

Job Satisfaction and Its Determinants Among Nurses in Harari Region and Diredawa Administration, Eastern Ethiopia

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Abstract

Background: Nurses job satisfaction is important to provide quality health care services. This study was aimed to determine the nurses' level of job satisfaction and associated factors in Harari region and Dire-Dawa Administration public health facilities, Eastern Ethiopia. **Methods:** A cross-sectional study was conducted in public health facilities from October to April 2012. The data were collected through self-administered questionnaire. Level of job satisfaction was measured using four point Likert scale with the thirty two items mean score as a cutoff point by summing up the satisfaction related items. Multivariate logistic regression model was used to determine the associated factors with job satisfaction. P-value < 0.05 was taken to declare statistical significance. **Results:** A total of 417 nurses were included in the study. About half of the respondents (51.8%) were found to be satisfied with their job. Factors that include the health center nurses (AOR =1.91, 95%CI =1.14-3.187), female (AOR= 2.3, 95%CI =1.417-3.823), convenient organizational structure for decision (AOR=0.31, 95%CI=0.164-0.571) ,perceived safety of the work environment(AOR=0.41,95%CI=0.237-0.731)and dispute at work place(AOR=3.12,95%CI=1.495-6.503) were factors associated with job satisfaction.

Conclusion: Nearly half of the nurses were not satisfied with their current job. Factors that included type of health facility, gender, convenience of the organizational structure, perceived safety of work environment and violence at work place are elements need to be considered in any intervention addressing the job satisfaction of the nurses .

Keywords: Job satisfaction, Nurses, Government health facilities

Background

Job satisfaction is defined as all the feelings that an individual has about his/her job (Spector, 1997). Particularly it is a critical challenge for healthcare organizations, as labor costs are high and shortages are common (Zangaro and Soaken, 2007) has been documented that satisfied employees tend to be more productive, creative, and committed to their employers (AL-Hussami, 2008).

Different study reports indicated that there has been low level of job satisfaction among nurses in different part of the world. A study in USA indicated that out of nurses providing direct patient care, 24% of hospital nurses and 27% of nursing home nurses reported dissatisfaction in their current jobs. Similarly, 34% of hospital nurses and 37% home nurses reported feeling burned out in their current jobs due to job dissatisfaction as study reports from (McHugh et al., 2011). World Bank survey revealed 80% of professionals (nurses and physicians) in Ethiopia are either unsatisfied or very unsatisfied with their job (Serra,et al., 2010).

A range of findings derived from quantitative as well as qualitative studies has been reported in the literature regarding sources of job satisfaction among nurses. According to (Lu et al., 2007), the sources of job dissatisfaction include working conditions, interactions with patients/co-workers/managers, work itself, remuneration, self- growth and promotion, praise and recognition, control and responsibility, job security and leadership styles and organizational policies.

Nursing staff in most medical institutions or private organizations in all corners of the world are probably the most undervalued staff members despite the fact that these are the people who take care of our loved ones around the clock when they are hospitalized(International Council for Nurses, 2007). Nursing staff are the one who have variety of jobs to perform even take on the responsibilities of the medical supervisors or the doctors in command and still are under paid and undervalued(Koonar, 2008). On the one hand, research has been reporting job satisfaction as a useful predictor of several critical negative and positive work outcomes.

Despite the fact that human power is the back bone for the provision of quality health care for the population and high level of professional satisfaction among nurses have great importance such as higher worker force retention and patients satisfaction. As to level of my reading there have been very few literatures in the country and no study in the specific study area. Thus this study was aimed to assess the level of job Satisfaction and its related factors among nurses of government hospitals and health centers of Harari Regional State and

Dire Dawa Administration and may aid in development of organizational change necessary to motivate and retain nurses.

METHODS

Study setting

An institution-based quantitative cross-sectional study was conducted in Harari Regional state and Dire-Dawa Administration government health facilities from October to April 2012. All nurses who were working in Harari Region and Dire-Dawa Administration government hospitals and health centers and had at least one year service and who were present themselves during the data collection period were included. Those nurses who were ill and unable to respond to the questions were excluded.

The sample size for the study was determined using a single population proportion technique. The study assumed the level of nurses' job satisfaction as 44%. (Pietersen, C.2005), at 95% level of confidence, and 0.05 margin of error. Then, a total of 417 nurses were included in the study including 10% none response rate from total nurses after proportional allocation for each study setting was done. Finally the study subjects were randomly selected by lottery method from all the government health facilities of the study area in proportion to the number of nurses in each facility.

Measurements

Study Variables: Dependent variable: was Job satisfaction and the Independent variables were Socio-demographic and economic characteristics, Work related characteristics, Facets of job satisfaction. The questionnaires were derived from different peer reviewed journals. The choices of Likert scale items choices given numerical values to create interval scale for analysis. Items related to satisfaction were added together and the mean was calculated and dichotomized as "satisfied = 1" and "dissatisfied = 0" to determine the overall level of job satisfaction. **Job Satisfaction was defined as** the extent to which employee find contentment and loves his/her job in terms of what to expect from the job, looking at the work environment and the demands of the job. In this study those scored above the mean score considered as satisfied. **Job Dissatisfaction:** The feeling of discontent in that comes when a need or desire is not fulfilled in working area or the extent to which dislikes (dissatisfaction) his/her jobs. In this study those scored below the mean score considered as dissatisfied.

Data management

The data was entered in to EpiData, and then transferred to SPSS version 16.0 statistical software for data processing and analysis. After completion of data cleaning, statistical analysis was carried. Though Likert scales typically generate ordinal data for this study, the scale's answer choices give numerical values in order to create an interval scale for analysis. Items related to satisfaction were added together and the mean was calculated to determine the overall level of job satisfaction. Then it was dichotomized as "satisfied = 1" and "dissatisfied = 0" based on the computed mean. This helps to give an overall picture of job satisfaction levels among nurses in Harari Region and Dire-Dawa Administration.

Descriptive statistics like proportion/ frequency, mean and SD for independent variables. Bivariate analysis using crude odds ratio and Pearson's Chi-square tests was used to assess the strength associations and statistical significance between independent and dependent variables. Multivariate analysis with logistic regression model was used to identify predictors of the outcome variable. All analyses were carried at the 0.05 significance level. Tables and figures used to express the distribution of variables.

Ethical Consideration

Ethical clearance was obtained from the Institutional Research Ethics Review Committee of College of Health and Medical Science. Formal letters were written to each Health Facilities in order to get permission. Consent was obtained from each nurse (participant) after explaining the purpose, benefits and risks of participating in the study. Confidentiality was kept throughout the study by withholding the name and other personal identification of the respondents.

RESULT

Socio-demographic characteristics

A total of 395 participants were responded with response rate of 94.7%. Out of these respondents 234 (59%) were from hospitals and 161 (41%) were from health centers. The mean age of the respondents was 31 years and SD 7.95, with an age range from 20 to 59 years, and; 225 (57%) were females. The majority of the respondents (n=212) serve from 2-5 years and of the total respondents 306 (77.5%) have diploma in nursing. Concerning marital status of the respondents 203 (51.4%) were married whereas 168 (42.5%) were single. Out of the respondents 348 (88.1%) were staff nurse in their job position. Among the respondents 280 (71%) of the respondents did not had their own home. (Table 1)

Table 1: Socio-demographic characteristics of the study subjects in government health facilities of Harari Regional State and Dire-Dawa Administration, 2012

Variables	Number (%)
Gender	
Male	170 (43.0)
Female	225 (57.0)
Age(in years)	
20-40 years	216 (54.7)
41-60 years	179 (45.3)
Family size	
0 (none)	113(28.6)
1-5	218(55.2)
6-10	64 (16.2)
Ethnicity	
Oromo	128 (32.4)
Amhara	190 (48.1)
Others**	77 (19.5)
Religion	
Orthodox	231 (58.5)
Muslims	94 (23.8)
Protestant	65 (16.5)
Others **	5 (1.3)
Marital status	
Married	203 (51.4)
Single	168 (42.5)
Others**(Divorced , Widowed, Separated)	24 (6.1)
Educational status	
Degree (BSC, MSC)	89 (22.5)
Diploma	306 (77.5)
Home owner	
Yes	115 (29.1)
No	280 (70.9)
Average part-time pay	
none	177 (44.8)
<500 ETB	158 (40)
>500 ETB	60 (15.2)
Average monthly salary	
<1000 ETB	22 (5.6)
1000 -2000 ETB	284 (71.9)
>2000 ETB	89 (22.5)
Service year	
2-5 years	212(53.7)
6-10 years	59(14.9)
> 10 years	124 (31.4)
Job title	
Staff nurse	348 (88.1)
Head nurse	43 (10.9)
Others	4 (1.0)

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Work related characteristics

Among the respondents (n=395), 343(86.8%) responded that job rotation is available in their institution. Out of the total respondents 203(51.4%) work day and night whereas 185(46.8%) work in day shift. Regarding availability of supervision 354(89.6%) reported there was supervision system in their institution and 266 (67.3%) of them responded as they get support from their immediate supervisor. Regarding the safety of the physical environment 206 (52.2%) of the respondents perceived the physical environment is not safe to perform their job. From the total respondents 74(18.7%) experienced violence at their work place in past two years at least one time. One hundred one (25.6%) of the respondents faced work related injury in the past two years at least one time, out of this 89 (88.1%) faced needle stick injury and 12 (21.9) were faced other type of injury sprain and strain including back injury(table 2).

Table 2: Job characteristics of the the study subjects of Harari Regional State and Dire-Dawa Administration GHFs, November 2012.

Variables		Number(%)
Type of health facility	Hospital	234 (59)
	Health center	161 (41)
Availability of job rotation	Yes	343 (86.8)
	No	34 (8.6)
	Not sure	18 (4.6)
Satisfaction with the job rotation	Yes	198 (50.1)
	No	124 (31.4)
	Not sure	70 (17.7)
Allowed to stay in area of expertise	Yes	172 (43.5)
	No	133 (33.7)
	Not sure	90 (22.8)
Shifts the respondent frequently assigned	Day	185 (46.8)
	Night	7 (1.8)
	Day and night	203 (51.4)
Appropriateness of the work shift	Yes	279 (70.6)
	No	88 (22.3)
	Not sure	27 (6.8)
Availability of supervision	Yes	354 (89.6)
	No	16 (4.1)
	Not sure	25 (6.3)
Support from immediate supervisor	Yes	266 (67.3)
	No	93 (23.5)
	Not sure	36 (9.1)
Convenient organizational structure	Yes	213 (53.9)
	No	126 (31.9)
	Not sure	56 (14.2)
Safe physical environment	Yes	140 (35.4)
	No	206 (52.2)
	Not sure	49 (12.4)
Work related injury in past two years	Yes	101 (25.6)
	No	251 (63.5)
	Not remember	43 (10.9)
Needle stick injury	Yes	89 (88.1%)
	No	10 (9.9%)
	Not remember	2 (2%)
Other type of injury (Strain and sprain including back injury)	Yes	12 (21.9)
	No	83 (82.1%)
	Not remember	6 (6%)
Any violence at work in last two years	Yes	74 (18.7)
	No	291 (73.7)
	Not remember	30 (7.6)
Any language barrier with client	Yes	140 (35.4)
	No	255 (64.6)

Satisfaction

Satisfaction of the study subjects was determined by summation of the items under facets of job satisfaction. Accordingly, the overall level of satisfaction yielded 200(51.8%) were satisfied whereas 186(48.2%) were dissatisfied with mean and SD of 73.7098 and 12.97185 respectively.

Factors associated with job satisfaction

Bivariate analysis was conducted to see the association between outcome variable and each predictor variables. Accordingly, type of health facility, gender, convenience of the work schedule, and support from supervisor, convenient organizational structure for decision, safe work environment and violence at work place were significantly associated with job satisfaction as indicated in table 3 below.

As compared to hospital nurses working in health center were two times more likely satisfied with (AOR =1.9, 95%CI =1.149-3.187). As compared to males females were two times more likely satisfied with

(AOR= 2.33, 95%CI =1.417-3.823). As to the convenience of the current work shift those who did not sure for convenience of their current work shift were less likely satisfied with (AOR= 0.26, 95%CI= 0.081-0.810). As to supervisor support those who did not get support from their immediate supervisor and who did not sure were less likely satisfied with (AOR=0.29, CI=0.159-0.559) and (AOR=0.42, 95%CI=0.196-0.877) respectively.

Those who were not sure about the organizational structure is less likely satisfied with (AOR=0.31, 95%CI=0.164-0.571 and AOR=0.42, 95%CI=0.196-0.877) respectively. Comparing the safety of the physical work environment showed those perceived as it was not safe to do job were less likely satisfied with (AOR=0.42, 95%CI=0.237-0.731). As violence at work area showed those who did not face violence at their work area were more likely satisfied with (AOR=3.12, 95%CI=1.495-6.503).

Table 3. Association between socio-demographic and job related characteristics and level of satisfaction of the study subjects in Harari Regional State and Dire-Dawa Administration GHFS, 2012.

Variable	Job satisfaction		COR(95% CI)	p-value	Adjusted OR(95%CI)	p-value
	Satisfied	Dissatisfied				
Type of health facility						
Hospital	93(41.3%)	132(58.7%)	1			
Health center	107(66.5%)	54(33.5%)	2.8(1.85-4.29)	.000	1.9(1.15-3.19)	.013*
Gender						
Male	71(42.5%)	96(57.5%)	1			
Female	129(58.9%)	90(41.1%)	1.9(1.29-2.92)	.001	2.3(1.42-3.8)	.001*
Comfortable work schedule						
Yes	155(56.8%)	118(43.2%)	1			
No	39(45.3%)	47(54.7%)	0.6(0.39-1.03)	.065	1.64(.87-094)	.123
Not sure	6(23.1%)	20(76.9%)	0.23(.089-.587)	.002	.3(.07-.81)	.020*
Supervision						
Yes	192(55.2%)	156(44.8%)	1			
No	2(14.3%)	12(85.7%)	0.14(0.030-0.614)	.010	.28(.05-1.8),	.177
Not sure	6(25.0%)	18(75.0%)	0.27(0.105-0.699)	.007	.97(.31-2.98)	.955
Support from immediate supervisor						
Yes	160(61.5%)	100(38.5%)	1			
No	27(29.3%)	65(70.7%)	0.26(0.16-0.43)	.000	0.29(0.16-0.6)	.008*
Not sure	13(38.2%)	21(61.8%)	0.39(0.19-0.81)	.011	0.4(.196-.88)	.032
Convenient Organizational structure						
Yes	141(68.1%)	66(31.9%)	1			
No	36(29.0%)	88(71.0%)	0.19(0.12-0.31),	.000	0.3(0.16-0.56)	.000*
Not sure	23(41.8%)	32(58.2%)	0.46(.23-.97)	.000	0.4(0.19-0.88)	.021
Safe physical environment						
Yes	96(70.1%)	41(29.9%)	1			
No	78(39.0%)	122(61.0%)	0.27(.172-.434)	.000	0.42(0.24-0.7)	.002*
Not sure	26(53.1%)	23(46.9%)				
	21(52.5%)	19(47.5%)	0.48(.247-.943)	.033	0.7(0.3-1.44)	.300
Violence at work place						
Yes	21 (29.2%)	51(70.8%)	1			
No	163(56.8%)	124(43.2%)	3.19 (1.83-5.58)	.000	3.12(1.55-6.5)	.002*
Not remember	16(59.3%)	11(40.7%)	3.53 (1.41-1.87)	.007	2.8(0.86-9.19)	.089

Discussion

This study found about half of the respondents was dissatisfied with their jobs. Factors that included health facility type, gender, convenience of the work schedule, support from immediate supervisor, convenience of the work organization, perceived safety of work environment and violence at work place as predictors of job

satisfaction of the nurses in the study area.

This study revealed that about half of respondents were not satisfied with their jobs. This was similar with other study in Ethiopia (Kasa, 2010), in Canada (Graham, et al, 2011) and in China (Lu et al., 2007).

As indicated type of health facility was significantly associated with job satisfaction where nurses working in the health centers were two times more likely satisfied than hospital nurses. The reason might be due to difference in work load, health center nurses were more autonomous to decide about their patient care, they are small in number and obtain more payment from night duty and they live in health centers.

This finding was congruent with survey done in Ethiopia by (Serra et al, 2010), which revealed that Public sector nurses working in rural areas receive significantly higher housing and occupational allowances than their urban colleagues. (Coward et al., 1992) found that nurses employed in the very small rural hospitals were more satisfied with their jobs.

Gender had significant association for overall level of job satisfaction where females were two times more likely satisfied than male. The possible reason could be mothers are naturally care giver. They take care of their family. So they satisfied with helping others rather than other benefit they expect from the job. This finding was similar to study of (Yami, et al.,2011; El-Jardali, 2009; Khaliq,et.al, 2011 and castle, et al,2006) which found less satisfaction among male respondents and (Kalisch&Rochman ,2010) which found being a female was associated with a higher level of satisfaction ($p<0.001$). This study is not supported by other study done in Ethiopia (Abdu,2010) and South Africa(Pietersen,2005) which reported no association between gender and job satisfaction. This difference might be due to difference in sample size.

Convenience of the work schedule in the study area had significant association with level of job satisfaction. The reason might be due to difficulty in harmonizing family life and other social life in rigid and stressful work schedule. This finding was consistent with findings of (El-Jardali, 2009; McHugh,2012; Jaafarpour, and Khan, 2012), found lack of flexibility in scheduling and long working hours as sources of job dissatisfaction and a major threat to the employees' health and well being. These findings reinforce the idea that having flexible schedule helps the nurses to feel comfort about their job. This study was not supported by other studies (Pietersen, 2005 and Khaliq,et.al, 2011). This might be attributed to study setting difference and contextual variations.

Another finding of this study revealed that Support from immediate supervisor had significant association with level of job satisfaction. The reason might be they adapt new environment, new technology and also they resolve conflict and disagreement easily when they supported by their immediate supervisor. This finding was similar to (McGilton,et.al, 2007; Jayasuriya et al., 2012 and Pietersen, 2005) which found greater supervisory support for nurses' was an important determinant of nurses job satisfaction. (Bégat,et.al, 2005), found supervision had a positive effect on nurses physical symptoms and their feeling of anxiety as well as having a sense of being in control of the situation; (Willis-Shattuck, 2008) found Supervisor's management and leadership skills were inadequate and this led to de-motivation of the workforce, poor performance and job dissatisfaction .The findings of these studies have indicated the importance of immediate supervisor support to reduce job related stress and dissatisfaction. This finding also revealed that there was significant association between convenience of the organizational structure and job satisfaction.

The reason might be due to rigidity of the organizational structure prolongs decision making process and the problem of the patient as well as the nurses is not solved on time this leads to disappointment and reducing commitment to the organization and motivation towards their job.This finding was consistent with the finding of a study done in Jimma by (Yami et al.,2011) in which the respondents reported the major reasons for dissatisfaction were include bureaucratic management. This finding was also congruent with (Paille, 2012), that showed a rigid organizational structure result in inflexible working environment that would affect job characteristics indirectly and resulted in dissatisfaction and creating job-related stress among respondents and reducing commitment to the organization. The findings of these studies have emphasized the establishment of good system and decentralized organizational structure for decision making process to increase nurse's job satisfaction.

Safety of the work environment was also significantly associated with job satisfaction. This finding is supported by (ANA, 2001) as 88 percent of working nurses reported that health and safety concerns influence their decisions to continue working in the field of nursing as well as the kind of nursing work they choose to perform and (76 percent) were stated that unsafe working conditions interfere with their ability to deliver quality care. This finding is also corresponds to Maslow's Hierarchy of Needs theory related to safety needs. The findings of these studies have indicated the importance of a safe work environment to increase nurses' job satisfaction and overall quality of care provided by clinical nurses.

Violence at work place had also significant association with nurses' job satisfaction. The reason could be due to work place conflict increase stress which affects their attitude towards their job.This finding was supported by (Bartholomew, 2008) inwhich 31% stated that they knew at least one nurse who left because of violence and 18% of nurse turnover was directly attributed to verbal abuse. (Hayes and Bonnet, 2010 and

Konstantinos and Christina, 2008) found violence was as one source of stress and dissatisfaction among nurses.

Another finding by (Ezzat and Lashin, 2005) showed that about three quarters of the nurses experienced violence in the workplace, verbal abuse and psychological/emotional stress which affect their ability to deliver quality care. The findings of these studies have underlined the effect of work place violence on their job and personal life was a strong source of dissatisfaction. On the other hand this finding was not consistent with (Brewer, et al, 2012) which reported no significant association between verbal abuse and nurses job satisfaction.

In this study other variables like age, marital status, educational level, job title, family size, work experience and job rotation had no significant association with job satisfaction. Unlike this study (El-Jardali, et al, 2009; Al Juhani, 2006; Castle, 2006; Khaliq, et al 2011; Tzeng, 2002 and Brewer, et al, 2012) were found nurses who were younger age, single, nursing aid in their job title, had higher degree and work more than eight hours shift length are less satisfied where as those who had more than ten years service and older were more satisfied. This discrepancy might be attributed to contextual variation.

Conclusion: Nearly half of the nurses were not satisfied with their current job. Factors such as type of health facility, gender, convenience of the work schedule, support from immediate supervisor, convenience of the organizational structure, perceived safety of work environment and violence at work place were predictors of job satisfaction.

List of abbreviation

GHFS- Government Health Facilities

Competing interests

The authors declare that they have no competing interests.

Authors' contributions

MK: conceived the idea, designed the study, supervised the overall conduct of the study, done the analysis, and drafted the manuscript

YD, TG and SF: interpreted the results, read and approved the final manuscript

All authors participated in the write up.

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