

Job Satisfaction of Health Professionals in Kigali University Teaching Hospital

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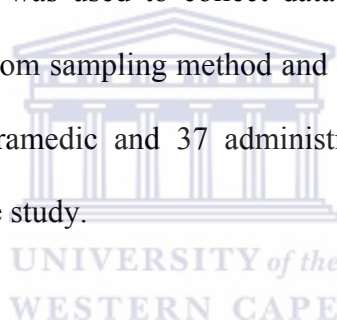
Supervision



ABSTRACT

Job satisfaction is important for the delivery of quality health care and health worker retention. This study aimed to identify the extent of job satisfaction among University Teaching Hospital of Kigali (UTHK) health workers and to describe the variables related to job satisfaction. These included working conditions, remuneration, patient care, development opportunities, supervision, time pressure and staff relations. A cross-sectional survey of UTHK health workers was conducted using a standardized instrument to identify health worker job satisfaction with related key work factors.

A self-administered questionnaire was used to collect data from 274 health workers selected using a proportional stratified random sampling method and which included 21 medical doctors, 159 nurses, 19 midwives, 37 paramedic and 37 administrative staff. Respondents provided written consent to participate in the study.



Analysis consisted of both descriptive statistics of overall satisfaction and various satisfaction-related factors. For determining whether there is a significant relationship between job satisfaction and its independent variables, data were categorized and Chi-square or Fisher Exact test performed.

Results showed a moderate overall job satisfaction level with 79.1% of respondents rating their satisfaction between 6 and 8 (mean: 6.7) on a scale of 1-10. A majority of respondents (82.6%) reported being dissatisfied with work income and 85.6% believed that their pay was not comparable to the work done. Over four fifths of the respondents (83.3%) reported feeling

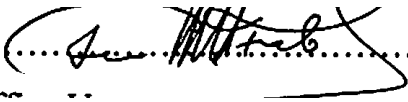
overwhelmed by responsibilities at work while a big percentage (96.5%) reported their job to be demanding physically, emotionally as well as mentally. However, respondents reported strong satisfaction (between 80% and 95%) with respect to work meaning, professionalization, training and orientation variables. Factors significantly associated with job satisfaction were adequate training to fulfill responsibilities (p value <0.001), feeling undervalued by the hospital ($p=0.037$) and dissatisfaction with supervisor care for patients and employees ($p=0.034$).

In conclusion, improvement of remuneration, working conditions and hospital management in Kigali University Teaching Hospital would be expected to increase the level of job satisfaction of hospital health workforce.



DECLARATION

I, HABAGUSENGA Jean d'Amour hereby declare that the study entitled “**Job satisfaction of Health professionals in Kigali University Teaching Hospital**” is my own work, that it has not been submitted for any degree or examination at any other higher learning institution, and that all references have, to the best of my knowledge, been correctly reported and acknowledged.


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.....

4th June 2012

HABAGUSENGA Jean d'Amour

Date

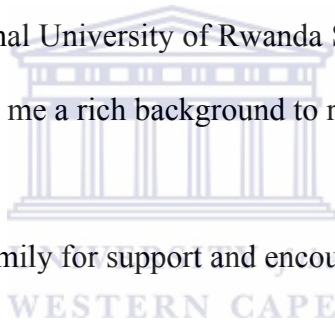


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My sincere gratitude goes to my family for support and encouragement through my studies

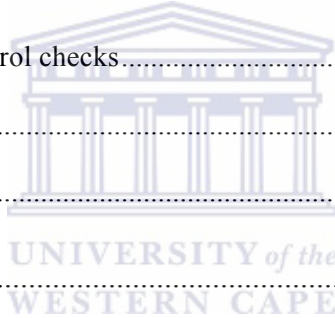
To my colleagues from Rwanda, Ethiopia and Mozambique for accepting to sacrifice their time and sharing their experience.

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ABBREVIATIONS

AIDS- Acquired Immunodeficiency Syndrome

CHUK- Central Hospital of the University of Kigali

HIV- Human Immunodeficiency Virus

HSE- Health and Safety Executive

HRM- Human Resource Management

KFH- King Faycal Hospital

PBF- Performance Based Financing

NGOs- Non Governmental Organizations

RAMA- La Rwandaise d'Assurance Maladie

RN- Registered Nurses

SPEAK- Supporting Employees Association of Kentucky

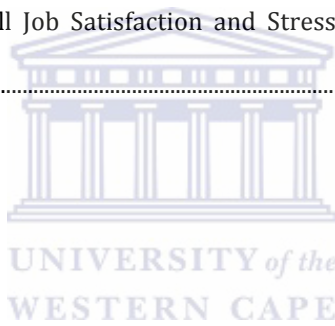
UK- United Kingdom

VIE- Valence, Instrumentality and Expectancy



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CHAPTER I: BACKGROUND AND INTRODUCTION

1. Introduction

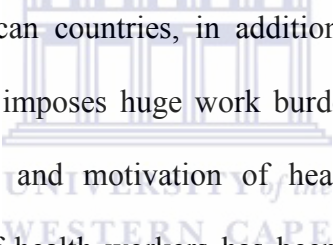
1.1. Background of the Study

Spector (1997) defines job satisfaction as how people feel about their jobs and different aspects of their jobs. It is the extent to which people like (satisfaction) or dislike (dissatisfaction) their job. The same as Spector & Schermerhorn (2000) defines job satisfaction as the degree to which individuals feel positive or negative about their jobs. It is an inherent feeling that one's talents are being fully utilized and that one's contribution is impacting society, while at the same time, personal growth-needs are being met (Kwasi, 2010)

Job satisfaction in health care organizations is related to many factors as the literature shows: optimal work arrangements; the possibility to participate actively in the decision-making process; effective communication among staff and supervisors, being able to express freely one's opinion, collective problem solving and the attitude of management are all important factors to the satisfaction of the employees (Kivimaki M et al., 1994; Love JE., 1977; Freebark DK, Hooker RS, 1995)

Spector (1997) has expressed the belief that an employee's level of satisfaction can differ with specific aspects of the job; he projected five elements (variables) that underlie this construct; satisfaction with work attributes (the nature of the work, autonomy, responsibility), rewards (pay, promotion, recognition), other people (supervisors, co-workers), the organizational context (policies, promotion opportunities, procedures, working conditions), and self or individual differences (internal motivation, moral values).

However, Health care delivery is highly labor-intensive and service quality, efficiency and equity is directly affected by worker motivation (Bennett and Miller, 1999). According to Adeyinka et al (2007) job satisfaction is not the same as motivation; motivation is said to be a factor that encourages individual's satisfaction and acceptance of their jobs. On the other hand, Peters et al (2010) found that job satisfaction is inextricably linked to motivation as both involve cognitive, affective and behavioral process. They then, defined worker motivation as the reason why workers behave as they do towards achieving personal and organizational goals.



In Rwanda as well as other African countries, in addition to other burden of diseases, the spreading of HIV/AIDS epidemic imposes huge work burdens, risk and threats with negative consequences on job satisfaction and motivation of health workforce (WHO, 2006). As consequence, the dissatisfaction of health workers has been evidenced in Rwanda; in a study done in one Rwandan Public Hospital (King Faycal Hospital), it was found that employee retention, worker productivity, and performance quality are all heavily influenced by job satisfaction while lack of job satisfaction was source of poor motivation among workers, stress absenteeism and a high turnover of labor. In the same context, Melkidezek et al. (2008) found that low motivation phenomenon is associated with the migration of health workers from rich to poor country, rural to urban area or public sector to private sector. An example was Tanzania that has been training medical doctors since 1963, but mapping surveys in 2006 revealed that only 1,339 doctors were in the country and 455 of them were working in the private sector. The other evidence is from Rwanda, where well over half of the national health spending is, from

international NGOs, many of which have recruited physicians away from working in public hospitals by offering higher salaries and better benefits (Wen, 2007). A comparative study by Ramboll (cited in Abbott et al., 2010) found that the main reasons why Rwandese employees left the Public service were unfavorable terms and conditions of employment (Salary and other benefits), poor management and a lack of career prospects or career structure (Ramboll Management, 2007).

1.2. Problem statement

Three studies on Job satisfaction have been done in Rwanda, two of them have addressed job satisfaction among nurses in particular and the third one was done on satisfaction of workers in private versus public sector. The studies are limited in that most of them have been conducted among one category of workers (nurses) and other wide category of workers in a non health sector setting (Private versus Public workers). Following the recommendations from these studies and other government surveys, important mechanisms have been put in place to increase the motivation of health professionals with incentives such as Performance Based Financing (PBF) and public staff health insurance (RAMA). However, there is still a high rate of job turnover (Nkomeje, 2008), internal and external brain drain (Wen, 2007) among different health care professionals. There is a noticeable lack of studies addressing job satisfaction among healthcare professionals in general in a Rwandan public hospital, which attracted our interest to conduct this study.

1.3. Rationale of the study

The information obtained from this study will hopefully assist in identifying factors influencing job satisfaction among healthcare professionals in a public hospital setting and recommendations will be presented to the Ministry of health and other stakeholders so that this information may be used to help in elaboration of improved Human resource management policies and by then reduce the cost associated with turnover, cost associated with health workforce education lost due to brain drain. The results from this study will also serve as reference to increase the productivity and improvement of patient care by satisfied staff.

1.4. Description of Study setting



This study was done in University Teaching Hospital of Kigali. It is a hospital situated in the centre of Kigali and is one of the 3 biggest referral hospitals in Rwanda. It has 560 beds and serves about 600,000 people. Located in Nyarugenge district of Kigali City council, it counts more than 732 hundred health workers of different categories: 56 Medical doctors and dentists, 425 nurses, 51 midwives, 100 paramedic and 100 administrative staffs. Before 2003, it was known as the first overpopulated hospital in Rwanda at the point that in some services two patients were sharing the same bed, but since 2003, KUTH has been recognized as a university centre (Central Hospital of the University of Kigali – CHUK) and it was decided to reduce the number of admitted patients even if until now the number is still high. The KUTH has a wide range of services offered through 14 departments.

CHAPTER II: LITERATURE REVIEW

2.1. Introduction

Job satisfaction has been a concern of many institutions and organizations as it is significantly associated with productivity, goal achievement, and retention. On the other hand, job dissatisfaction is the cause of absenteeism, turnover and internal as well as external brain drain.

According to Draft (2003), Job satisfaction is a positive feeling an individual has towards his or her job. An employee who is satisfied feels fulfilled doing the job. It has also been defined by Mullins (2005:700) as being “more of an attitude, an internal state which could be associated with a personal feeling of achievement, either quantitative or qualitative”. On the other hand, Vroom (1964) considered job satisfaction as affective orientations on the part of individuals toward work roles which they are presently occupying. Besides role of employees, are expectations of an individual towards his job in satisfying his needs, in that context, Davis et al., (1985) defined job satisfaction as the extent to which expectations are and match real awards and which determine the link between job satisfaction and that individual's behaviour in the work place.

Job satisfaction is multifactorial. George et al. (2008) found that people can have attitudes about various aspects of their jobs such as the kind of work they do, their coworkers, supervisors or subordinates and their pay. The literature shows that authors raise the issue of both material and psychological needs, which once addressed results in a feeling of job satisfaction.

Bhuan & Menguc, (2002) and Hunt et al., (1985) provided a definition of job satisfaction which seems to summarize the multidimensional aspect of job satisfaction, as an extent to which one feels positively or negatively about the intrinsic and/or extrinsic aspects of one's job. This definition is corroborated by Herzberg's two-factor theory which states that job satisfaction result from a combination of motivator factors (intrinsic) and hygiene factors (extrinsic factors). Theorists have produced different views on job satisfaction, sometimes meeting, or summarizing other's ideas. They are presented in the following section.

2.2. Job satisfaction theories

Many theories of job satisfaction have been developed, grouped into two categories: content and process theories.

Content theories assumes that all individuals possess the same set of needs and therefore prescribe the characteristics that ought to be present in jobs (Locke, 1976; Campbell et al., 1970) while process theories stress the difference in people's needs and focus on the cognitive processes that create these differences (Pitzall et al, 1991).

Among process theories, the equity theory developed by Adams (1965) assumes that one important cognitive process involves people looking around and observing what effort other people are putting into their work and what rewards follow them. Among content theories, the one developed by Maslow (1943) was the most influential. He suggested a hierarchy of needs, up which people progress. Once individuals have satisfied one need in the hierarchy, it ceases to motivate their behavior and they are motivated by the need at the next level up the hierarchy:

- a) Physiological needs (like hunger and thirst)

- b) Security needs (such as shelter and protection)
- c) Social needs (like need for satisfactory and supportive relationships)
- d) Self – esteem needs (like recognition and a belief in oneself)
- e) Self – actualization needs at the end of the hierarchy, leads to realize one’s full potential.

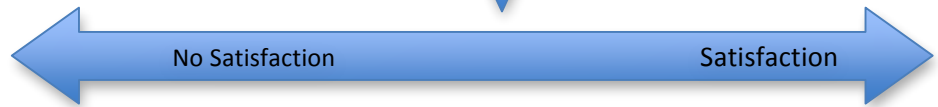
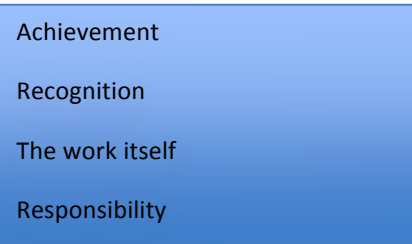
The literature shows that only a small proportion of the population achieves this level.

The two-factor theory by Herzberg is another example of a content theory. As indicated, this looks at motivators and hygiene factors and proposed that job satisfaction and dissatisfaction appeared to be caused by these two sets of different factors (Herzberg et al., 1959). The presence of motivators in the workplace caused enduring states of motivation in employees but their absence did not lead to dissatisfaction. On the other hand, hygiene factors produced an acceptable working environment but did not increase satisfaction; their absence did, however, cause job dissatisfaction. Motivators comprise responsibility, recognition, promotion, achievement and all intrinsic aspects of the job while hygiene factors comprise extrinsic aspects of the job such as supervision, salary, work environment policies, relationship with colleagues etc.

Herzberg's theory illustrates the different ways in which people are motivated. He analyzed the individual factors leading to job satisfaction and the factors leading to job dissatisfaction; he showed the interrelatedness of each of these factors and how it influences the workers well being. This was adapted by Lewis et al., (2004) in the following framework.

INTRINSIC FACTORS

(Motivators)



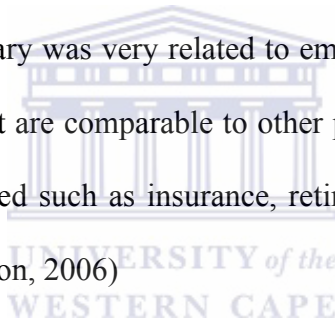
EXTRINSIC FACTORS: Hygiene Factors

Figure 1: Herzberg two factor theory of motivation (adapted from Lewis et al., 2004)

2.3. Job satisfaction operational definition

2.3.1. Remuneration

According to Erasmus, van Wyk and Schenk (2001:526), remuneration is defined as “ the financial and non financial extrinsic rewards provided by an employer for the time, skills and effort made available by the employee for fulfilling job requirements aimed at achieving organizational objectives.” Concepts such as pay, wage or salary are occasionally used as more or less having the same meaning as remuneration (Erasmus et al., 2001). Carr and Kazanowsky (1994) showed that inadequate salary was very related to employees’ dissatisfaction. Employers should be sure to offer salaries that are comparable to other positions in their industry including other benefits that should be offered such as insurance, retirement contributions, and attractive time-off packages (Mount & Johnson, 2006)



2.3.2. Working conditions

Working conditions were defined as physical working conditions, facilities and quality of work as related to job satisfaction (Padilla-Vellez, 1993: 20-21; Bowen, 1980: 13-14)

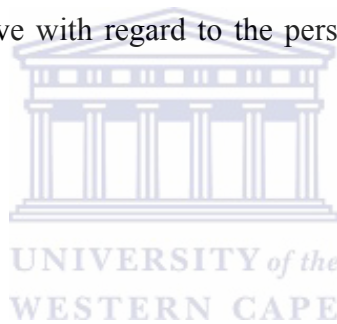
2.3.3. Supervision

According to Wood et al. (1986), supervision determines the level of job satisfaction on the basis of employees’ perception on how much they are satisfied with the information or guidelines provided to them by their supervisors to carry out their job. Supervision is also referred to as the

supervisor's willingness to delegate responsibility and or new job responsibilities (Padilla-Vellez, 1993: 20-21; Bowen, 1980: 13-14)

2.3.4. Management

One of the ways to ensure good management is to guarantee that each employee knows the company's aims, missions and goals and to ensure that responsibilities are divided among employees according to each person's work rank and job classification. Another aspect of good management is to put in place clear human resource policies and strategies. While issues like supervisory behavior and compensation form part of the micro issues regarding an employee's engagement with the organization, the overall policies and strategies regarding the personnel is associated with a macro perspective with regard to the person's evaluation of the organization (Alam & Mohammad, 2010)



2.3.5. Recognition

Acts of notice, praise, or blame supplied by one or more superior, peer, colleague, management personnel, client, and/ or the general public (Padilla-Vellez, 1993:20-21; Bowen, 1980:13-14).

2.3.6. Stress and time pressure

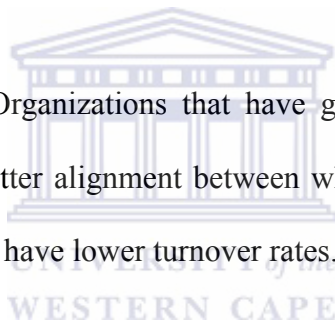
According to UK health and Safety Executive (HSE), "Stress is the adverse reaction a person has to excessive pressure or other types of demand placed upon them". Work is generally good for people if it is well designed, but it can also be a great source of pressure. There is a difference between pressure and stress; pressure can be positive and a motivating factor, and is often

essential in a job. It can help us achieve our goals and perform better. Stress occurs when this pressure becomes excessive, that is, stress is a natural reaction to too much pressure.

2.3.7. Work Orientation

Orientation effectively integrates the new employee into an organization and assists with retention, motivation, job satisfaction, and enabling each individual to become contributing members of the work team.

According to Brown (2012:1): “Organizations that have good orientation programs get new people up to speed faster, have better alignment between what the employees do and what the organization needs them to do, and have lower turnover rates.”



2.3.7. Co-workers

Satisfaction with co-workers determines how an employee perceives his/her job accomplishment by the support or the presence of his/her co-worker's attitude and behavior such as selfishness, friendly or supportive (Alam & Mohammad, 2010).

2.4. Findings of studies on motivation and job satisfaction

A review of 12 empirical studies of motivation by Dolea and Adams (2005) in both developing and developed countries found that seven major job characteristics were important determinants of motivation: work itself, relationships at work, workplace conditions, opportunities for personal development, pay/rewards, management practices, and organizational policies. The relative importance of these factors varied widely depending on the setting and methodologies used.

In a study done on nurse job satisfaction and retention, Mrayyan (2005) found that the variables of encouragement, feedback, a widening pay scale and clear job description, career development opportunity, supportive leadership style, easy communication with colleagues and social interaction positively affect job satisfaction, whereas role stress has a negative influence on it. In the same context, the research by Chu and his friends (2003) on job satisfaction of hospital nurses demonstrated that satisfaction is positively related to involvement, positive affectivity, autonomy, distributive justice, procedural justice, promotional chances, supervisor support, and co-worker support, but it is negatively related to negative affectivity, role ambiguity, high workload, resource inadequacy and routinization.

A cross-sectional survey of 1916 Indian health workers in Andhra Pradesh and Uttar Pradesh by Peters et al. (2010) identified four groups of factors, with those relating to job content and work environment viewed as the most important characteristics of the ideal job, and rated higher than a good income. In both states, health workers rated “good employment benefits” and “superior who recognizes work” as significantly more important than other factors.

A study by Dieleman et al. (2003) in Vietnam, found that the main motivating factors for health workers were appreciation by managers, colleagues and the community, a stable job, income, and training, while the primary factors for dissatisfaction were low salaries and difficult working conditions. Another study in Jordan and Georgia, as reported by Dolea and Adams (2005) found that the two countries exhibited many similarities among key motivational determinants, including self-efficacy, pride, management openness, job properties, and values; however, some divergent results indicated the importance of local culture on motivational issues.

Semi-structured qualitative interviews with doctors and nurses from public, private and NGO facilities in rural areas in Africa by Mathauer and Imhoff (2006) showed that health workers overall are strongly guided by their professional conscience and similar aspects related to professional ethos. They realized that many health workers are demotivated and frustrated precisely because they are unable to satisfy their professional conscience and are impeded in pursuing their vocation due to lack of means and supplies and due to inadequate or inappropriately applied human resources management (HRM) tools.

A study by Kekana et al (2007) conducted in South Africa found that organizational factors and poor working conditions were strongly associated with job dissatisfaction, while the social aspects of the job were found to be a strong predictor of job satisfaction. Similarly in Ghana, workplace obstacles identified in the study conducted by Agyepong (2004) that caused dissatisfaction and de-motivated staff in order of the most frequently mentioned were; low salaries such that obtaining basic necessities of daily living becomes a problem; lack of essential equipment, tools and supplies to work with; delayed promotions; difficulties and inconveniences

with transportation to work; staff shortages; housing, additional duty allowances and in-service (continuous) training.

As in Ghana, a study done in Malawi by Mangham (2007) found that in the relative ranking of attributes, pay was found to be the most important attribute, followed by opportunities for further education and the provision of basic housing. Moreover, although the study concluded that pay was the most important attribute, further research would be required to establish the relationship between an increase in the level of pay and an improvement in the retention of registered nurses in the public sector.

Melkidezek (2008) conducted a cross sectional study involving 448 hospital workers in Tanzania. The results showed that apart from low salaries, lack of motivation in the workplace could also arise from several other factors, including lack of positive acknowledgment and reward for good service, punitive measures for even infrequent mistakes, and a lack of communication between management and staff. He realized that all of these factors contributed to a general lack of work satisfaction, as well as disharmony between managers and workers. Almost the same was found in a study conducted by Hagopian et al. (2011) where the main dissatisfaction factors of Ugandan health workers were compensation and working conditions. As consequences, about one in four would like to leave the country to improve their outlook, including more than half of all physicians.

A study conducted in Rwanda by Friederike (2009) revealed that 76% of health professionals choose their career not because of high salary but by the willingness to save lives, while 80 % of

respondents asserted that receiving the respect and appreciation of their patients is the highest remuneration they can receive. In addition, 76 % of respondents felt responsible to their patients and all felt they were making a contribution to the development of the country. On the other hand, a quantitative descriptive study done by Nkomeje (2008) in Rwanda on factors contributing to job satisfaction among registered nurses at King Faycal Hospital (KFH) showed that registered nurses (RNs) 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.

In a study by the Public Service Commission (2010) done in Rwanda; the analysis of the reasons for staff leaving found that 61% had left because of low salary, 22 percent left because of conflict at work, 15 % left because of mismanagement and two percent because the work tasks they were given were different from their job description.

In summary, the literature shows that in both developed and developing countries, factors other than financial motivators contribute to job satisfaction and motivation of health workers. They range from working conditions, skills development opportunities, staff relations amongst healthcare professionals to management and organizational policies. It has been shown that lack of job satisfaction is associated with consequences for both the organization and staff, as dissatisfied people tend to leave their job with high absenteeism, low productivity with brain drain devastating effects at the extreme.

CHAPTER III: METHODOLOGY

3.1 Aim and objectives

Aim

The study aims to measure job satisfaction and factors associated with job satisfaction in Kigali University Teaching Hospital

Specific Objectives

The specific objectives of this study were to:

- To determine the level of job satisfaction among healthcare professionals at Kigali University Teaching Hospital
- To describe factors that could influence job satisfaction among healthcare professionals of Kigali University Teaching Hospital
- To determine whether there is a statistically significant relationship between job satisfaction and remuneration, patient care, development opportunities, supervision, time pressure and staff relations

3.2 Study design

A quantitative cross-sectional survey design was used to describe the job satisfaction as attribute and its relationship with several known determinants (such as salary, working conditions, patient care etc.).

3.3. Sampling

3.3.1. Study Population

The study population was the health workforce at the University Teaching Hospital of Kigali. There are 732 hundred-health workers of different qualifications: 56 Medical doctors and dentists, 425 nurses, 51 midwives, 100 paramedic and 100 administrative staff.

Only those who are permanent employees and have been working there at least nine months were included in this study population. Nine months was the target period, as people tend to leave their post after one year and get permanent contracts six months after they are recruited. It was assumed after nine months one has an idea of one's job satisfaction. All those on internship and sessional workers were excluded from my study.

3.3.2. Sample size

A stratified random sample of the workforce was obtained using a sampling frame, which was obtained from the hospital human resource department. Different categories of workers were randomly selected in their respective strata proportionally in order to make up the sample. Using EPI Info version 3.5, a study sample of 274 subjects, with a power of 80% for a margin of error

of 3 percent, based on a 40% of expected frequency, was required. The sample size of each stratum was determined by its proportion in the study population to produce a self-weighting sample (Table 1).

Table 1: Sample Size Calculations

Category	Study population	Proportion	Sample
Doctors	56	7.6%	21
Nurses	425	58%	159
Midwives	51	7.0%	19
Paramedics	100	13.6%	37
Administrative assistant	100	13.6%	37
Total	732	100%	274



3.4. Data collection methods

3.4.1. Data collection tools

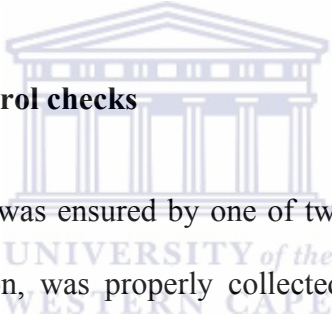
Data were collected using a self-administered questionnaire combining close and open questions, using a validated tool developed by SPEAK (Supporting Employees Association of Kentucky). This tool is used to assess overall satisfaction as well as series of “Subscales” assessed using Likert-type scales. It was available online through Direct Care Clearinghouse (2004) to be used by people who intend to measure job satisfaction in different agencies and institutions.

Two field workers were hired to help in the data collection process. They handed out questionnaires to selected participants, which were translated in French as the majority of UTHK are French speaking. A field worker asked respondents to hand in the completed questionnaire in a sealed envelope and ticked in a register next to the name of the respondent.

Two reminders were sent to the respondents via SMS to complete the questionnaire. The whole process was piloted at Muhima hospital in Kigali City Council after which the data collection started from 27th March up to 12th April 2012, which means three weeks in total.

3.5. Data processing and analysis

3.5.1. Data entry and quality control checks



The quality of data from the field was ensured by one of two fieldworkers hired as supervisor, who made sure all the information, was properly collected and recorded before leaving the hospital. In addition, information was checked for completeness and internal consistency before and during data processing. Questionnaires were checked to make sure they have been filled in to avoid missing data, which would result in excluding some questions or the whole questionnaires from further analysis.

To ensure quality of data entered, a data entry template was created using Epi data version 3.1 and data were double entered by data entry clerks trained on Epi data software. The two databases were merged to check for errors and corrections were done if possible.

3.5.1.1. Data sorting

Data were analyzed in sections according to the objectives of the study, in addition to socio demographic questions. Those sections are the following:

1. Socio demographic questions
2. Meaning subscale
3. Professionalization subscale
4. Financial subscale
5. Competence/ training subscale
6. Orientation subscale
7. Stress (work-related) subscale
8. Agency management/ supervision subscale
9. Level of job satisfaction



3.5.1.2. Analysis

Analysis was done based on study objectives. For both the first and second objectives, which consist in determining the level of job satisfaction among KUTH and description of factors that could influence job satisfaction, descriptive statistics were performed where counts, proportions and frequencies, mean and standard deviations were calculated. For the third objective which consist of determining whether there is a statistically significant relationship between job satisfaction and remuneration, opportunity to develop, supervision, patient care and relationship with other staff, data from different subscales were recoded into a categorical variable as follow:

8-10 as “satisfied” and 1-7 as “dissatisfied”. Chi-square or fisher exact test (cell \leq 5) test was performed with a confidence interval of 95% and a P value of 0.05 (cut off point of significance).

3. 6. Validity and Reliability

At the level of study design, a cross sectional survey was selected as it is a simple design, which can be used in case one’s knowledge of the situation and problem is superficial.

The sampling procedure has been designed to ensure maximum representation of the study population.

At the level of data collection, a validated tool was used (SPEAK, Support Providing Employees Association of Kentucky). Its suitability to the Rwandan context was assessed during a pilot phase that was done in a similar hospital in Kigali City Council.

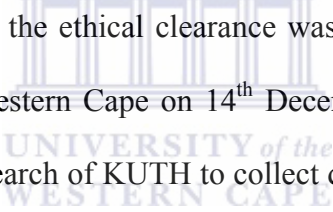
To ensure honest responses, participants were briefed that it is not an inspection but rather a study, which will give recommendations that, may have positive effects and improve their working conditions and health care delivery. Questionnaires were translated in French and terms were clearly defined to avoid any confusion that may biases responses.

3.7. Ethical Considerations

Before starting with interviews a consent form was administered to the participants so that they could accept or not to participate in the study. Participants were briefed individually, and were informed that it is their right to withdraw without any fear of consequence. Questionnaires were

completed anonymously. For purposes of tracking responses, those selected for study were assigned a number, known only to the investigators, which appeared on the envelope. Once questionnaires were returned, their names were crossed off and the envelopes destroyed, after which it was no longer possible to link participants to the questionnaire.

There were no particular risks to individuals associated with the research. However, some of the questions may have been perceived as difficult or sensitive to answer, such as working relationships with superiors. Participants were reassured that they could refuse to answer any question or withdraw if they felt the question(s) was too personal or if responding to them made them uncomfortable.



Before starting the data collection, the ethical clearance was obtained from the senate research committee of University of the Western Cape on 14th December 2011 as well as the approval from the department of clinical research of KUTH to collect data from the institution, the KUTH approval was obtained on 23rd March 2012. Both approvals were obtained after submitting the study protocol that was examined scrupulously to check whether all requirements were fulfilled to conduct a study in ethical way.

Finally, the findings of the study will be shared with the authorities and staff of the University Teaching Hospital of Kigali before it is made more widely available.

CHAPTER IV: RESULTS

4.1. Introduction

This chapter reports key results of job satisfaction of KUTH health workforce study, the findings on respondents' background characteristics and factors influencing job satisfaction. Of 274 questionnaires distributed, 264 (96.3%) were collected back. Except the last open-ended question asking for comments that was answered by few of participants the remainder of questionnaires were completed fully.

4.2. Background characteristics

Table 2 shows that the majority of respondents are females (68.6%) in middle age of 30-40 (45.8%) and married (61.4%). Most of the respondents are nurses (57.2%) followed by paramedics (14%) while few are specialists (3.8%). The majority of respondents have advanced diploma (58.0%) and a moderate (1-15) number of years of experience (92%). A bigger percentage of respondents are clinical staff (86.4%) compared to administrative staff (13.6%) with 87.1% having moderate years of experience (1-15years) in the actual department. Finally three-quarters of respondents reported working less than 45 hours per week (71.2%) while only 28.8 % worked more than that.

Table 2: Respondents' Background Characteristics

	Characteristics	Frequency	Percentage
Gender	Female	181	68.6
	Male	83	31.4
Age	30-40 years	121	45.8
	Less than 30 years	58	22.0
	More than 40 years	85	32.2
Marital status	Married	162	61.4
	Single	74	28
	Widow	22	8.3
	Divorced	4	1.5
	Others	2	0.8
Profession	Specialist	10	3.8
	Medical doctor	10	3.8
	Paramedical	37	14.0
	Nurse	151	57.2
	Midwife	20	7.6
	Administrative assistant	36	13.6
Level of education	Masters	17	6.4
	Bachelor degree A0	41	15.5
	Advanced diploma A1	153	58.0
	Diploma A2	53	20.1
Years of experience	1-15 years	243	92
	Less than 1 year	10	3.8
	More than 15 years	11	4.2
Department	Administration	36	13.6
	Clinical	228	86.4
Experience in the department	Less than 1 year	12	4.5
	1-15 years	230	87.1
	More than 15 years	22	8.3
Average of hours spent per week at work	Less than 45 hours	188	71.2
	More than 45 hours	76	28.8

4.3. Level of Job Satisfaction among KUTH health care professionals

Respondents were asked to rate overall satisfaction as well as that of their co-workers on a scale of one to ten. Table 3 shows that a majority (79.1%) of respondents rated their overall satisfaction between 6 and 8 (mean: 6.7, SD: 1.5) on a scale of 10 and thought their co-workers have almost the same level of satisfaction. To test for associations between job satisfaction and other variables, those scoring 8 or 9 (“satisfied”) on overall satisfaction were compared with those who scored 1-7 (“less satisfied”)

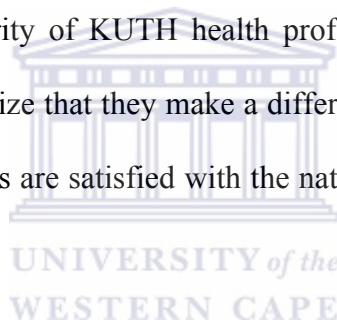
Table 3: Distribution of Overall Job Satisfaction

Level		Overall Employee Job Satisfaction (Mean: 6.7, SD: 1.5)		Overall Co-workers Job Satisfaction (Mean: 6.7, SD: 1.4)	
		Frequency	Percent	Frequency	Percent
No job satisfaction	1	1	0.4	2	0.8
	2	9	3.4	6	2.3
	3	6	2.3	6	2.3
	4	8	3	4	1.5
	5	15	5.7	16	6.1
	6	48	18.2	49	18.6
	7	83	31.4	87	33
	8	78	29.5	85	32.2
Greatest possible job satisfaction	9	16	6.1	9	3.4
	Total	264	100	264	100

4.4. Factors influencing job satisfaction

Factors influencing job satisfaction were assessed according to seven subscales: meaning subscale, professionalization subscale, finance subscale, stress (work-related) subscale, agency management/supervision subscale, competence /training subscale and orientation subscale. These were rated on a 6-point scale from “Strongly Disagree to Strongly Agree” in which agreement with positively-worded items and disagreement with negatively-worded items represented satisfaction the same direction of agreement and conversely, disagreement with negatively-worded items and agreement with negative-worded items.

Table 4 shows that a great majority of KUTH health professionals find their work activities personally meaningful, and recognize that they make a difference in their co-workers’ as well as patients’ lives. Most of respondents are satisfied with the nature of the work and 95.8 % percent found it interesting.



On the professional subscale, nearly all respondents believed that other people considered their job a valuable profession, that their position at work was indeed a one. Eighty six percent of respondents reported having ample opportunities for advancement in their position, and 90.3% were fully able to use their skills in the position held.

While a majority of KUTH health workers rated the meaning and professionalization aspects of their work positively, the financial domain was rated very negatively. The majority (82.6%) disagreed with the statement “I am satisfied with my income”, a considerable percentage believed that the pay was not comparable to the work they did or to the pay of others in the

health field. Eight three percent of respondents reported being dissatisfied with the benefits received from job.

Table 4: Meaning, Professionalization and Financial Subscales (n=264)

Domain	Statements	Agree Strongly (%)	Agree (%)	Some what Agree (%)	Some what Disagree (%)	Disagree (%)	Disagree Strongly (%)
Meaning Subscale	My work activities are personally meaningful to me	58.5	36.0	3.4	0.4	0.4	0.8
	I make a difference in the lives of other people	42.0	50.0	4.5	0.4	1.9	0.8
	The work I do is interesting	65.5	30.3	2.3	0.8	0.4	0.8
	I am generally satisfied with the kind of work I do in this job	20.1	68.9	8.3	1.1	0.4	1.1
Professionalization Subscale	Other people view my job as a valuable profession	70.5	24.2	2.7	0.4	1.1	1.1
	I believe that my position at work is a professional position	70.5	24.2	2.7	0.4	1.1	1.1
	I have ample opportunities for advancement in this position	50.8	35.2	7.6	1.9	1.9	2.7
	I am fully able to use my skills in this position	15.9	75.4	4.9	0.8	1.5	1.5
Financial Subscale	I am satisfied with my income	1.5	4.2	11.7	27.7	39.0	15.9
	For the work I do, the pay is good	1.5	2.3	10.6	12.1	48.9	24.6
	I make pretty good money compared to others in this field	1.1	4.9	9.1	22	48.5	14.4
	I am satisfied with the benefits offered to me through this job	1.5	5.3	10.2	12.1	34.1	36.7

Table 5 shows that a just over two-thirds of respondents (68.2%) believed that training received enabled them to do their job well, and this was corroborated by a very high percentage (97%) of respondents who reported having confidence in their abilities to succeed at work. In addition, a huge percentage of respondents (97.7%) reported mastering the necessary skills to perform their work. However, majority (68.6%) disagreed that if they expressed the need for extra training this would be provided.

Table 5: Competence/Training, and Orientation Subscales (N=264)

Domain	Statements	Agree Strongly (%)	Agree (%)	Some what Agree (%)	Some what Disagree (%)	Disagree (%)	Disagree Strongly (%)
Training	I receive adequate training to do my job well	1.5	32.6	35.6	10.2	13.3	6.8
	I am confident of my abilities to succeed at my work	10.2	75.8	11.0	1.9	1.1	10.2
	I have mastered the skills necessary to perform my work	8.7	78.4	10.6	1.1	0.8	0.4
	If I felt that I needed extra training, it would be made available for me	3.0	14.4	14.0	13.3	33.0	22.3
Orientation subscale	I had a good idea of what this position involved before I began	5.7	68.9	17.4	1.9	5.7	0.4
	The orientation I received prepared me well for this work	11.0	79.2	6.4	1.5	1.5	0.4
	Prior to accepting this position, I understood my job	9.8	29.2	54.5	5.7	0.8	0.0
	I understood very little about my current position prior to being hired	2.7	61.7	16.7	2.7	13.3	2.7

The other identified factors of job satisfaction were stress (work-related) factors and agency management and supervision as detailed in the following table:

The table 6 shows that most respondents (83.3%) reported feeling overwhelmed by responsibilities at work, and almost the same percentage (84.1%) worried about work worries when at home. Nearly all respondents (96.5%) reported their job to be demanding physically, emotionally as well as mentally and 90.6 % felt that the job added pressure and anxiety that the job to their lives.

With regards to management and supervision, 64% of workers reporting feeling unvalued by the hospital, while 62.1% felt dissatisfied with the way the hospital was managed. More than half (58%) of respondents believed their supervisors did not care as deeply for them and their patients and reported being dissatisfied with the support received from their supervisors.



Table 6: Stress, Agency Management and Supervision Subscales (N=264)

Domain	Statements	Agree Strongly (%)	Agree (%)	Some what Agree (%)	Some what Disagree (%)	Disagree (%)	Disagree Strongly (%)
Stress (Work-related) subscale	I feel overwhelmed by my responsibilities at work	6.8	47.3	36.0	3.0	5.3	1.5
	I regularly think/worry about work issues when I am at home	5.3	26.1	58.0	2.3	6.4	1.5
	This job demands too much (physically, emotionally, mentally)	22.7	49.2	24.6	1.9	1.5	0.0
	This job adds significant pressure and anxiety to my life	10.6	48.9	31.1	3.4	6.1	0.0
Agency management/ Supervision subscale	I feel that I am valued by this hospital	1.1	20.5	11.0	53.4	10.6	3.4
	I am satisfied with the way this hospital is managed	1.9	12.5	19.3	49.2	12.9	4.2
	I believe that my supervisors care deeply for me and for our patients	2.7	15.5	20.8	50.8	7.2	2.7
	I receive adequate support from my supervisors	1.9	12.5	25.0	48.5	9.5	2.7

4.5. Association between job satisfaction and subscales

Table 7 shows analysis of factors associated with job satisfaction, with “satisfied” being all those who scored 8-10 on the overall satisfaction scale. The results indicate that there was no relationship between overall satisfaction and meaning, professionalization and even financial factors ($p>0.05$).

Table 7: Association between overall job satisfaction and meaning, professionalization, and financial subscales (n=264)

Domain	Variables		Employee Job Satisfaction level		P value Chi Square Value	P value Fisher's Exact Test
			Not Satisfied (n=170)	Satisfied (n=94)		
Meaning subscale	Employee meaning of work activities	Agree	166 (63.8%)	94(36.2%)		
		Disagree	4(100%)	0(0%)		
	Difference in the lives of other people	Agree	164(75.0%)	92(35.9)		0.716
		Disagree	6(75.0%)	2(25.0%)		
	Work Interesting	Agree	166(64.1%)	93(35.9)		0.658
		Disagree	4(80.0%)	1(20.0%)		
	Satisfaction with the kind of work done	Agree	164(63.8%)	93(36.2%)		0.427
		Disagree	6(85.7%)	1(14.3%)		
Profession alization subscale	Job viewed as valuable profession	Agree	162(63.8%)	92(36.2%)		0.502
		Disagree	8(80.0%)	2(20.0%)		
	Position at work is a professional position	Agree	164(63.8%)	93(36.2%)		0.427
		Disagree	6(85.7%)	1(14.3%)		
	Opportunities for advancement	Agree	157(63.6%)	90(36.4%)		0.433
		Disagree	13(76.5%)	4(23.5%)		
	Employee abilities to use his skills in actual position	Agree	162(63.8%)	92(36.2%)		0.502
		Disagree	8(80.0%)	2(20.0%)		
Financial subscale	Satisfaction with income	Agree	29(63.0%)	17(37.0%)	0.833	
		Disagree	141(64.7%)	77(35.3%)		
	Good pay for the work done	Agree	23(60.5%)	15(39.5%)	0.590	
		Disagree	147(65.0%)	79(35.0%)		
	Income compared to others	Agree	26(65.0%)	14(35.0%)	0.931	
		Disagree	144(64.3%)	80(35.7%)		
	Satisfaction with benefits from job	Agree	29(64.4%)	16(35.6%)	0.994	
		Disagree	141(64.4%)	78(35.6%)		

As indicated in Table 8, of the factors related to competence and training, adequate training to do the job was significantly associated with overall job satisfaction, (p value<0.001). There were no

significant relationships between other variables and job satisfaction in these sub-scales ($p > 0.05$).

Table 8: Association between Overall Job Satisfaction and Competence and Orientation Subscales (N=264)

Domain	Variables		Employee Job Satisfaction level		P value Chi Square Value	P value Fisher's Exact Test
			Not Satisfied (n=170)	Satisfied (n=94)		
Competence/ Training subscale	Adequate training to do the job	Agree	86(12.5%)	70(87.5%)	P<0.001*	
		Disagree	84(45.7%)	24(54.3%)		
	Confidence of abilities to succeed at work	Agree	162(63.3%)	94(36.7%)		
		Disagree	8(100.0%)	0(0.0%)		
	Mastering of necessary skills to perform work	Agree	164(63.6%)	94(36.4%)		
		Disagree	6(100%)	0(0.0%)		
Availability of extra training if needed	Agree	57(68.7%)	26(31.3%)	0.325		
	Disagree	113(62.4%)	68(37.6%)			
Orientation subscale	Idea of job involvement before starting	Agree	155(63.8%)	88(36.2%)	0.483	
		Disagree	15(71.4%)	6(28.6%)		
	Preparation for work	Agree	8(88.9%)	1(11.1%)		0.165
		Disagree	162(63.5%)	93(36.5%)		
	Understanding of job before accepting	Agree	160(64.8%)	87(35.2%)	0.620	
		Disagree	10(58.8%)	7(41.2%)		
	Little understanding of position before being hired	Agree	133(61.9%)	82(38.1%)	0.720	
		Disagree	37(75.5%)	12(24.5%)		

The table 9 above shows that there was no factor related to work stress associated with job satisfaction ($p>0.05$). However, two factors related to agency management and supervision seemed to be negatively associated with job satisfaction - feeling undervalued by the hospital ($p=0.037$) and dissatisfaction with supervisor's patient and employee's care ($p=0.034$).

Table 9: Association between Overall Job Satisfaction and Stress, and Agency Management/Supervision Subscales (N=264)

Domain	Variables		Employee Job Satisfaction level		P value Chi Square Value	P value Fisher's Exact Test
			Not Satisfied (n=170)	Satisfied (n=94)		
Stress (Work-related) subscale	Feel overwhelmed by work	Agree	149(62.6%)	89(37.4%)	0.084	
		Disagree	21(80.8%)	5(19.2%)		
	Worries about work when home	Agree	149(62.9%)	88(37.1%)	0.125	
		Disagree	21(77.8%)	6(22.2%)		
	Job over demanding	Agree	162(63.8%)	92(36.2%)	0.502	
		Disagree	8(80.0%)	2(20.0%)		
	Job pressure to workers life	Agree	151(63.2%)	88(36.8%)	0.203	
		Disagree	19(76.0%)	6(24.0%)		
Agency management/supervision subscale	Valorization by Hospital	Agree	107(60.1%)	71(39.9%)	0.037*	
		Disagree	63(73.3%)	23(26.7%)		
	Satisfaction with Hospital Management	Agree	62(69.7%)	27(30.3%)	0.202	
		Disagree	108(61.7%)	67(38.3%)		
	Supervisors care for employees and patients	Agree	95(59.0%)	66(41.0%)	0.022*	
		Disagree	75(72.8%)	28(27.2%)		
	Adequate support from supervisors	Agree	74(71.2%)	30(28.8%)	0.064	
		Disagree	96(60.0%)	64(40.0%)		

CHAPTER V: DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

5.1. Introduction

This chapter discusses results of this study and presents conclusions as well as recommendations to improve the situation of health professionals working at KUTH. The discussion will draw on previous study findings and theories that underpin job satisfaction, mainly the Herzberg's two-factor theory of motivation.

5.2. Discussion

5.2.1. Overall Job Satisfaction level

Results from this study indicated that the job satisfaction level of all KUTH health professionals seems to be moderate as the majority of respondents (79%) rated their satisfaction in the range of 6-8 (mean 6.7). The same moderate satisfaction was reported by Nkomeje (2008) in the study done on job satisfaction of nurses in King Faycal Hospital. The moderate level of satisfaction reported in this study is probably due to the influence of motivators factors (work meaning, professionalization, training etc.) which exerted significant effect on overall satisfaction, this confirmed the definition of Job satisfaction by Statt (2004:78) as: *“the extent to which a worker is content with the rewards he or she gets out of his or her job, particularly in terms of intrinsic motivation”*.

5.2.2. Description of factors that could influence Job satisfaction

The following part looks on description of factors that could influence job satisfaction at Kigali University Teaching Hospital.

Respondents generally found their work meaningful; it is a positive aspect of work when people understand well the meaning of their work, when they feel interested by work, and think they contribute to other people's health improvement. These factors promote general satisfaction. This finding was supported by Lacey (1994) who states that individuals are more satisfied with the work itself when they engage in tasks that are mentally and physically stimulating. The importance given to work has more weight when the work is perceived as professional (i.e. skilled) work as was the case for a majority of respondents. They also viewed their job as a valuable profession which provides opportunities for advancement and means to use acquired skills in the position held. According to Mamitsa (2010), individuals who find a career path that utilizes their full potential are likely to be motivated and productive thus increasing job satisfaction, as found in the study done on health professionals in South Africa. On the other hand, Nkomeje (2008) in a study done on factors influencing job satisfaction on nurses working at King Faycal Hospital in Rwanda found that nurses were mostly dissatisfied with opportunities for advancement which influence negatively the job satisfaction.

However, even if there was a great satisfaction on both meaning of work and professionalization subscales, the results of this study showed great dissatisfaction with regards to financial factors, on all aspects like income, pay and fringe benefits. Mount & Johnson (2006) advised that salaries offered should be comparable to other positions in the industry, and also recommended including other benefits such as insurance, retirement contributions, and attractive time-off packages. Studies done in Ghana (Agyepong et al., 2004) and Vietnam (Dielman et al., 2003) revealed that health workers overwhelmingly identified low salaries as the main source of dissatisfaction. However, according to Herzberg et al. (1959) improving salaries and other extrinsic factors will prevent workers from job dissatisfaction but do not guarantee the job satisfaction. According to

Manongi et al. (2006) and Mathauer et al. (2006), the prominence of non-financial motivating factors makes it difficult to argue that better salaries alone will significantly improve health worker motivation.

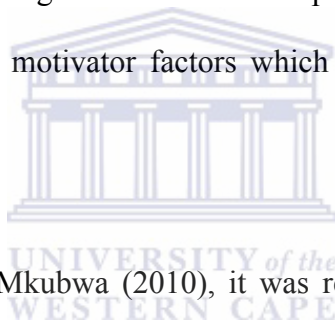
The other aspect explored was related to competence and training. Respondents were satisfied with the training they received, with confidence to succeed at work and enough skills to perform their work. Will & Simmons (1999) discovered that dissatisfaction was linked to working with unskilled or inappropriately trained staff. Herzberg et al. (1959) range training among motivators, which contribute to job satisfaction of workers. As with training, results showed that KUTH health professionals are satisfied with most of the aspects related to work orientation, According to Brown (2012:2) “ Orientation serves as an important element of the recruitment and retention process as a well thought out orientation program, whether it lasts one day or six months, will help not only in retention of employees, but also in productivity.”

The last aspect described was related to stress, management and supervision. Results from this study revealed dissatisfaction in this aspect. A study done in Botswana by Mkubwa (2010) on job satisfaction reported similar findings, which showed that physicians were dissatisfied with hospital administration. Adams & Bond (2000) revealed that heavy workload in nurses is the main source of stress, and that excessive stress at work may be one of the factors causing dissatisfaction. It has also been shown that high levels of work related stress reduce productivity and employee retention and lower subjective satisfaction with employment (Wallace et al., 2010; Ziauddin et al., 2010). Giving employees some control over when, how and where they work, increases job satisfaction and reduces stress (Richman et al., 2008; Wallace et al., 2010). Working conditions have a direct link with management structures and supervision; the

dissatisfaction resulting from these aspects is a predictor of high level of stress observed. Supervision consists in employees' perception on how much they are satisfied with the information or guidelines provided to them by their supervisors to carry out their job (Wood et al., 1986).

5.2.3 Factors associated with overall Job Satisfaction

Only three factors were associated with job satisfaction: “I receive adequate training to do the job” ($p < 0.001$), “ I feel that I am valued by the hospital” ($p = 0.037$) and “ I believe that my supervisors care deeply for me and for our patients” ($p = 0.022$). Training helps workers to get advancement as they add the knowledge and confidence to perform well in their job. Herzberg et al (1959) ranked trainings among motivator factors which contribute considerably to the job satisfaction of employees.



In a study done in Botswana by Mkubwa (2010), it was revealed that physicians at Princess Marina Hospital did not feel valued by their Hospital. Proof of valorization by the institution is recognition for the job done, defined as “acts of notice, praise, or blame supplied by one or more superior, peer, colleague, management personnel, client, and/ or the general public” (Padilla-Vellez, 1993:20-21, Bowen, 1980: 13-14). Literature shows that opportunities for advancement, promotion and flexible human resource policies all together contribute to the positive status of feeling valorized by the institution.

The last factor found to be associated with job satisfaction was caring attitudes of supervisors; ($p = 0.004$). It was noticed by this study that in addition to job dissatisfaction, employees reported lack of perceived care for them as well as for patients. Similar findings were reported by

Nkomeje (2008) on nurses in Rwanda, who found that patient care was negatively associated with job satisfaction.

5.3. Conclusion

Job satisfaction in health care workers has a great impact on quality, effectiveness and work efficiency. Besides its importance for patients and health care system as a whole, professional satisfaction in health care workers is directly connected with absence from work, human relations and organization of work (Pousette and Hanse, 2002). Lack of job satisfaction has been associated with low productivity, poor health care service, absenteeism, turnover, brain drain and many other negative effects.

Results from this study showed that job satisfaction levels of health workforce at Kigali University

Hospital was moderately high. It was found that some factors were causing a high dissatisfaction (hygiene factors) among others work income (82.6%), other benefits from job (82.9%), overwhelming responsibilities at work (84.1%), over demanding job physically, emotionally as well as mentally and high pressure and anxiety that job adds to health workers life. Other factors were causing moderate dissatisfaction to know the hospital management (58%), poor supportive supervision (58%). However some other factors were strongly influencing satisfaction (motivators) with a rate varying between 80% and 95%, those were; meaning factors, professionalization factors, training and orientation factors.

5.4. Limitations

Considering the nature of this study, some limitations can be identified which offer scope for further research on job satisfaction of health workers, such as qualitative studies which can explore different variables more deeply and get insight of managers and workers behaviors that are linked to job dissatisfaction. Another limitation is that some workers may have not wanted to participate in this study fearing victimization for divulging information about their opinion on the study topic, or they may not have given their genuine opinion. We assumed that providing individual briefings prior to handing out questionnaires and emphasizing the anonymity of responses and procedures that maintain confidentiality such as storing questionnaires in a locked cabinet minimized this attitude. Finally, clustering of responses on overall satisfaction in a narrow band, and high levels of agreement/disagreement on certain factors (such as remuneration) made it difficult to find statistical associations.

In conclusion, improvement of remuneration, working conditions and hospital management in Kigali University Teaching Hospital would be expected to increase the level of job satisfaction of hospital health workforce. That is, some recommendations can be formulated to different authorities in the following section.

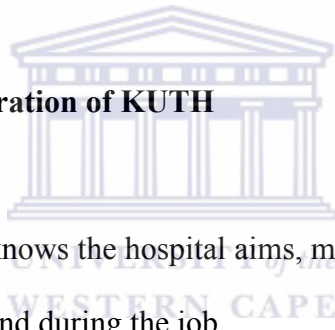
5.5. Recommendations

Based on results of this study, recommendations are addressed to the Ministry of Health, management and administration of KUTH, supervisors as well as health workers

5. 5.1. Ministry of Health

- Put in place adequate Human resource policies that take into consideration the nature of health work and improve remuneration by increasing salary and appropriate fringe benefits such as insurance, retirement contributions, transport and housing facilities and attractive time-off packages.
- Organize and coordinate in service training so that health workers may update their knowledge and get promotion that will contribute to job satisfaction and thus increase productivity, improve quality of health care delivery and retention of experienced workforce.

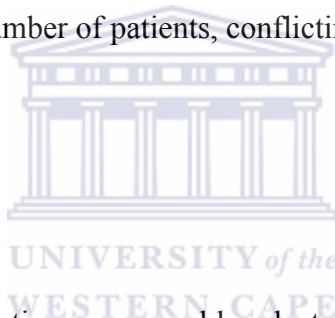
5.5.2. Management and administration of KUTH



- Make sure each employee knows the hospital aims, missions and goals by providing clear orientation before starting and during the job
- Initiate team building activities which consists in inviting workers to a day retreat where goals are discussed and ideas introduced
- Provide equitable opportunities to employees guided by the creation of a commission with clear indicators for employee promotion, training opportunities etc. The commission should be representative of all categories of concerned workers.
- Organize a technical meeting with KUTH staff to discuss about findings of this study and recommendations for the improvement of the management and other critical areas of the institution.

5.5.3. Supervisors in all units

- Initiate supportive supervision at all levels which consists of giving directions, models and guidance but at the same time receiving feedback from employees
- Putting in place a reward system which consists of acts of notice, praise as it helps employees to feel valued and appreciated and to take appropriate decisions when necessary
- Distribute tasks according to workers' affinities; grouping together those who are likely to understand each other, this will facilitate sharing of duties in case there is overwhelming work (big number of patients, conflicting tasks etc.)



5.5.4. Health workers

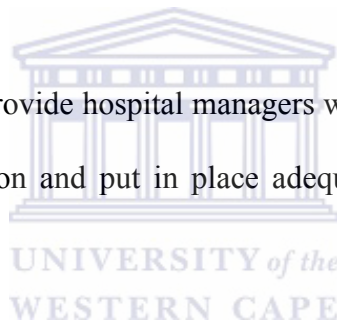
- Establish mutual aid associations, managed by elected health worker committees to help each other deal with financial difficulties (“caisses d’entraides”)
- Work closely with co-workers for mutual help with regards to sharing of experience and overwhelming workload
- Initiate regular consultations with superiors to discuss about hospital management best practices

5.5.5. Implications for practice and further research

Literature showed that public health sector is experiencing a shortage of staff due to many reasons among others; health sector reforms, poor human resource policies, exodus of skilled professionals from poor to rich countries, urban to rural etc. Findings from this study showed

that some factors like remuneration, working conditions and hospital management were associated with low job satisfaction in Kigali University Teaching Hospital. In its research, Ramboll as cited by Abbott et al. (2010) found that unfavorable terms and conditions of employment (Salary and other benefits), poor management and a lack of career prospects or career structure were the main reasons why Rwandese employees left the Public service. It is therefore recommended that KUTH executive management initiate the culture of conducting regular studies in order to determine factors affecting job satisfaction of workers with the aim to enhance motivation, productivity and retention of skilled professionals for improved health care delivery.

Future research of this kind may provide hospital managers with evidence of workers behaviours that are linked with job satisfaction and put in place adequate strategies for improved health workforce well being.



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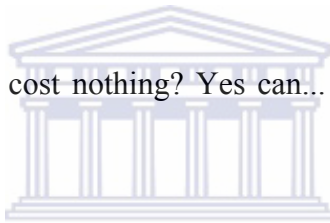
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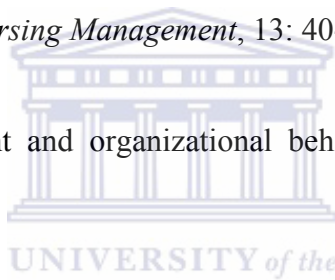
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Appendices

Appendix 1:

Questionnaire

Job satisfaction of health professionals in University Teaching Hospital of Kigali

Date:

Questionnaire number

Section A. This section comprises social demographic question, Put X in the applicable box, unless otherwise indicated

Socio demographic questions

Location:

Sex a) Male
b) Female



Age

<30 b) 30-40 c) > 40

Marital status

Single b) Married c) widower d) divorced e) others

1. Profession

a) Specialist

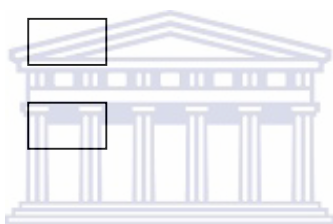
b) Medical Doctor

c) Nurses

- d) Midwives
- e) Paramedic
- f) Administrative Assistant
- g) Other (Specify)

2. Highest degree of education reached

- a) Diploma (A2)
- e) Advanced diploma (A1)
- f) Bachelors Degree (A0)
- g) Masters/ Specialist
- h) PhD



3. How many years have you worked for this Hospital? (Circle one)

WESTERN CAPE
<1 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15+

4. In which department are you working now?

.....

5. How many years have you worked in this department? (Circle one)

<1 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15+

6. How many hours (on average) do you work per week?

- a) <45
- b) >45

7. Do you have another job in addition to this one (circle answer)?

8. If yes, how many hours do you work at your other job per week?

A. Meaning subscale

Section B. This section is made of close-ended questions; circle the number that corresponds to your answer

9. My work activities are personally meaningful to me

Agree Strongly Agree Somewhat Agree Somewhat Disagree Disagree Disagree Strongly
1 2 3 4 5 6

10. I make a difference in the lives of other people

Agree Strongly Agree Somewhat Agree Somewhat Disagree Disagree Disagree Strongly
1 2 3 4 5 6

11. The work I do is interesting

Agree Strongly Agree Somewhat Agree Somewhat Disagree Disagree Disagree Strongly
1 2 3 4 5 6

12. I am generally satisfied with the kind of work I do in this job

Agree Strongly Agree Somewhat Agree Somewhat Disagree Disagree Disagree Strongly
1 2 3 4 5 6

C. Professionalization subscale

13. Other people view my job as a valuable profession

Agree Strongly Agree Somewhat Agree Somewhat Disagree Disagree Disagree Strongly
1 2 3 4 5 6

14. I believe that my position at work is a professional position

Agree Strongly Agree Somewhat Agree Somewhat Disagree Disagree Disagree Strongly
1 2 3 4 5 6

15. I have ample opportunities for advancement in this profession

Agree Strongly 1 Agree 2 Somewhat Agree 3 Somewhat Disagree 4 Disagree 5 Disagree Strongly 6

16. I am fully able to use my skills in this position.

Agree Strongly 1 Agree 2 Somewhat Agree 3 Somewhat Disagree 4 Disagree 5 Disagree Strongly 6

D. Financial subscale

17. I am satisfied with my income

Agree Strongly 1 Agree 2 Somewhat Agree 3 Somewhat Disagree 4 Disagree 5 Disagree Strongly 6

18. For the work I do, the pay is good

Agree Strongly 1 Agree 2 Somewhat Agree 3 Somewhat Disagree 4 Disagree 5 Disagree Strongly 6



19. I make pretty good money compared to others in this field.

Agree Strongly 1 Agree 2 Somewhat Agree 3 Somewhat Disagree 4 Disagree 5 Disagree Strongly 6

20. I am satisfied with the benefits offered to me through this job

Agree Strongly 1 Agree 2 Somewhat Agree 3 Somewhat Disagree 4 Disagree 5 Disagree Strongly 6

E. Competence/ training

21. I receive adequate training to do my job well

Agree Strongly 1 Agree 2 Somewhat Agree 3 Somewhat Disagree 4 Disagree 5 Disagree Strongly 6

1 2 3 4 5 6

22. I am confident of my abilities to succeed at my work

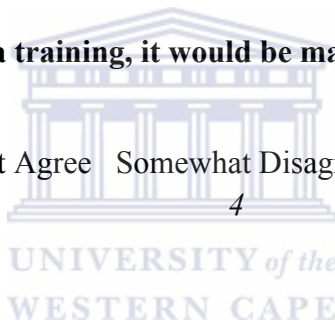
Agree Strongly Agree Somewhat Agree Somewhat Disagree Disagree Disagree Strongly
1 2 3 4 5 6

23. I have mastered the skills necessary to perform my work

Agree Strongly Agree Somewhat Agree Somewhat Disagree Disagree Disagree Strongly
1 2 3 4 5 6

24. If I felt that I needed extra training, it would be made available for me

Agree Strongly Agree Somewhat Agree Somewhat Disagree Disagree Disagree Strongly
1 2 3 4 5 6



F. Orientation subscale

25. I had a good idea of what this position involved before I began

Agree Strongly Agree Somewhat Agree Somewhat Disagree Disagree Disagree
Strongly
1 2 3 4 5 6

26. The orientation I received prepared me well for this work

Agree Strongly Agree Somewhat Agree Somewhat Disagree Disagree Disagree Strongly
1 2 3 4 5 6

27. Prior to accepting this position, I understood my job

Agree Strongly Agree Somewhat Agree Somewhat Disagree Disagree Disagree Strongly
1 2 3 4 5 6

28. I understood very little about my current position prior to being hired

Agree Strongly Agree Somewhat Agree Somewhat Disagree Disagree Disagree Strongly
1 *2* *3* *4* *5* *6*

G. Stress (Work- related) subscale

29. I feel overwhelmed by my responsibilities at work

Agree Strongly Agree Somewhat Agree Somewhat Disagree Disagree Disagree Strongly
1 *2* *3* *4* *5* *6*

30. I regularly think/worry about work issues when I am at home

Agree Strongly Agree Somewhat Agree Somewhat Disagree Disagree Disagree Strongly
1 *2* *3* *4* *5* *6*

31. This job demands too much (physically, emotionally, mentally)

Agree Strongly Agree Somewhat Agree Somewhat Disagree Disagree Disagree Strongly
1 *2* *3* *4* *5* *6*

32. This job adds significant pressure and anxiety to my life

Agree Strongly Agree Somewhat Agree Somewhat Disagree Disagree Disagree Strongly
1 *2* *3* *4* *5* *6*

H. Agency management/Supervision subscale

33. I feel that I am valued by this Hospital

Agree Strongly Agree Somewhat Agree Somewhat Disagree Disagree Disagree Strongly
1 *2* *3* *4* *5* *6*

34. I am satisfied with the way this Hospital is managed

Agree Strongly Agree Somewhat Agree Somewhat Disagree Disagree Disagree Strongly
1 *2* *3* *4* *5* *6*

35. I believe that my supervisors care deeply for me and for our patients

Agree Strongly Agree Somewhat Agree Somewhat Disagree Disagree Disagree Strongly
1 *2* *3* *4* *5* *6*

36. I receive adequate support from my supervisors

Agree Strongly Agree Somewhat Agree Somewhat Disagree Disagree Disagree Strongly
1 *2* *3* *4* *5* *6*

I. Level of job satisfaction

37. Lastly, think about your overall satisfaction with your job. This includes all the different components of your work life, from your pay rate and benefits, to your management and the organization of your Hospital, to relationships with coworkers and supervisors, to your particular responsibilities. Circle the number on the scale from 1-10 where it best represents your overall degree of job satisfaction. On the second line, circle the number that you believe best depicts your co-workers degree of job satisfaction.

(Yours)

1 2 3 4 5 6 7 8 9 10

No job satisfaction

greatest possible job satisfaction

(Co-Workers)

1 2 3 4 5 6 7 8 9 10

38. Any Additional Comments? (Feel free to explain the reasons behind your answers to these questions and/or tell us what specific things could be done to enhance your job satisfaction). If you have no additional comments, please draw an X across these lines. If you need more space, feel free to use the back of this page.

.....
.....
.....
.....
.....
.....

Appendix 2
QUESTIONNAIRE

Satisfaction au travail des employés du Centre Hospitalier Universitaire de Kigali

Date:

Numéro du Questionnaire

Section A. Cette Section comprend les questions d'ordre Socio démographique, met un croix à l'endroit indiqué a moins qu'il y ait une autre indication

B. Questions d'ordre Socio démographique

Institution:

1. Sexe a) Masculin
b) Feminin

2. Age a) <30 b) 30-40 c) > 40

3. Statut Matrimonial a) Célibataire b) Marié Veuf d) divorcé e) autres

4. Profession a) Spécialiste
b) Medicin Généraliste
c) Infirmiere
d) Sage Femme
e) Paramedical
f) Assistant Administrative
g) Autres (Specifez)

5. Le plus haut niveau d'études faites

- a) Niveau A2
- b) Niveau A1
- c) License (A0)
- d) Maitrise/ Specialisation
- e) PhD

6. Ça fait combien d'années que tu travailles dans cet hôpital ? (Encerclez la bonne assertion)

<1 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15+

7. Dans quel département/ Service travailles-tu?

.....

8. Ça fait combien d'années que tu travailles dans ce département/ Service? (Encerclez la bonne assertion)

<1 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15+

9. En moyenne tu travailles combien d'heures par semaine?

- c) <45
- d) >45

10. As-tu un travail supplémentaire à celui-ci (Encerclez la bonne assertion)?

11. Si oui, Combien d'heures tu réserves à ce travail supplémentaire?

C. Echelle lie au sens du travail

Section B. Cette section est faite des questions semi-fermées, encercles le numéro qui correspond à votre réponse

12. Mes activités au travail sont très significatives pour moi

Complètement d'Accord d' Accord Presque d'Accord Presque en Désaccords Pas d'Accord Complètement en Désaccord
1 *2* *3* *4* *5* *6*

13. Je suis un agent de changement pour la vie des autres

Complètement d'Accord d' Accord Presque d'Accord Presque en Désaccords Pas d'Accord Complètement en Désaccord
1 *2* *3* *4* *5* *6*

14. Je fais un travail intéressant

Complètement d'Accord d' Accord Presque d'Accord Presque en Désaccords Pas d'Accord Complètement en Désaccord
1 *2* *3* *4* *5* *6*

15. Je suis en général satisfait du type de travail que je fais dans ma carrière

Complètement d'Accord d' Accord Presque d'Accord Presque en Désaccords Pas d'Accord Complètement en Désaccord
1 *2* *3* *4* *5* *6*

C. Echelle de professionalization

16. D'autres personnes trouvent mon travail important

Complètement d'Accord d' Accord Presque d'Accord Presque en Désaccords Pas d'Accord Complètement en Désaccord
1 *2* *3* *4* *5* *6*

17. Je crois que le poste que j'occupe est professionnel

Complètement d'Accord d' Accord Presque d'Accord Presque en Désaccords Pas d'Accord Complètement en Désaccord
1 *2* *3* *4* *5* *6*

18. J'ai amplement d'opportunité d'avancer dans mon travail

Complètement d'Accord d' Accord Presque d'Accord Presque en Désaccords Pas d'Accord Complètement en Désaccord
1 *2* *3* *4* *5* *6*

19. Je suis totalement capable d'utiliser mes habiletés dans ce poste

Complètement d'Accord d' Accord Presque d'Accord Presque en Désaccords Pas d'Accord Complètement en Désaccord
1 *2* *3* *4* *5* *6*

D. Echelle financier

20. Je suis satisfait de mon revenu

Complètement d'Accord d' Accord Presque d'Accord Presque en Désaccords Pas d'Accord Complètement en Désaccord

1 *2* *3* *4* *5* *6*

21. Pour le travail que je fais, mon salaire est convenable

Complètement d'Accord d' Accord Presque d'Accord Presque en Désaccords Pas d'Accord Complètement en Désaccord

1 *2* *3* *4* *5* *6*

22. Je touche une bonne somme d'argent en comparant aux autres dans ce secteur

Complètement d'Accord d' Accord Presque d'Accord Presque en Désaccords Pas d'Accord Complètement en Désaccord

1 *2* *3* *4* *5* *6*

23. Je suis satisfait des bénéfices qui me sont offerts à ce travail

Complètement d'Accord d' Accord Presque d'Accord Presque en Désaccords Pas d'Accord Complètement en Désaccord

1 *2* *3* *4* *5* *6*

D. Competences/ Formations

24. Je reçois la formation adéquate pour bien accomplir mes responsabilités

Complètement d'Accord d' Accord Presque d'Accord Presque en Désaccords Pas d'Accord Complètement en Désaccord

1 *2* *3* *4* *5* *6*

25. Je suis confidant en mes aptitudes pour mener à bien mon travail

Complètement d'Accord d' Accord Presque d'Accord Presque en Désaccords Pas d'Accord Complètement en Désaccord

1 *2* *3* *4* *5* *6*

26. Je maîtrise bien les aptitudes nécessaire a l'accomplissement de mon travail

Complètement d'Accord d' Accord Presque d'Accord Presque en Désaccords Pas d'Accord Complètement en Désaccord

1 *2* *3* *4* *5* *6*

27. Si je ressentais le besoin d'une formation supplémentaire je l'aurais reçu

Complètement d'Accord d' Accord Presque d'Accord Presque en Désaccords Pas d'Accord Complètement en Désaccord

1 *2* *3* *4* *5* *6*

F. Echelle d'orientation au travail

28. J'avais l'idée au départ des implications de cette poste avant même que je commence

Complètement d'Accord Désaccord	d' Accord	Presque d'Accord	Presque en Désaccords	Pas d'Accord	Complètement en
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>

29. L'orientation que j'ai reçue m'a bien préparé pour faire ce travail

Complètement d'Accord Désaccord	d' Accord	Presque d'Accord	Presque en Désaccords	Pas d'Accord	Complètement en Désaccord
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>

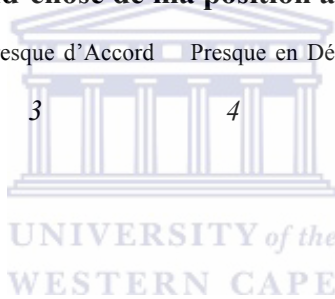
30. Avant d'accepter cette poste je comprenais bien de quoi sagissait mon travail

Complètement d'Accord Désaccord	d' Accord	Presque d'Accord	Presque en Désaccords	Pas d'Accord	Complètement en
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>

31. Je ne connaissais pas grand-chose de ma position actuelle avant d'être engage

Complètement d'Accord Désaccord	d' Accord	Presque d'Accord	Presque en Désaccords	Pas d'Accord	Complètement en
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>

G. Echelle de stress lié au travail



32. Je me sens submergé par mes responsabilités au Travail

Complètement d'Accord Désaccord	d' Accord	Presque d'Accord	Presque en Désaccords	Pas d'Accord	Complètement en
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>

33. J'ai toujours des inquiétudes concernant mon travail quand je suis rentré à la maison

Complètement d'Accord Désaccord	d' Accord	Presque d'Accord	Presque en Désaccords	Pas d'Accord	Complètement en
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>

34. Ce travail me prends beaucoup d'énergie (physiquement, émotionnellement, mentalement)

Complètement d'Accord Désaccord	d' Accord	Presque d'Accord	Presque en Désaccords	Pas d'Accord	Complètement en
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>

35. Ce travail ajoute beaucoup de pressions et d'anxiété à ma vie

Complètement d'Accord Désaccord	d' Accord	Presque d'Accord	Presque en Désaccords	Pas d'Accord	Complètement en
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>

H. Echelle de Gestion/Supervision

36. Je me sens valorisé par cette agence

Complètement d'Accord Désaccord	d' Accord	Presque d'Accord	Presque en Désaccords	Pas d'Accord	Complètement en
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>

37. Je suis satisfait de la façon dont cette agence est gérée

Complètement d'Accord Désaccord	d' Accord	Presque d'Accord	Presque en Désaccords	Pas d'Accord	Complètement en
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>

38. Je crois que mes supérieurs prennent soin de moi et de mes clients

Complètement d'Accord Désaccord	d' Accord	Presque d'Accord	Presque en Désaccords	Pas d'Accord	Complètement en
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>

39. Je reçois le soutien adéquat de la part de mes supérieurs

Complètement d'Accord Désaccord	d' Accord	Presque d'Accord	Presque en Désaccords	Pas d'Accord	Complètement en
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>

II. Niveau de satisfaction au travail

40. Enfin, prends le temps de penser à ton niveau de satisfaction au travail en general. Ceci comprends tous les composantes de ton travail ; votre salaire, la gestion et l'organisation de ton institution, les relations avec tes camarades et tes supérieurs, face à tes responsabilités particulières. Encerles le numéro sur l'échelle qui correspond le mieux ton degré de satisfaction. A la deuxième ligne, encerles le numéro qui correspond au degré de satisfaction de ton collègue

(Toi -meme)

1 2 3 4 5 6 7 8 9 10

Pas de satisfaction

Grande satisfaction possible

(Collègue)

1 2 3 4 5 6 7 8 9 10

41. Auriez-vous un autre commentaire ? (Sois à l'aise de donner des explications sur les raisons qui t'ont poussé à répondre à ces questions et/ ou bien tu nous dis spécifiquement ce qui peut être fait pour augmenter le niveau de satisfaction au travail). Si tu n'as pas de commentaires supplémentaires, tu mets le croix là où tu devrais mettre la réponse. Si tu as besoin d'espace supplémentaire, tu peux utiliser le verso de cette page.

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UNIVERSITY OF THE WESTERN CAPE

School of Public Health

Private Bag X17 • BELLVILLE • 7535 • South Africa

Tel: 021- 959 2809, Fax: 021- 959 2872

PARTICIPANT INFORMATION SHEET

Introduction

I am HABAGUSENGA Jean d'Amour, a student at the SOPH, University of the Western Cape.

We are doing a research, which will help us to understand what factors are associated with job satisfaction and dissatisfaction of health workers. In our research, we will be approaching many staff of your hospital to fill in a questionnaire. I am going to give you information and invite you to be part of this research. You have the right to decide whether or not you will participate in the research. Before you decide, you can talk to anyone you feel comfortable with about the research, either the fieldworkers or myself.

There may be some words that you do not understand. Please ask me to stop as we go through the information and I will take time to explain. We will give you the names and phone number of the study Principle Investigator so if you have questions you can call him to discuss your questions with him.

Purpose of the research

We are conducting a survey to learn about factors associated with job satisfaction of UTHK Health workers. Besides some questions about your professional background, the questionnaire will consist of a series of items on how you understand your work, issues of remuneration, training, orientation, stress and management and levels of job satisfaction.

We hope that the information collected in this survey will guide future programs, and help the Rwandese government and its different partners to design improved policies for sustainable development of its health workforce.

Participation

You were selected at random from among other staff working in this institution. Your participation in this research is entirely voluntary. It is your choice whether to participate or not. Whether you choose to participate or not, your career will not be disturbed in any way. We know that the decision can be difficult when the research includes job related questions as well as the institution's management. You can ask us as many questions as you like and we will take the time to answer. In filling in the questionnaire you may

also decide to skip some questions in which you don't feel comfortable. You can stop participating at any time, even if you agreed earlier.

Procedures and Protocol

If you decide to participate in this research, you will be asked to fill in a questionnaire that you will be given by a fieldworker, and he/she will come back to collect it after four days. Completing the questionnaire will take about 45 to 60 minutes. The questionnaire is anonymous and no identifying information will be required on you. Once completed you will be asked to place the questionnaire in a sealed envelope. The questionnaires will be destroyed after 3 years.

Risks and discomforts

Some of the questions may be about topics that are difficult, for example about your working relationship with your superiors and your personal life, you may refuse to answer any question or not take part in a portion of the questionnaire if you feel the question(s) are too personal or if responding to them makes you uncomfortable.

Benefits

There will be no immediate and direct benefit to you, but your participation is likely to help us find out more about the health workers needs and the way to address them and we hope that this will help health professionals planners to meet those needs better in the future.

Confidentiality

With this research, a limited group of staff is being randomly selected. It is possible that if others in your institution are aware that you are participating, they may ask you questions. We will not be sharing the identity of those participating in the research.

In order to track responses we will be assigning you a number, which we will put on the envelope. Only the researchers will know what your number is and we will put that information away in a locked location. The number will not appear on the questionnaire and once opened we will destroy the envelope and no longer be able to link you to the questionnaire.

The knowledge that we get from doing this research will be shared with you through the Authorities of UTHK before it is made widely available to the public. But no confidential information whatsoever will be shared. Finally, we will publish the results in order that other interested people may learn from our research.

Who to Contact

If you wish to ask further questions, you may contact the Principal Investigator on the following: Mr Jean d'Amour HABAGUSENGA, National University of Rwanda School of Public Health, Kigali, Tel: 078 8451045, E-mail: jeandamourh5@gmail. Com, jhabagusenga@nursph.org

CERTIFICATE OF CONSENT

I have been asked to give consent to participate in this research which will involve me completing one questionnaire. I have been informed that the risks are minimal and I am aware that there may be no benefit to me personally. I have been provided with the name of a researcher who can be easily contacted using the number I was given for that person.

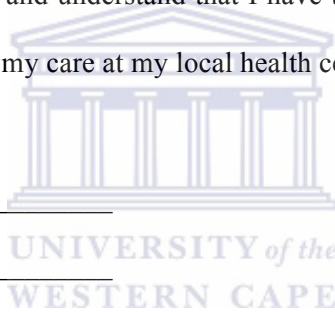
I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction. I consent voluntarily to participate in this study and understand that I have the right to withdraw from the study at any time without in any way affecting my care at my local health centre.

Print Name of Participant _____

Signature of Participant _____

Date _____

Day/month/year



Statement by the researcher/person taking consent

I have accurately read or witnessed the accurate reading of the consent form to the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely and voluntarily.

A copy of this ICF has been provided to the participant.

Print Name of Researcher/person taking the consent _____

Signature of Researcher /person taking the consent _____

Date _____

Day/month/year





UNIVERSITY of the
WESTERN CAPE

**OFFICE OF THE DEAN
DEPARTMENT OF RESEARCH DEVELOPMENT**

14 December 2011

To Whom It May Concern

I hereby certify that the Senate Research Committee of the University of the Western Cape has approved the methodology and ethics of the following research project by:
Mr J Habagusenga (School of Public Health)

Research Project: Job satisfaction of health professionals in Kigali Teaching University Hospitals

Registration no: 11/10/39

A handwritten signature in black ink, appearing to read 'Patricia Josias'.

*Ms Patricia Josias
Research Ethics Committee Officer
University of the Western Cape*



CENTRE HOSPITALIER UNIVERSITAIRE
UNIVERSITY TEACHING HOSPITAL

Department of Clinical Research
CHUK

Details of the researcher:

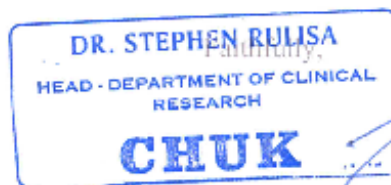
Name: Habagusenga
First name: Jean d'Amour
Occupation: Student
Department/ Institution: NURISPH
Telephone number:
Email:



Data Access Form

Please authorize Mr/Mrs/Dr/Prof. Habagusenga Jean d'Amour
conducting a study entitled Job Satisfaction of Health
professionals in a general teaching
hospital
to collect data from O.H.H.

N.B: You are requested to present your results to Research Department after your study.



[Handwritten signature]
Dr Stephen Rulisa

Head of Department of Clinical Research