistent with the data obtained quantitatively, the data collected by open-ended questions found out that the private sector hospital health workers were dissatisfied with communication in their hospital. This poor communication may be resulted the fact that the administrative bodies of the private sector hospital under this were white people who couldn't speak Afan Oromo, Amharic and other local languages rather English language. In such conditions, those health workers who are unable to speak English might faced difficulties in expressing interests, grievances (if there), and etc as they want to concerned bodies.

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Generally, a statistically significant differences between private and public sector hospital healthcare workers and were obtained for the overall job satisfaction scores and for seven out of the nine dimensions; the only exception was the dimension of nature of work and communication.

5.3.Socio-demographic factors and job satisfaction

Several previous researches suggest that job satisfaction can be influenced by a variety of factors such as personal variables like sex, age, education, profession and experience. In line with this, the result of present study shows a statistically significant difference on job satisfaction between male and female health workers in which female health workers were experienced moderate level of overall job satisfaction while male health workers had low level of overall job satisfaction. These findings are consistent with previous studies examining gender difference on job satisfaction among health workers in both developed and developing worlds. For instance, Jathanna, Melisha, Mary, and Latha (2011) in a study done on job satisfaction among health workers working at India found that female health workers tend to be report higher level of job satisfaction than men.

More importantly, this findings are also supported by one local study carried out in JUSH by Alemshet, et al. (2011), which reported that male health workers were highly dissatisfied than female counterparts. This study were also supported by the research have been carried out in India by Jathanna et al. 2011; in Spain by Carrillo-García, et al (2013); and South Africa by Pillay (2008), who also found out that female health workers were significantly more likely to be highly satisfied than men.

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Inconsistent with abovementioned discussion, some others studies have found men to be more satisfied than women. For instance, in a study of health care staff in Czech Republic, Franek, Mohelska, Zubr, Bachmann, & Socolova (2014) divulged a statistically significant difference on job satisfaction across gender in which higher overall job satisfaction was found in men. In addition, Lefkowitz (1994) analyzed a number of studies and finally came up with the conclusion that women's job satisfaction is in average lower than men's. The difference on the findings of such studies may be resulted from the instruments they were used. As it is observed from various literatures factors that satisfies female may not satisfy male counterparts and vice versa.

Regarding facets of job satisfaction, the findings of this research further divulges a significant difference on satisfaction with pay, promotion, nature of work and co-workers relationship, in which female health workers relatively high satisfaction on pay and promotion, and males had better satisfaction on nature of the work and communication. As the result of this study indicated, even though, there was a difference mean scores between gender on satisfaction with supervisor, fringe benefits, contingent reward, operating procedure, and communication, the difference is not statistically significant.

Regarding age and job satisfaction, the study of health care staff in Czech Republic, Franek, Mohelska, Zubr, Bachmann, & Socolova (2014), have revealed that there is no statistically significant effect of age on the level of overall job satisfaction. However, the current study opined a statistically significant difference on job satisfaction among health workers with different years of age, such as less than 30 years, between 30 and 40 years of age, and above 40 years of age thus, health workers were in less than 30 and above 40 years of age were comparatively had high level of job satisfaction than those who were between 30 to 40 years of age.

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Parallel to the findings of this a study, Clark (1996) has reported that younger and older workers are more satisfied than middle aged in their job among health workers in UK. This may be due to the fact that following they are the comer to the world of work; younger employees might be satisfied because of getting a job and commencing independent life. On the other hand, older health workers may be satisfied with their work because following long stay in their job they may adapt and familiar with overall activities in their workplace.

Several previous studies suggest that employees' job satisfaction tend to be influenced by level of education the employees hold. In line with this, the present study found out that the level of job satisfaction was significantly different between health workers with varied educational level. Thus, health workers who had above Bsc. degree were more satisfied with their work followed by Degree and Diploma holders, respectively. Similar result in which more educated health workers tend to more satisfied with their job were also reported by Ganzach (2003).

Ganzach (2003) reasoned out that more educated health workers have more option to find employment opportunities that were both professionally and emotionally more rewarding. Salary difference resulted from different in the level of education may also be a cause. Because more educated health workers may employed with high salary as compared to those with least educated. This in turn, help then to fulfill their basic and others needs easily.

On the other hand, the study conducted in Kuwait on job satisfaction among healthcare professionals revealed a significant negative relationship between educational level and job satisfaction and respondents with a diploma reported the highest level of job satisfaction (Shah, Al-Enezi, Chowdhury, and Shah, 2001). In such cases, researchers were reasoned out that when

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employees are more educated than the job required, there is a gap between what they want and what they job offers which unintentionally lowers their satisfaction with their work.

In line with service year, many studies have shown employees with greater tenure reported feeling more satisfied than workers who have worked for lesser period of time (Kumar & Giri, 2009; Shah et al., 2001). However, the present study shows that although there were a mean score difference on the level of job satisfaction among health workers with three groups of work experience (1 to 5 years, 6 to 10 years and above 10 years), the difference is not statistically significant. Similar with findings of present study, Kardam & Rangnekar (2012) were also reported no significant difference exists between difference experiences groups related to job satisfaction.

Unexpectedly, the finding of this study were inconsistent with local study conducted in Sidama Zone of SNNP to assess factors that determine employees' job satisfaction among professional nurses reported a significant importance of experience in determining job satisfaction (Asegid, Belachew, & Yimam, 2014).

Regarding fields of profession, the findings of this study indicated a statistically significant difference on job satisfaction between different fields of profession. Thus, physicians and health officers were significantly more satisfied as compared to other fields of professions. The difference that exists in this study on job satisfaction among fields of profession were similar with the study in Serbia by Aleksandra (2007) which reported a significant difference on job satisfaction between health workers with varied field of profession, in which physicians were most satisfied with their job than Nurses.

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Similar findings were also reported by Roslan et al (2014) indicates in Malaysia Physicians were found to be significantly more satisfied than other fields of profession. The result present study also agrees with Alemishet, et al. (2011), have found out that nurses were less satisfied than physicians and other fields of professions. In opposition, the study conducted in Rome by Gigantesco, Picardi, Chiaia, Balbi, & Morosini, (2003) revealed insignificant difference on job satisfaction among different professional roles.

5.4.Association between facets of job satisfaction with overall job satisfaction

Several researches indicate that employee satisfaction derives from facets of job satisfaction. Overall employee satisfaction is a combination of once feelings towards the different facets of job satisfaction (Locke, 1976, as cited in Weiss, 2002). In addition, according to Spector (1997), there are nine facets of job satisfaction combine to create overall job satisfaction. These are pay, promotion, supervision, fringe benefits, contingent reward, operating procedures, nature of work, communication and relationship with co-workers.

In accordance with aforementioned explanation, the present study found a positive relationship between all facets of job satisfaction and overall job satisfaction, although the magnitude of correlation was varied. The correlation that exist in this study corresponds with the study conducted by Nazilli cited by Dogan, (2009), which found a significant positive relationship between variables of job satisfaction such as pay, relationship with co-workers, relationship with supervisor, reconciliation role of supervisor, procedural justice, are positively related to job satisfaction. Further, as the study conducted by Nazilli showed of factors only promotion does not have a correlation with job satisfaction. However, in this study have positive correlation with overall job satisfaction as other facets do so, which supported by Khamlub et al (2013), which

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found out the statistically significant correlation between supervision, salary, promotion, operating procedures, nature of work, job security, total working hour and overall job satisfaction among health workers in Vientiane Capital and Bolikhamsai province.

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CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

6.1. Conclusion

This study examined the level of job satisfaction among health workers of government and private hospitals at South-West Shoa Zone, Oromia Regional State. The findings of this study can provide the basis for further research so that valuable insight can be taken in identifying factors to focus on in order to improve job satisfaction. However, the present study has some limitations. First, the cross-sectional study design did not allow determination of the causal relationships among variables. Second, even with the high level of participation in this study, there is a possibility that responses of individuals who did not participate may have differed in some manner from those who did in fact participate. Lastly, the conclusions of this study cannot be generalized to all health workers across Ethiopia, as the different environment and circumstances prevailing in other hospitals may impact on job satisfaction.

In spite of these limitations, the following conclusions are drawn on the basis of results obtained:

- ➡ The level of job satisfaction among health workers in hospitals at South-West Shoa Zone was moderate in general. Regarding facets, they were moderately satisfied with contingent reward, co-worker relationship nature of work, and communication in their workplace. However, they are dissatisfied with the rest six facets of job satisfaction, namely pay, promotion, supervision, fringe benefits, and operating condition. If health workers are not satisfied with their job the tendency to turnover would be very high and even if they are in their job they could not deliver quality service.

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- ➡ Comparatively, the findings of current study showed a significant difference in the level of job satisfaction among health workers in government and private sector. Though private sector hospital's health workers were moderately satisfied with their work but overall the government health workers are poorly satisfied with their work.
- ➡ Specifically, the significant difference was found between government and private sector hospital's health workers was in relation to all seven facets except nature of work and communication. As such, private sector health workers had better satisfaction with pay, promotion, supervision, fringe benefits, contingent reward, operating condition, and communication than their counterparts of public sector health workers. But satisfactions with the nature of work and co-workers relationship were high in government sector health workers compared to the private ones.
- ➡ In terms of gender, the present study divulged that female health workers had significantly better level of overall job satisfaction than male counterparts.
- ➡ The results of this study showed a significant difference on job satisfaction among different age groups. As such, younger (less than 30 years of age) and older (above 40 years of age) health workers had comparatively better levels of satisfaction than middle age group (30 – 40 years of age).
- ➡ With regards to experience, the findings of this study revealed even though there is difference in mean score across three groups of service year on job satisfaction, it is not statistically significant.
- ➡ A significant difference were observed between different levels of education on job satisfaction in which health workers who had Diploma were least satisfied than Bsc.

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holder and Above Bsc. holder, and Bsc. holders are less satisfied than those who had an education level of above Bsc.

- This study was also found a statistically significant difference among fields of profession on job satisfaction. Thus, Physicians and Health Officers are more satisfied than Midwives, Nurses, Anesthesia expert, Lab technicians and others (psychiatrists, Physiotherapy, Pharmacist, Ophthalmologist, X-ray technicians for both sectors, and Lab technicians for public sector).
- The finding of this study also revealed a statistically significant relationship between overall job satisfaction and all facets of job satisfaction. Fringe benefit is the most associated dimension with job satisfaction while nature of work is the least associated dimension with overall job satisfaction among health workers. Therefore, these factors should be considered as they have a positive relationship with job satisfaction.

6.2.Recommendations

The purpose of this section is to lay emphasis on several recommendations drawn from the present study. The aim of these recommendations is to discover new ideas to enhance job satisfaction there by describing factors associated to job satisfaction among healthcare employees at South-West Shoa Zone. The researcher would like to make the following recommendations:

- ✓ As the findings of this study shows, health workers were dissatisfied with pay, promotion, supervision and operating condition. Thus, the federal government and administrating bodies of private sector should improve such factors on the way satisfies health workers.

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- ✓ Health workers who were worked in government sector hospital were more satisfied with the relationship they have with their co-worker. Hence, all health workers and administrative bodies should encourage this condition for its persistent.
- ✓ Public sector health workers were dissatisfied with operating procedures. Therefore, the organizational policies, rule and regulation should be set and implement in the way it could contribute to job satisfaction.
- ✓ The management of public sector hospital should ensure that performance evaluations are fair and unbiased. Therefore, promotions based on merits and performance evaluation will be perceived by health workers as fair, and result in greater degree of job satisfaction.
- ✓ Patients' misuses of prescribed drugs and misconduct were identified as a source of health workers' dissatisfaction with their job. Hence, patients should use the drugs properly and behave appropriately as the health workers want.
- ✓ The federal government of Ethiopia and the administrative bodies of St. Luke hospital should improve the overall salary packages of health workers. Also, the salary system has to take the cost of living into consideration.
- ✓ Men health workers had low level of job satisfaction so that the management of both sector should have to design appropriate mechanisms through which men's' to job satisfaction could be boosted.
- ✓ As many literature shown, an employee would leave the organization at anytime if he/she is not satisfied. Therefore, hospital must work for maintaining optimum level of job satisfaction of their employees and make work more appealing.

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- ✓ Since health workers in private and public sector hospitals at South-West Shoa Zone were dissatisfied with their pay, promotion, supervision, fringe benefits, and operating procedures, the government of Ethiopia specifically Ministry of Health and the administrative bodies of the private sector hospital should understand the importance of implementing appropriate salaries, supervision, fringe benefits, operating procedures and fair promotion.
- ✓ The communication style in private hospital should be improved because health workers were dissatisfied with it.
- ✓ Regarding fields of profession, nurses had low level of job satisfaction. Hence, the concerning bodies of the two sectors should find out the mechanisms through which nurses' job satisfaction could be enhanced.
- ✓ The results of the study have evaluated that the job satisfaction in health workers is highly associated with certain factors (such as pay, promotion, supervision, fringe benefits and contingent reward) which need to be developed and focused by the healthcare management. Therefore, Federal government and the owner of the private sector hospitals had better to consider this issues.
- ✓ Although the findings of this study were interesting and valuable, there is a great space for further research. Therefore, for future research the following suggestions should be considered:
 - ➡ As far as the individual characteristics (demographic variables) on health worker job satisfaction are concerned, it would be more interesting to add other variables such as marital status and income.

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- ➡ Furthermore, other research could be conducted to assess factors of health workers' job satisfaction which include but are not limited to the nine facets considered in this study. Because there might be various other factors which have a significant influence on job satisfaction. One may use different instruments to assess job satisfaction producing higher validity and reliability within this population.
- ➡ In current study, patient-related factors such patients' misuse of prescribed drugs and patients' misbehaviors; and family-related factor which is marriage conflict were identified as factors leads health workers to be dissatisfied with job. Therefore, future studies had better if deeply focus on these factors.
- ➡ Finally, the future researchers need to expand the scope of this study by focusing on a large sample so that its results can be generalized to the entire public health care sector of Ethiopia.

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Appendix A: Questionnaires

Jimma University

College of Education and Behavioral sciences

School of graduate studies, Department of psychology

Dear respondents,

This questionnaire is designed on the thesis title '*Job satisfaction among health workers of private and public sector hospitals at South-West Shoa Zone, Oromia Regional State*' for the partial fulfillment of Masters of Counseling Psychology. Therefore, your cooperation in fulfilling the questions is vital for the successful accomplishment of this study. Your response will be kept confidential and it is only for academic purpose. Please go through each question honestly.

Thank you for your cooperation!

Part one: Background information.

Directions: Please ticking (√) under response column from the alternative that is the most applicable answer to you in respect of each of the following items.

Variables	Categories	Response	Variables	Categories	Response
Age	<30 years		Sex	Male	
	30 – 40 years			Female	
	> 40 years		Profession	Physicians	
Education	Diploma			Health officer	
	Degree			Nurses	
	Above Degree			Midwives	
Experience	Less than 5 year			Lab technicians	
	6 – 10 years			Anesthesia expert	
	Above 10 years		<u>Other specify</u>		

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Part II. Job Satisfaction Scale

Direction: With respect to your own feelings about the job satisfaction, please indicate the degree to which you agree or disagree with each of the following statements by ticking (√) under the number which is most applicable to you.

Value: 1= Disagree very much (DVM),

2= Disagree Moderately (DM),

3= Disagree Slightly (DS)

4= Agree Slightly (AS),

5= Agree Moderately (AM),

6= Agree Very Much (AVM).

JOB SATISFACTION SURVEY							
SN.	Items	DAM	DM	DS	AS	AM	AVM
1	I feel I am being paid a fair amount for the work I do.	1	2	3	4	5	6
2	There is really too little chance for promotion on my job.	1	2	3	4	5	6
3	My supervisor is quite competent in doing his/her job.	1	2	3	4	5	6
4	I am not satisfied with the benefits I receive.	1	2	3	4	5	6
5	When I do a good job, I receive the recognition for it that I should receive.	1	2	3	4	5	6

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6	Many of our rules and procedures make doing a good job difficult.	1	2	3	4	5	6
7	I like the people I work with.	1	2	3	4	5	6
8	I sometimes feel my job is meaningless.	1	2	3	4	5	6
9	Communications seem good within this organization.	1	2	3	4	5	6
10	Raises are too few and far between.	1	2	3	4	5	6
11	Those who do well on the job stand a fair chance of being promoted.	1	2	3	4	5	6
12	My supervisor is unfair to me.	1	2	3	4	5	6
13	The benefits we receive are as good as most other organizations offer.	1	2	3	4	5	6
14	I do not feel that the work I do is appreciated.	1	2	3	4	5	6
15	My efforts to do a good job are seldom blocked by red tape.	1	2	3	4	5	6
16	I find I have to work harder at my job because of the incompetence of people I work with.	1	2	3	4	5	6
17	I like doing the things I do at work.	1	2	3	4	5	6
18	The goals of this organization are not clear to me.	1	2	3	4	5	6
19	I feel unappreciated by the organization when I think about what they pay me.	1	2	3	4	5	6
20	People get ahead as fast here as they do in other places.	1	2	3	4	5	6
21	My supervisor shows too little interest in the feelings of subordinates.	1	2	3	4	5	6
22	The benefit package we have is equitable.	1	2	3	4	5	6

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23	There are few rewards for those who work here.	1	2	3	4	5	6
24	I have too much to do at work.	1	2	3	4	5	6
25	I enjoy my coworkers.	1	2	3	4	5	6
26	I often feel that I do not know what is going on with the organization.	1	2	3	4	5	6
27	I feel a sense of pride in doing my job.	1	2	3	4	5	6
28	I feel satisfied with my chances for salary increases.	1	2	3	4	5	6
29	There are benefits we do not have which we should have.	1	2	3	4	5	6
30	I like my supervisor.	1	2	3	4	5	6
31	I have too much paperwork.	1	2	3	4	5	6
32	I don't feel my efforts are rewarded the way they should be.	1	2	3	4	5	6
33	I am satisfied with my chances for promotion.	1	2	3	4	5	6
34	There is too much bickering and fighting at work.	1	2	3	4	5	6
35	My job is enjoyable.	1	2	3	4	5	6
36	Work assignments are not fully explained.	1	2	3	4	5	6

Part III. Open-ended questions for job satisfaction

1. Briefly describe the factors that give you the most satisfaction on your current job.

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2. Briefly describe the factors that dissatisfies you the most regarding to your current job.

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