

**FACTORS INFLUENCING JOB SATISFACTION AMONG HEALTHCARE
PROFESSIONALS AT SOUTH RAND HOSPITAL**

by

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RESEARCH DISSERTATION

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DECLARATION

I declare that the work on which this dissertation is based, hereby submitted to the University of Limpopo, for the degree of Master of Public Health, has not previously been submitted by me for a degree at this or any other university, that it is my work in design and execution, and that all material contained herein has been duly acknowledged.

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To the most High God who ordained this path for me before I even knew about it and made it possible for me to undertake this journey. Thank you Lord for the strength, wisdom, grace and every provision I needed to make this dream a reality.

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DEDICATION

This dissertation is dedicated to the Almighty God for His grace, provision, and protection and for seeing me through this project; through him all things are possible.

To my beloved and late grandmother, Magdeline Sebokane Ramasodi-Seleki; even in absentia I know this dream is yours too.

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ABSTRACT

Relationships have been reported between job satisfaction, productivity, absenteeism and turnover among healthcare employees and as such it affects employees' organizational commitment and the quality of healthcare services. The aim of the study was to determine the factors influencing job satisfaction among healthcare professionals at South Rand Hospital. The study was conducted among 103 participants. Self-administered questionnaires were used to collect data from the participants. Data was then analyzed using statistical software SPSS 17.0.

The results showed a low level of job satisfaction. Almost 80% (79.6%) of participants were not satisfied with their jobs, and there was no association between job satisfaction and socio-demographic characteristics. Variables such as opportunity to develop, responsibility, patient care and staff relations were found to be significantly influencing job satisfaction and there was a significant positive medium association between job satisfaction and opportunity to develop, responsibility, patient care and staff relations for both clinical and clinical support staff.

Satisfaction with one's job can affect not only motivation at work but also career decisions, relationship with others and personal health. Those who are working in a profession that is extremely demanding and sometimes unpredictable can be susceptible to feelings of uncertainty and reduced job satisfaction. Job satisfaction is also an essential part of ensuring high quality care. Dissatisfied healthcare providers give poor quality, less efficient care. Interventions need to be implemented in order to improve the level of job satisfaction among healthcare professionals at South Rand Hospital.

CHAPTER I

BACKGROUND AND INTRODUCTION

1.1 BACKGROUND

The shortage of healthcare professionals in most countries is well documented; it has reached such an extent that some hospitals are offering bonuses to lure healthcare workers from other employers. Every healthcare professional is an important part of the healthcare system, and shortage in any area creates problems for other cadres of workers. Industry-wide shortages create the possibility that patients will receive sub-standard care or even be placed in danger. These shortages also create an environment that is not conducive to retaining the most qualified and experienced healthcare professionals.

The healthcare industry requires a more skilled workforce today as a result of advancement in medical technology and the demand for more sophisticated patient care. Job satisfaction among healthcare professionals is increasingly being recognized as a measure that should be included in quality improvement programmes. Low job satisfaction can result in increased staff turnover and absenteeism, which affects the efficiency of health services.

In many countries employers pay close attention to the subjective well-being of their employees and its impact on their jobs. In Denmark, several companies regularly conduct their own job satisfaction surveys and an employee satisfaction index has been computed for a number of European countries. The European Union has called the attention of member states to the quality aspects of work and highlighted the importance of improving job quality to promote employment and social inclusion (European Commission, 2002).

There is growing consensus that the significant health status challenges facing South Africa cannot be properly addressed without strengthening health systems and

professionals working in those systems. A study on work satisfaction of professional nurses in South Africa by Pillay (2008) indicated overall dissatisfaction among South African nurses and highlighted the disparity between levels of job satisfaction in the public and private sectors. Another South African study 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 (Kekana et al, 2007).

The search for enhanced productivity has been a major concern for all organizations in more developed societies. In developing countries the need to optimize productivity is also a consideration. Job satisfaction of employees has been found to be an important factor affecting productivity and has received considerable interest (Collins et al, 2000).

The subject of job satisfaction is particularly relevant and of interest to public health practitioners due to the fact that organizational and employees' health and well-being rest a great deal on job satisfaction (Adams et al, 2000). This is particularly important because employees in a healthcare delivery system are expected to provide quality patient care while working in a highly stressful environment (Arnetz, 2000).

The evidence from published research points to specific determinants and correlates of job satisfaction and productivity. Various studies have established that dissatisfaction with one's job may result in higher employee turnover, absenteeism, tardiness and grievances. Improved job satisfaction, on the other hand, results in increased productivity (White, 2000).

Every individual has unique needs and desires that need to be satisfied, which are related to the behaviour they exhibit, and these play a significant role in their preferences in different areas such as their workplace. Social, cultural and job factors all influence employees' behaviour (Gibson et al, 2000).

Overall job satisfaction is actually a combination of intrinsic and extrinsic job satisfaction. Intrinsic job satisfaction is when workers consider only the kind of work they do and the tasks that make up the job, while extrinsic job satisfaction is when workers consider the conditions of the work, such as but not limited to pay, co-workers, management style and communication.

From the point of view of employees, job satisfaction may reflect benefits that people might be looking for when they take the job; these benefits are usually determined by the employer based on their strategy to be profitable and competitive in recruiting and retaining people. On the other hand job-related factors that affect satisfaction relate to employees' desire to use their skills and abilities to make a meaningful contribution and to be valued. From an organization's point of view, they employ people to perform specific tasks in order to achieve their business goals. When organizations find people who fit their job requirements and are happy with what is being offered, then a win-win situation is created between the employer and the employee.

Many organizational scholars have shown interest in why some people report being satisfied with their jobs, while others express lower levels of job satisfaction. However, not much is known about which factors influence job satisfaction in hospital staff.

Satisfied employees tend to be more productive and committed to their jobs (Al-Hussami, 2008). In a healthcare setting, employee satisfaction has been found to be positively related to quality of service and patient satisfaction (Tzeng, 2002). Employees can directly influence patient satisfaction in that their involvement and interaction with patients plays a significant role in quality perception. A number of studies have looked into job satisfaction in the healthcare setting (Seo, 2004; Lyons, 2003; Chu et al, 2003) and the focus was on the need to understand job satisfaction of healthcare providers.

Herzberg and Mausner (1959) suggested a motivation–hygiene theory where factors influencing job satisfaction are separate from those that lead to job dissatisfaction.

Factors leading to satisfaction, describes as motivators, were promotional and personal growth opportunities, responsibility, achievement and recognition. These are factors that are intrinsically rewarding to the individual. Extrinsic factors, described as “hygiene” factors, leading to job dissatisfaction include pay, physical working conditions, job security, company policies, quality of supervision and relationship with others (Robbins, 2003).

Factors contributing to high levels of employee satisfaction have been identified as: supportive colleagues, supportive working conditions, mentally challenging work and equitable rewards (Locke, 1983).

1.2 JUSTIFICATION OF THE STUDY

Given the critical role that health care professionals play in determining the efficiency, effectiveness and sustainability of health care systems, it is paramount to understand what motivates them and to what extent they are satisfied by the organization and other contextual variables. Job satisfaction is also an essential part of ensuring quality care, as dissatisfied healthcare providers are likely to give poor quality and less efficient care. According to Tzeng (2002) there is evidence of a positive correlation between professional satisfaction and patient satisfaction.

A number of studies have addressed job satisfaction among health care professionals. South African studies are limited in that most studies have been conducted among nurses and other individual professions. Given the noticeable lack of studies addressing job satisfaction among different healthcare professionals in a South African public hospital setting, this study will attempt to address the gap in the literature. The information obtained will hopefully assist in identifying factors influencing job satisfaction among healthcare professionals in a hospital setting.

1.3 RESEARCH AIM

The aim of the study is to determine the factors influencing job satisfaction among healthcare professionals at South Rand Hospital.

1.4 RESEARCH QUESTIONS

- i. What is the level of job satisfaction among healthcare professionals at South Rand Hospital?
- ii. Which factors influence job satisfaction among healthcare professionals at South Rand Hospital?
- iii. What is the association between the socio-demographic characteristics of the healthcare professionals and job satisfaction?
- iv. What is the relationship between the different dimensions of job satisfaction, namely, general satisfaction, the opportunity to develop, responsibility, patient care, time pressure and staff relations, among healthcare professionals?

1.5 RESEARCH OBJECTIVES

- i. To determine the level of job satisfaction among healthcare professionals at South Rand Hospital.
- ii. To determine the factors influencing job satisfaction among healthcare professionals at South Rand Hospital.
- iii. To determine the association between socio-demographic characteristics and job satisfaction.
- iv. To measure the relationship between general satisfaction, the opportunity to develop, responsibility, patient care, time pressure and staff relations, among healthcare professionals.

CHAPTER II

LITERATURE REVIEW

2.1 INTRODUCTION

Job satisfaction is important in predicting systems stability, reduced turnover and worker motivation. If motivation is defined as the willingness to exert and maintain effort towards attaining organizational goals, then well-functioning systems should seek to boost factors such as morale and satisfaction, which predict motivation. A survey of ministries of health in 29 countries showed that low motivation was seen as the second most important health workforce problem after staff shortages (Mathauer et al, 2006).

Previous African studies have identified the most important human resources tools to manage job satisfaction; these include materials, salary, training, the working environment, supportive supervision and recognition (Mathauner et al, 2006). These findings are relatively consistent with those of the “Uganda Health Workforce Study”, where the effects of several job-related factors were evaluated to judge their relative importance in predicting job satisfaction. In order of importance, the following were the most significant contributors to overall satisfaction: job matched with workers’ skills and experience, satisfaction with salary, satisfaction with supervisor, manageable workload and job security (Uganda Ministry of Health, 2007).

Early theory in worker satisfaction and motivation identified compensation as a “hygiene” factor rather than a motivation factor. This means that basic salary satisfaction must be present to maintain ongoing job satisfaction, but this by itself will not provide satisfaction and increased amounts of salary will not contribute to an increasing level of job satisfaction. However some research done in Africa suggests that salary increases and other improvements in compensation, in the context of highly inadequate pay and benefits, may indeed contribute to workforce retention

(Kober et al, 2006). Against this background, it is imperative to look at the definition of job satisfaction as outlined by different authors.

2.2 THE NATURE OF JOB SATISFACTION

Job satisfaction is a complex phenomenon that has been studied quite extensively. Various literature sources indicate that there is an association between job satisfaction and motivation, motivation is hard to define, but there is a positive correlation between job satisfaction, performance and motivation, whereby motivation encourages an employee, depending on their level of job satisfaction, to act in a certain manner (Hollyforde, 2002).

Job satisfaction is described at this point as a pleasurable or positive emotional state resulting from the appraisal of one's job or job experience. Job satisfaction results from the perception that one's job fulfils or allows the fulfillment of one's own important job values, providing that and to the degree that those values are congruent with one's needs. According to Kreitner et al (2002) job satisfaction is an affective and emotional response to various facets of one's job.

According to Woods et al (2004), job satisfaction can be achieved when an employee becomes one with the organization, performs to the best of their ability and shows commitment; moreover, job satisfaction and performance are positively influenced by rewards. Kreitner et al (2002) identified various factors influencing job satisfaction, such as the need for management to create an environment that encourages employee involvement and manages stress in the workplace.

In order to understand job satisfaction it is useful to distinguish morale and attitude, and their relationship to job satisfaction (Locke, 1968). Morale can be defined as the extent to which an individual's needs are satisfied and the extent to which an individual perceives that satisfaction as stemming from the total job. Attitude can be defined as an evaluation that predisposes a person to act in a certain way and includes cognitive, affective and behavioural components.

According to Mayer and Botha (2004), in most South African companies there is a low level of employee job satisfaction, resulting in a lack of commitment to performance and the achievement of organizational goals. In South Africa, human resource managers have job satisfaction and productivity at the top of their list of concerns (Grobler et al, 2002). This implies that job satisfaction affects employees' performance and commitment.

It is therefore imperative that managers pay special attention to employees' attitudes as job satisfaction can decline more quickly than it develops. Managers need to be proactive in improving and maintaining employees' life satisfaction and not only satisfaction in the work environment as job satisfaction is part of life satisfaction, meaning an individual's life outside work may have an influence on one's feelings on the job(Staw,1977).

The level of job satisfaction across various groups may not be consistent, but could be related to a number of variables. This allows managers to predict which groups are likely to exhibit behaviour associated with dissatisfaction. Older employees are generally satisfied with their jobs although this may change as their chances of advancement get diminished and they face the reality of retirement. Management also tends to be satisfied with their jobs, probably due to better remuneration, better working conditions and job content (Greenberg et al, 1997).

2.3 JOB SATISFACTION THEORIES

We now look at different theories of job satisfaction, to determine how they can be utilized to improve and increase job satisfaction.

2.3.1. Content theories of job satisfaction

The content theory of job satisfaction rests on indentifying the needs and motives that drive people. The theory emphasizes the inner needs that drive people to act in a particular way in the work environment. These theories therefore suggest that management can determine and predict the needs of employees by observing their behaviour.

2.3.2 Maslow's hierarchy of needs

According to Maslow's theory (1970), people's needs range from a basic to a high level. These needs are present within every human being in a hierarchy, namely physiological, safety and security, social, status and self-actualization needs. Failure to satisfy one need may have an impact on the next level of need. Low order needs takes priority before the higher order needs are activated, so that needs are satisfied in sequence. According to this theory, people who are struggling to survive are less concerned about needs on the higher levels than people who have time and energy to be aware of higher level needs.

2.3.3 Herzberg's two-factor theory

In the late 1950s Frederick Herzberg developed a theory that there are two dimensions to job satisfaction, "motivation" and "hygiene". The work characteristics associated with dissatisfaction (hygiene factors) vary from those pertaining to satisfaction (motivators) in that motivators lead to satisfaction, although their absence may not lead to dissatisfaction. The motivators include achievement, recognition and intrinsic interest in the work itself. The continuing relevance of Herzberg is that there must be some direct link between performance and reward, whether extrinsic as in recognition or intrinsic as in naturally enjoyable work, to motivate employees to perform and improve their job satisfaction. The current study will be based upon this theory.

2.3.4 "Hygiene" factors

Hygiene factors are features of the job such as policies and practices, remuneration, benefits and working conditions, corresponding to Maslow's lower order of needs. Improving these factors may decrease job dissatisfaction and thus increasing of motivators. Inadequate hygiene factors may lead to dissatisfaction, but at the same time adequate hygiene factors do not necessarily lead to job satisfaction. Hygiene factors need to be tacked first, and the motivators can follow. Organizations cannot afford to ignore hygiene factors as employees will be generally unhappy and thus likely to seek other opportunities, while mediocre employees might stay on, and compromise the organization's success.

2.3.5 Motivators

According to Herzberg, motivators include job content such as responsibility, self-esteem, growth and autonomy. These satisfy high order needs and can result in job satisfaction. Granting employees more responsibility and creativity in their jobs is an example of a motivator which may encourage them to exert more effort and perform better.

2.3.6 Process theories of job satisfaction

Behaviour is a fundamental indication of an individual's perception and expectations about a situation and possible outcome of behaviour. Process theories define how and by which goals individuals are motivated. They are based on the assumption that people make conscious decisions regarding their behaviour. The most common process theories are the equity theory, the expectancy theory and the job characteristics model.

2.3.7 Expectancy theory

This theory was developed by Vroom(1964) who asserts that job satisfaction is based on people's beliefs about the probability that their effort will lead to performance (expectancy) multiplied by the probability that performance leads to rewards (instrumentality) and the value of perceived rewards (valence). This theory is based on the belief that the amount of effort exerted on a job depends on the expected return and may result in increased pleasure or decreased displeasure, and that people may perform their job and be satisfied if they believe that their efforts will be rewarded. The fundamental principle of expectancy theory is the understanding of individuals' goals and the linkages between effort and performance, performance and rewards, and rewards and individual goal satisfaction. This theory recognizes that there is no universal principle that explains people's motivation and is regarded as a contingency model. Understanding what needs a person seeks to satisfy does not ensure that the individual perceives high performance as necessarily leading to the satisfaction of these needs.

2.3.8 Job characteristics model

Bergh and Theron (2000) describe this model as an interactive model that develops employees and the work environment to achieve maximum fit in the work environment. The model asserts that the job should be designed to possess characteristics to enable conditions for high motivation, satisfaction and performance. There are five core characteristics of the job that influence workers' behaviour and attitude, namely, skill variety, task identity, task significance, autonomy and feedback. The relationship between core job characteristics and work outcomes is moderated by employees' growth-need strength, knowledge, skill, and context satisfaction, therefore the relationship between core job characteristics and work outcomes may differ.

2.3.9 Equity theory

This theory emphasizes the comparison of existing conditions against some standard by using the relationship between two variables (inputs and outcomes). Inputs are what an individual contributes to an exchange, while outcomes represent what an individual obtains from an exchange. Equity theory suggests that individuals assign weights to various inputs and outcomes according to their own perception of relative importance. According to Daft and Noël (2001), equity theory is a process of job satisfaction that focuses on individuals' perceptions of how fairly they are treated compared to others. This implies that, if people perceive their treatment as less favourable than that of others with whom they compare themselves, they are likely to be less motivated to perform better. This theory therefore posits that people compare the ratio of their outputs to inputs with the ratio of outputs to inputs of others.

2.4 JOB DESIGN AND THE WORK ENVIRONMENT

Job design can be seen as an important factor influencing how employees feel and react to their job, thus affecting their performance and job satisfaction. According to Wood et al (2004), job design can be described as the planning and specifications of job tasks and the designated work settings where they are to be accomplished. According to Smith (2002), people respond unfavourably to restrictive work environments so it is imperative for organizations to create a working environment that gives employees the ability and freedom to think, engaging and motivating the

workforce to reach a higher level of job satisfaction. Ayers (2005) suggests that the work environment should motivate employees to perform at their best and show commitment to the organization, enhancing work conditions to support the organization's mission and thus impacting on job satisfaction. The conditions under which jobs are performed can have as much impact on people's effectiveness, comfort and safety as the intrinsic details of the task itself.

2.5 THE HUMAN ENVIRONMENT

People are an organization's greatest resource. Attracting and retaining the right people is critical to the success of an organization, particularly service-oriented organizations (McCraey, 2005). The human environment focuses on human aspects that influence an employee's performance and job satisfaction. The extent to which employees experience psychological or personal job satisfaction within the job content environment determines the quality and quantity of their outputs (Nel et al, 2004).

2.6 FINDINGS OF OTHER RESEARCH

In 2007, Aleksandra et al undertook a study on job satisfaction among Serbian healthcare workers who work with disabled patients. The study found very low levels of job satisfaction among healthcare workers. The lowest job satisfaction was found among nurses, while doctors were most satisfied with their jobs. More than half the respondents agreed that their working environment was not stimulating and that they did not find their job motivating. One fifth of healthcare workers responded that they had no personal or clinical autonomy, and most indicated that they rarely participated in a decision-making process. Sixty-four per cent felt that they did not have adequate professional development or educational stimulation at their workplace. The study found that job satisfaction was associated with good hospital politics, good interpersonal relationships and a feeling of being able to provide good quality care. Other studies suggest that there is a strong association between low levels of job satisfaction and organizational factors (for example, Piko et al, 2006). Furthermore various studies conducted among healthcare workers show the importance of interpersonal relationships in job satisfaction (for example, Eker et al, 2004).

In a study conducted by Shah et al (2001) on correlates of job satisfaction among healthcare professionals in Kuwait, the findings revealed a significant relationship between educational level and job satisfaction and respondents with a diploma reported the highest level of job satisfaction. Employees with longer experience were also more satisfied than those with short experience. Provision of orientation to the job was found to be positively associated with job satisfaction; respondents who received orientation and in-service education were more satisfied than those who did not.

A study by Unni et al (2000) in Norway looked at predictors of job satisfaction among doctors, nurses and auxiliaries in a Norwegian hospital; they found that the only domain of work that was significant in predicting high job satisfaction for all groups was positive evaluation of local leadership. The analysis suggested that professional development was most important for doctors, while support and feedback from one's immediate supervisor was the main explanatory variable for job satisfaction among nurses. Job satisfaction for auxiliaries was equally predicted by professional development and local leadership.

A job satisfaction study among mental health professionals in Rome, Italy, showed that participants were dissatisfied with career prospects, decision latitude, and the availability and circulation of information. In general, mental health professionals working in the Italian National Health Service were not satisfied with their jobs. The findings revealed that job satisfaction increased with increasing age. No difference was found between the levels of job satisfaction among different professional roles (Gigantesco et al, 2003).

Buciuniene et al (2003) study on the job satisfaction of physicians and general practitioners at primary health care institutions during the period of health care reform in Lithuania revealed that there was no significant difference in total job satisfaction between the two groups. However doctors who had a longer service were found to be more satisfied with their jobs. The survey also showed that the participants were most

satisfied with the level of autonomy, relationship with colleagues and management quality, while compensation, social status and workload caused the highest level of dissatisfaction among respondents. The author concluded that the nature of a primary health care doctor's work and rather low salaries result in low job satisfaction among Lithuanian primary health care doctors.

A study by Ali-Mohammed (2004) in Iran on factors affecting employees' job satisfaction in public hospitals found a moderate level of general satisfaction among participants. The study also showed that the opportunity to develop was a significant predictor of job satisfaction among study participants. The greater the chances for development within the organization, the greater the likelihood of a higher level of job satisfaction.

Nassab's (2008) study on factors influencing job satisfaction amongst plastic surgery trainees in the United Kingdom, showed that time pressure was strongly and positively associated with job dissatisfaction. Reduction in working hours may increase job satisfaction; however shift work may imply working unsociable hours and negatively impact on job satisfaction.

"Work satisfaction of professional nurses in South Africa: A comparative analysis of the public and private sectors" by (Pillay, 2008) showed overall job dissatisfaction among participants. However, participants were satisfied with patient care and staff relations. Public sector nurses were highly dissatisfied with salaries, workload and resources, while private sector nurses were moderately dissatisfied with pay, workload and opportunities to develop.

De Stefano et al (2005) study on the relationship between work environment factors and job satisfaction among rural behavioural health professionals in Arizona indicated that the opportunity to develop was an important predictor of job satisfaction, while work and time pressure did not appear to be predictors of job satisfaction.

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

A number of studies have concluded that team work leads to a higher level of job satisfaction, increased patient safety, improved patient care and increased patient satisfaction .A study by Kalish et al (2005) in the USA tested an intervention to promote teamwork and engagement among nursing staff in a medical unit of an acute care hospital. The results of this study indicated that the intervention increased staff relations, improved teamwork and decreased staff turnover.

Job satisfaction of mental health professionals providing group therapy in state correctional facilities by Ferrell et al (2000) in the United States explored how satisfied mental health professionals were with different aspects of their jobs. Participants in this study appeared to be satisfied with aspects of their jobs that involved patient care, e.g. provision of psychological services, but less satisfied with administrative tasks.

A study by Jain et al (2009) evaluated the level of job satisfaction among dentists and dental auxiliaries in India in relation to different work and environmental factors. The results of the study showed that dentists had higher job satisfaction scores than dental auxiliaries on the opportunity to develop professionally, quality patient care, income and recognition.

A study by Bodur (2001) of healthcare staff employed at health centers in Turkey investigated job satisfaction levels and their causes. The results showed low levels of job satisfaction mainly due to working conditions and salary. No correlation was found between general satisfaction and demographic characteristics.

2.7 SUMMARY

Satisfaction with one's profession can affect not only motivation at work but also career decisions, personal health and how one relates with others. The literature shows that what contributes to job satisfaction or dissatisfaction is not only the nature of the job but also the expectation of what an individual perceives the job should provide. Health workers are at great risk of job dissatisfaction generally compared to professionals in other types of organizations. Low job satisfaction impacts on staff turnover and absenteeism, which could reduce the efficiency of health services.

Factors influencing job satisfaction vary in nature as there are personal factors and expectations involved, which tend to generate exceptions, therefore generalizations are risky. The future of the healthcare work environment poses significant challenges for employers and employees. The implication for managers is that if healthcare facilities desire to attract and retain healthcare professionals, they will need to find ways to cater for intrinsic job satisfaction factors as well as additional benefits.

2.7.1 General satisfaction

Job satisfaction among healthcare professionals is an important predictor of individual well-being, general life satisfaction and job performance. Job satisfaction is an important factor in patient care, and there is also evidence to suggest that a high level of job satisfaction results in good patient outcomes and health systems outcomes. Job satisfaction is a complex set of interrelationships of roles, responsibilities, tasks, interaction, rewards and incentives. The reviewed literature indicates low levels of general satisfaction among healthcare professionals. Dissatisfaction with autonomy in clinical decision-making, systems roles, and the amount of time spent with patients and poor salaries were some of the problems identified. What follows looks at some of these factors one by one.

2.7.2 Staff relations

Numerous studies conducted among healthcare professionals point to the importance of interpersonal relationships in job satisfaction, and show that they lead to increased patient safety, improved quality of care and greater patient satisfaction. Highly

functioning teams have also been shown to offer great support to inexperienced staff. Specifically within healthcare, there has been a growing need to improve teamwork. Introducing team-building activities has resulted in stronger interpersonal relationships, improved staff communication, understanding and clarity of roles as well as greater job satisfaction.

2.7.3 Time pressure

Time is a subjective experience despite the fact that it can be measured. While the quality of time is of great importance so is quantity. Literature shows that perceived time pressure is associated with low job satisfaction among healthcare professionals. Dissatisfaction about time pressure expressed by healthcare professionals may indicate concerns about autonomy.

2.7.4 Responsibility

Employee participation may enhance motivation through power sharing, and increased responsibility is as a predictor of positive responses. Employee participation can afford individuals an opportunity to make key managerial decisions that have an impact on other employees, thus increasing job satisfaction and performance. Herzberg's two-factor theory suggests that intrinsic work factors such as employee recognition and skills development may increase job satisfaction. Increased work responsibility may be related to many factors suggested in the two-factor model as recognition and interpersonal relationships have implications for individuals' identity.

2.7.5 Opportunity to develop

Career development determines the nature and quality of individuals' lives, and the social and economic contribution they make. Career development is crucial for an effective labour market. When individuals find a career path that utilizes their full potential, they are likely to be motivated and productive thus increasing job satisfaction. Opportunities to develop afford individuals the prospect of further enhancing themselves and growing within the ranks of their career.

2.7.6 Patient care

The literature suggests that the ability of an organization to support and deliver quality patient care is important to healthcare professionals' job satisfaction. Organizational factors such as autonomy, teamwork, management support, workload and staffing levels have a great influence on job satisfaction because they impact on the delivery of quality patient care.

CHAPTER III

MATERIALS AND METHODS

3.1 RESEARCH DESIGN

A cross-sectional survey was used to determine the factors influencing job satisfaction among health care professional at South Rand Hospital.

3.2 STUDY SITE

The study was conducted at South Rand Hospital in the south of Johannesburg, Gauteng, South Africa. South Rand Hospital is a district hospital with 283 beds which plays a pivotal role in supporting primary healthcare and is also a gateway to more specialist care. Because it is a relatively small hospital, it provides level 1 (generalized) service to in-patients and out-patients ideally on a referral from community health centers and clinics. The hospital is situated in Rossettenville thus enabling easy access to patients from different areas.

3.3 STUDY POPULATION

The study population consisted of all health care professionals at South Rand Hospital from all departments and wards at the time the study was conducted. Most participants were females. The study population was multicultural, with mainly black and a few white people. Among the black participants, there were people from different ethnic groups. Most participants lived in Johannesburg.

SAMPLING AND SAMPLE SIZE

3.4.1 Sample size

Since the total number of health care professionals at the hospital was 284, all of them were included in the study. The sample was grouped into two categories: clinical staff = 246 (doctors and all categories of nurses), and clinical support staff = 38 (pharmacists, physiotherapists, occupational therapists, speech therapists,

radiographers, oral and dental hygienists, and social workers including assistants). For the purposes of sample size calculations, the power of the study was 90% and the level of job satisfaction, being unknown, was at the expected frequency of 50% and worst acceptable results of 45% to obtain the power of 90 at 95% level of confidence; the calculated sample size using EPI INFO population survey was 163 in total. A simple random sampling method was used to obtain the selected sample. Participants were contacted by the researcher and invited to complete the self-administered questionnaire.

3.4.2 Inclusion and exclusion criteria

The inclusion criteria were all healthcare professionals at the hospital who were available at the time of the study and willing to participate. The exclusion criteria were those who were not available such as those who were on leave and those who decided to exercise their right not to participate.

3.5 DATA COLLECTION TOOL

3.5.1 Components and details of the instrument

A structured self-administered questionnaire was used to collect data from the participants. It consists of two sections. Section A comprised the socio-demographic characteristics consisting of six items, while Section B was adapted from an MSc Psychology thesis by Basson (1994). It consisted of 29 job satisfaction statements measured on a five-point Likert scale ('strongly agree' to 'strongly disagree'). The value of two was given to the highest level of job satisfaction (strongly agree) and the value of minus two to the lowest level of job satisfaction (strongly disagree). The values were then recoded as follows: 'strongly agree' and 'agree' were given the value of one, while 'strongly disagree' and 'disagree' were given the value of minus one. Data was then further coded as follows. The value of one was given to a score of <0 = highly dissatisfied, two to a score of <50 = not satisfied, three to a score of 50-59 = fairly satisfied, four to a score of 60-69 = moderately satisfied and five to a score of >70=highly satisfied. (Appendix B).

3.5.2 Validity and reliability

To ensure content validity of the instrument, the draft questionnaire was submitted to the supervisor for expert scrutiny regarding the relevance of each item. Pre-testing of the questionnaire was done at Sebokeng Hospital, where twenty self-administered questionnaires were distributed to participants to comment on the clarity of the questions. Two items from the instrument were found to be asked in the negative, which had the potential to allow different interpretations. These items were subsequently reconstructed to improve clarity.

3.6 DATA COLLECTION METHOD

The period of data collection was 12 weeks, between 22 June and 7 September 2008. Over the 12 week period, a random sample of 163 participants was drawn from the hospital. The researcher was personally responsible for the distribution and collection of all questionnaires. Due to the nature of shift work in a hospital setting the researcher allocated four hours every week to collect questionnaires from day staff and two hours for night staff. The target was an average of 14 questionnaires every week over the twelve week period. Data were then captured electronically for the purpose of analysis.

3.7 ETHICAL CONSIDERATIONS

Ethical clearance and approval to conduct this research was obtained from the Research Ethics and Publication Committee of the National School of Public Health, University of Limpopo, and the Medunsa Research Ethics Committee, MREC/PH/33/2009 (Appendix E).

Permission to conduct the study was also requested from the Chief Executive Officer of the hospital, Mrs. C. Makgetha(Appendix A).The ethical considerations took into account the personal and revealing nature of the study, which required that voluntary, informed consent, using the consent form designed for this study, needed to be obtained from the participants. Prior to administering the questionnaires, the aims and objectives of the study were clearly explained to the participants and written informed consent was obtained (Appendix C).

Confidentiality and anonymity were ensured throughout the execution of the study as participants were not required to disclose personal information on the questionnaire. Provisions were made to have participants' concerns relating to the study addressed and misconceptions corrected. Participants were informed that their participation was voluntary and that they could withdraw from the study at any time if they wished to do so.

3.7 LIMITATIONS OF THE STUDY

Important limitations are inherent in a survey of this kind. Firstly, because the survey instrument used was a self-reporting measure, the information presented by participants is based upon their subjective perceptions. Although participants were assured of confidentiality, it is therefore possible that they either over- or under-reported their level of satisfaction. Secondly, even with the high level of participation in this study, there is a possibility that responses of individuals who did not participate may have differed in some manner from those who did in fact participate. The findings of the study may not be generalized to healthcare professionals in other hospitals, as the different environment and circumstances prevailing in other hospitals may impact on job satisfaction. It should also be noted that the study was conducted at a time when doctors were on strike over salaries and working conditions in public hospitals.

3.8 DATA ANALYSIS

Of the 163 questionnaires printed and distributed, 114 were returned (a response rate of 63.19%). Of these, 11 were incomplete, thus 103 questionnaires were available for analysis. Quantitative data from the returned questionnaires were coded and entered into a Microsoft Excel spreadsheet (Microsoft Office, 2003). The statistical software SPSS version 17.0 was used to analyze the generated data. Descriptive and inferential statistical analyses were employed. Data were also summarized using graphic presentations for the interpretation of findings. Statistics were based on percentages and frequencies. Association between socio-demographic characteristics and job satisfaction, as well as comparison of the level of job satisfaction between categories

of health care professionals, was assessed for statistical significance using the 'chi-square' test of association. Factors influencing job satisfaction were also determined using the student t-test. The relationship between dimensions of job satisfaction was measured using Pearson correlations.

CHAPTER IV

RESULTS

The results are presented in two parts: the first part describes the overall findings of the study in descriptive statistics, while the second part comprises the inferential statistics calculated.

4.1 DESCRIPTIVE STATISTICS

Table 1: Socio-demographic characteristics of respondents

Variable		n	Percentage
Gender	Male	15	14.6
	Female	88	85.4
Age	<40	68	66
	≥40	35	34
Marital status	Single	58	53.6
	Married	45	43.7
Duration of service	Long service	28	27.2
	Short service	75	72.8
Level of education	In service training	5	4.9
	Certificate	39	37.9
	Diploma	21	20.4
	Degree	38	36.9
Job title	Clinical staff	77	74.8
	Clinical support staff	26	25.2

A total of 103 respondents participated in the study. Table 1 above indicates that the majority of the participants were females (85.4%). The minimum age of respondents was 36 years and the maximum age 63 years. Most respondents were between the ages of 20 and 39 years (66%). More than half (56.3%) of the respondents were single. The study showed that nearly three-quarters of the respondents (72.8%) had a short duration of service at this hospital. With regard to level of education, 38% of the participants were in possession of a certificate while 36.9% had a university degree. The larger proportion was clinical staff (74.8%) while the remaining 25.2% were clinical support staff.

Table 2: Levels of general satisfaction

Variables		n	Percentage
Choice of career	Strongly Agree	35	34.0
	Agree	23	22.3
	Uncertain	12	11.7
	Disagree	20	19.4
	Strongly Disagree	13	12.6
Job advantages & disadvantages	Strongly Agree	27	26.2
	Agree	39	37.9
	Uncertain	10	9.7
	Disagree	20	19.4
	Strongly Disagree	7	6.8
Income	Strongly Agree	9	8.7
	Agree	12	11.7
	Uncertain	6	5.8
	Disagree	40	38.8
	Strongly Disagree	36	35.0
Personal growth at work	Strongly Agree	9	8.7
	Agree	28	27.2
	Uncertain	15	14.6
	Disagree	25	24.3
	Strongly Disagree	27	26.2
Intention to change career	Strongly Agree	15	14.6
	Agree	22	21.4
	Uncertain	14	13.6
	Disagree	25	24.3
	Strongly Disagree	27	26.2
Work enjoyment	Strongly Agree	40	38.8
	Agree	35	34.0
	Uncertain	11	10.7
	Disagree	13	12.6
	Strongly Disagree	4	3.9
Overall job satisfaction	Strongly Agree	27	26.2
	Agree	35	34.0
	Uncertain	11	13.6
	Disagree	21	20.4
	Strongly Disagree	6	5.8

The reader should refer to the questionnaire (Appendix B) and the exact phrasing of the statements, in order to interpret the results shown in the following tables. Table 2 shows the results from the first section, general satisfaction. The results indicated that 34.0% of participants strongly agreed that if they had to choose a career again, they

would choose the same career. Almost two-thirds (a total of 64.1%) agreed or strongly agreed that their job had more advantages than disadvantages. Almost three-quarters of respondents (38.8% + 35%) did not think that their income was the reflection of the job they do. While a total of 35.9% of the respondents believed that there was personal growth in their work, over half (24.3% + 26.2%) did not experience any personal growth. The study showed that just over half of respondents (24.3+26.2) had no intention of changing their career. Nearly thirty-nine per cent (38.8%) strongly agreed that they enjoyed their work, with another 34% saying they agreed they enjoyed their work, while only 3.9% strongly disagreed. More than half the respondents (26.2% + 34%) indicated that in general they were satisfied with their jobs.

Table 3: Opportunity to develop

Variables	Responses in each item – n (%)				
	Strongly agree	Agree	Uncertain	Disagree	Strongly Disagree
Sufficient opportunity to develop	22 (21.4)	25 (34.0)	7 (6.8)	33 (32.0)	6 (5.8)
Work variation	10 (9.7)	38 (36.9)	21 (20.4)	29 (28.2)	5 (4.9)
Work challenge	42 (40.8)	33 (32.0)	9 (8.7)	16 (15.5)	3 (2.9)
Work frustration	47 (45.6)	39 (37.9)	6 (5.8)	7 (6.8)	4 (3.9)
Lack of stimulation	13 (12.6)	30 (29.1)	19 (18.4)	32 (31.1)	9 (8.7)
Expectation at work	33 (32.0)	37 (35.9)	10 (9.7)	16 (15.5)	7 (6.8)

It can be seen in Table 3 that more than half the respondents (a total of 55.4%) agreed or strongly agreed that there were sufficient opportunities for self-development, while under half (a total of 46.6%) agreed or strongly agreed that they were satisfied with the variation within their work. Nearly three-quarters (a total of 72.8%) reported that they find their work challenging while at the same time a total of 83.5% agreed or strongly agreed that they experienced frustration in their work due to limited resources. The proportions agreeing and disagreeing about lack of stimulation were about the same. However, a clear majority (a total of 67.9%) indicated that too much was expected from them at work.

Table 4: Level of responsibility

Variables		N	Percentage
Status in the community	Strongly Agree	31	30.1
	Agree	40	38.8
	Uncertain	12	11.7
	Disagree	14	13.6
	Strongly Disagree	6	5.8
Recognition for task well done	Strongly Agree	21	20.4
	Agree	30	29.1
	Uncertain	11	10.7
	Disagree	27	26.2
	Strongly Disagree	14	13.6
Great responsibility	Strongly Agree	30	29.1
	Agree	46	44.7
	Uncertain	12	11.7
	Disagree	14	13.6
	Strongly Disagree	1	1.0

The results in Table 4 show that while over two-thirds of respondents (38.8% + 30.1%) enjoyed their status in the community as healthcare professionals, and nearly three-quarters (44.7% + 29.1%) perceive that they carry great responsibility, fewer,

just under half (29.1% + 20.4%), agreed or strongly agreed that they receive recognition for tasks well done.

Table 5: Patient care

Variables		n	Percentage
Patient appreciation	Strongly Agree	44	42.7
	Agree	34	33.0
	Uncertain	7	6.8
	Disagree	10	9.7
	Strongly Disagree	8	7.8
Time for each patient	Strongly Agree	21	20.4
	Agree	24	23.3
	Uncertain	14	13.6
	Disagree	32	31.1
	Strongly Disagree	12	11.7
Patient co-operation	Strongly Agree	12	11.7
	Agree	28	27.2
	Uncertain	25	24.3
	Disagree	22	21.4
	Strongly Disagree	16	15.5

Almost forty-three per cent of participants (42.7%) strongly agreed that the patients do appreciate what they do for them, and a further third (33.0%) agreed. Nearly a third of respondents (31.1%) indicated that they do not have sufficient time for each patient, but overall, if agreed and strongly agreed are combined, and disagree and strongly disagree are combined, opinions on this issue are fairly evenly divided. Opinions on patient co-operation were also fairly evenly spread.

Table 6: Time pressure

Variables		n	Percentage
Non-clinical tasks	Strongly Agree	24	23.3
	Agree	34	33.0
	Uncertain	18	17.0
	Disagree	25	24.3
	Strongly Disagree	2	1.9
Freedom to do work	Strongly Agree	9	8.7
	Agree	37	35.0
	Uncertain	10	9.7
	Disagree	36	35.9
	Strongly Disagree	11	10.7
Time spent doing lower level jobs	Strongly Agree	21	20.4
	Agree	31	30.1
	Uncertain	17	16.5
	Disagree	30	29.1
	Strongly Disagree	4	3.9

In total well over half the participants agreed or strongly agreed that they have to perform many non-clinical tasks (33.0% + 23.3%). Views about freedom to decide how they do their work were fairly evenly spread. Just over half of all participants agreed or strongly agreed (30.1% + 20.4%) that they spend time doing tasks that could be done by lower cadres.

Table 7: Staff relations

Variables		n	Percentage
Working relationship	Strongly Agree	49	47.6%
	Agree	39	37.9%
	Uncertain	10	9.7%
	Disagree	4	3.9%
	Strongly Disagree	1	1.0%
Co-operation between staff & management	Strongly Agree	26	25.2%
	Agree	32	31.1%
	Uncertain	15	14.6%
	Disagree	21	20.4%
	Strongly Disagree	9	8.7%
Channel of communication	Strongly Agree	19	18.4%
	Agree	36	35.0%
	Uncertain	17	16.5%
	Disagree	24	23.3%
	Strongly Disagree	7	6.8%
Managers concern about staff wellbeing	Strongly Agree	18	17.5%
	Agree	27	26.2%
	Uncertain	25	24.3%
	Disagree	23	22.3%
	Strongly Disagree	10	9.7%
Staff involvement in decision making	Strongly Agree	12	11.7%
	Agree	29	28.2%
	Uncertain	17	16.5%
	Disagree	30	29.1%
	Strongly Disagree	15	14.6%
Colleagues support	Strongly Agree	26	25.2%
	Agree	45	43.7%
	Uncertain	13	12.6%
	Disagree	13	12.6%
	Strongly Disagree	6	5.8%
Management style	Strongly Agree	23	22.3%
	Agree	18	17.5%
	Uncertain	18	17.5%
	Disagree	24	23.3%
	Strongly Disagree	20	19.4%

The results show that a good majority (47.6% + 37.9%) reported having a good working relationship with their colleagues. Well over half agreed or strongly agreed (31.1% + 25.2%) agreed that there is an atmosphere of co-operation between staff and management and similar proportions (35.0% + 18.4%) indicated that there is a clear channel of communication. However fewer (26.2% + 17.5%) agreed or strongly

agreed that their managers are concerned about their well-being, while the proportions who believed that management involves staff in decision-making were lower than those who said they did not involve them. Nearly seventy per cent (68.9% taken together) agreed or strongly agreed that they can depend on their colleagues for support, but opinions on management style were more evenly spread.

4.2 INFERENCE STATISTICS

In this section, the overall results given above are further analyzed to elicit possible correlations that will contribute to making inferences.

Table 8: Level of job satisfaction

Level of satisfaction	N	Percentage
Highly dissatisfied	27	26.2
Not satisfied	55	53.4
Fairly satisfied	9	8.7
Moderately satisfied	8	7.8
Highly satisfied	4	3.9
Total	103	100.0

The level of job satisfaction among respondents was tested using the satisfaction questionnaire. The level of job satisfaction was grouped into: 2 = highly satisfied, 1=satisfied, -2 highly dissatisfied, -1= dissatisfied, 0=uncertain. It was then recoded as follows: strongly agree + agree =1 (satisfied); strongly disagree + disagree = -1 (dissatisfied).

For the purposes of this study, respondents who obtained a score of <0 were classified as “highly dissatisfied”, those who obtained a score of 0-49 were regarded as “not satisfied”, a score of 50-59 depicted “fairly satisfied and participants who obtained a score of 60-69 were classified as “moderately satisfied, and a score >70 indicated “highly satisfied”.

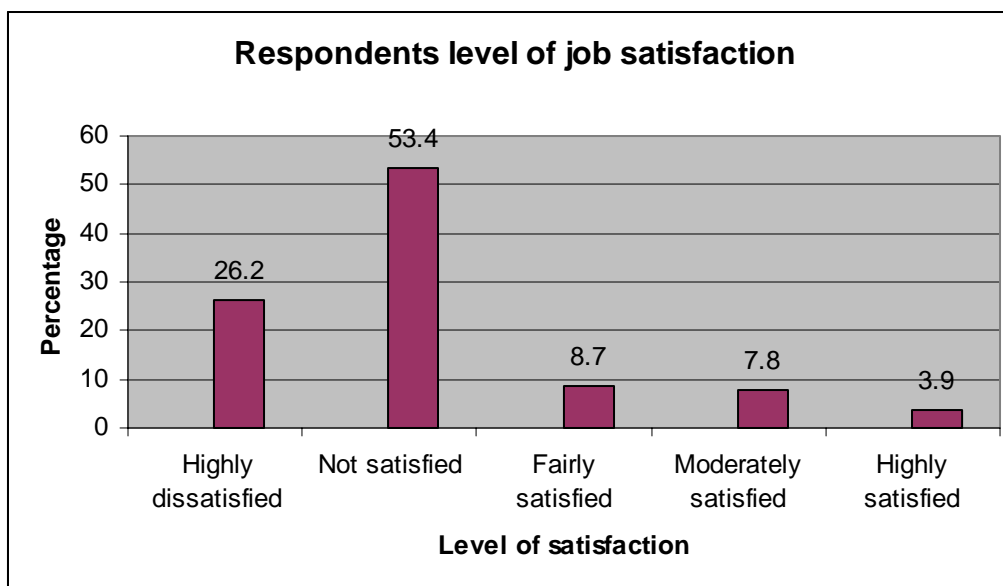


Figure 1: Bar chart depicting the respondents' level of job satisfaction

Table 9: Association between socio-demographics and level of satisfaction

Variables		Level of satisfaction		Chi square value	P-value
		Satisfied n (%)	Dissatisfied n (%)		
Gender	Male	4(9.3%)	11(18.3%)	1.642	.200
	Female	49(81.7%)	39(90.7%)		
Age	< 40 yrs	40(66.7%)	28(65.1%)	.027	.870
	≥ 40yrs	20(33.3%)	15(34.9%)		
Marital status	Married	27(45.0%)	18(41.9%)	.100	.751
	Single	33(55.0%)	25(58.1%)		
Duration of service	Long service	17(28.3%)	11(25.6%)	.096	.757
	Short service	43(71.7%)	32(74.4%)		
Level of education	In service & certificate	26(43.3%)	18(41.95)	.022	.882
	Diploma & degree	34(56.7%)	25(58.1%)		
Job title	Clinical staff	46(76.7%)	31(72.1%)	.278	.598
	Support staff	14(23.3%)	12(27.9%)		

Table 9 above shows chi-square analysis results between respondents' socio-demographic characteristics and level of satisfaction. The results indicate that there is no relationship and no proportional difference.

Table 10: Comparison of factors associated with job satisfaction

Variables		Level of satisfaction		Chi square value	P-value
		Dissatisfied	Satisfied		
Opportunity to develop	Low	37(53.6%)	32(46.4%)	12.122	.000
	High	6(17.6%)	28(82.4%)		
Responsibility	Low	25(73.5%)	9(26.5%)	21.080	.000
	High	18(26.1%)	51(73.9%)		
Patient care	Low	27(61.4%)	17(38.6%)	12.154	.000
	High	16(27.1%)	43(72.9%)		
Time pressure	Low	30(42.9%)	40(57.1%)	.111	.739
	High	13(39.4%)	20(60.6%)		
Staff relations	Low	26(57.8%)	19(42.2%)	8.444	.004
	High	17(29.3%)	41(70.7%)		

Table 10 show the chi-square analysis results of factors associated with job satisfaction. The results showed that opportunity to develop, responsibility, patient care and staff relations were significantly associated with job satisfaction. Almost eighty-three per cent (82.4%) of respondents were highly satisfied with the opportunity to develop at their workplace, at p value .000. Almost three-quarters (73.9%) of participants were significantly satisfied with their responsibilities. The results also indicated that respondents were significantly satisfied with the level of patient care and staff relations at p value .004.

Table 11: Comparison of dimensions of job satisfaction between clinical staff and clinical support staff

Variables		n	Mean	Standard deviation	T-value	P-value
General satisfaction	Clinical support staff	26	1.2308	5.21005	-.996	.322
	Clinical staff	77	2.5065	5.78479		
Staff relations	Clinical support staff	26	3.4231	5.39758	.543	.589
	Clinical staff	77	2.7013	6.01110		
Time pressure	Clinical support staff	26	-.3846	2.48317	1.333	.186
	Clinical staff	77	-1.0519	2.10823		
Patient care	Clinical support staff	26	.8846	2.67323	-.240	.810
	Clinical staff	77	1.0519	3.18672		
Responsibility	Clinical support staff	26	1.6154	2.28170	-.365	.716
	Clinical staff	77	1.8312	2.70186		
Opportunity to develop	Clinical support staff	26	-1.1154	4.40297	-.992	.323
	Clinical staff	77	-.2597	3.58139		

Table 11 shows the results of mean comparison between clinical staff and clinical support staff with regards to dimensions of job satisfaction. The results show that there is no mean difference between the two groups for all dimensions of job satisfaction.

Table 12: Correlations between dimensions of job satisfaction

	General satisfaction	Staff relations	Time pressure	Patient care	Responsibility	Opportunity to develop
General satisfaction	1					
Staff relations	.443**	1				
Time pressure	.089	.269**	1			
Patient care	.443**	.509**	.155	1		
Responsibility	.576**	.427**	.264**	.514**	1	
Opportunity to develop	.582**	.452**	.267**	.304**	.477**	1

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

Table 12 shows the results of Pearson correlations that measure the relationship between general satisfaction and each individual job satisfaction dimension. Overall, general satisfaction and all the individual components of job satisfaction had a positive medium relationship with each other at a low to medium level. There is no relationship between general satisfaction and patient care. General job satisfaction has a significant positive medium association with staff relations ($r = .44$), patient care ($r = .44$), responsibility ($r = .58$), and the opportunity to develop ($r = .58$), all at a p-value of less than 0.01.

CHAPTER V

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.1 DISCUSSION

The findings of this study have limited generalizability and may need to be confirmed by further research in other hospitals in South Africa. However numerous studies in different parts of the world such as Iran, Kuwait and Rome do allow for direct comparison with the current study. With this limitation in mind, the study evaluated factors influencing job satisfaction among healthcare professionals in South Rand Hospital and the results highlighted overall dissatisfaction. The finding of a low level of job satisfaction is consistent with the results of the 2003 study by Gigantesco et al in Rome.

Participants reported low satisfaction with salaries, not being involved in decision making, doing a lot of non-clinical tasks and not having sufficient time with patients. Employees' needs and motivators vary so it is important to understand what motivates them to perform. In the current study, variables such as the opportunity to develop, responsibility, patient care and staff relations were seen to have a significant influence on job satisfaction. This is not surprising, in that these findings are in line with the two-factor theory proposed by Herzberg and Mausner, which lists the following factors as motivators resulting in satisfaction: responsibility, achievement, recognition and opportunities to develop. Reasons for dissatisfaction in this study were also found to be in line with the hygiene factors responsible for job dissatisfaction, which include salaries, quality of supervision and working conditions.

5.1.1 Level of general satisfaction

The study showed that 26.2% of participants were highly dissatisfied with their job, while more than a third (53.4%) were not satisfied. These findings were supportive of the findings of Jovic-Vranes et al (2007) in Serbia, where the study found a very low level of job satisfaction and a generally low level of any kind of job-related satisfaction in Serbian healthcare workers. Overall dissatisfaction among healthcare

professionals at South Rand Hospital is a cause for concern, given that job satisfaction has implications for the efficiency, effectiveness and sustainability of the South African health system. The results suggest that working conditions at South Rand Hospital do not meet the values and aspirations of healthcare professionals. According to Smith (2002), people respond unfavorably to restrictive work environments therefore it is imperative for organizations to create working environment that enable the employees the ability and freedom to think, engaging and motivating the workforce to reach a higher level of job satisfaction. Ayers (2005) suggests that the work environment should motivate employees to perform at their best and show commitment to the organization, enhancing work conditions to support the organization's mission and thus impacting on job satisfaction. The conditions under which jobs are performed can have as much impact on people's effectiveness, comfort and safety as the intrinsic details of the task itself.

Dissatisfaction with income, lack of staff involvement in decision-making, the amount of time spent with patients, working conditions and management style are some of the problems indentified in this study. Similar findings were observed in the job satisfaction study among Serbian healthcare workers. According to the authors, a possible explanation of these findings is that political, social and cultural transition in Serbia combined with the impact of conflict resulted in a deterioration of all aspects of life.

South Africa has dual healthcare system in which the public sector is usually under-resourced and serves the majority of the population, while the private sector accounts for 60% of health expenditure and serves less than 20% of the population. The disparity between these two sectors has increased the burden of the public sector, which is perceived as inefficient, ineffective and unable to deliver quality healthcare. It is possible that these conditions impact on job satisfaction among healthcare professionals.

Almost nine per cent (8.7%) of respondents in the present study were fairly satisfied with their job and a small proportion (7.8%) was moderately satisfied while only

3.9% of participants were highly satisfied (see Figure 1). These findings were consistent with those of Gigantesco et al (2003) in Rome where it was reported that few participants expressed full satisfaction with their job. The results showed no relationship and no proportional difference between socio-demographic characteristics and level of satisfaction. This contradicts the findings of Shah et al (2001) in Kuwait where it was found that nationality, education and age were significant determinants of job satisfaction.

5.1.2 Factors associated with job satisfaction

The findings from this study indicate that 82.4% of respondents were satisfied with their opportunity to develop, contrary to the finding of the study on job satisfaction among mental health professionals in Rome (Gigantesco et al, 2003), where participants were particularly dissatisfied with their career prospects. Expectancy theory asserts that job satisfaction is based on people's beliefs about the probability that effort will lead to performance (expectancy) multiplied by the probability that performance leads to rewards (instrumentality) and the value of perceived rewards (valence). This theory is based on the belief that the amount of effort exerted on a job depends on the expected return and may result in increased pleasure or decreased displeasure, and that people may perform their job and be satisfied if they believe that their efforts will be rewarded, perhaps through a job promotion. Career opportunities allow individuals the prospect of developing their careers further. A number of studies have shown that career development significantly reduces turnover, and effective strategies for motivation and retention ought to be based on creating a stimulating and challenging environment.

Almost three-quarters (73.9%) of the respondents were significantly satisfied with their responsibilities. A similar finding was reported by Buciuniene et al (2005), where participants were satisfied with their responsibilities and autonomy. Studies have shown that work environments that provide more autonomy and less monotony are likely to influence job satisfaction. Employee participation may enhance motivation through power sharing and increased responsibility is perceived as a predictor of positive responses. Employee participation can afford individuals an

opportunity to make key managerial decision that have an impact on other employees, thus increasing job satisfaction and performance. Herzberg's two-factor theory suggests that intrinsic work factors such as employee recognition and skills development may increase job satisfaction. Increased work responsibility may be related to many related factors suggested in the two-factor model because recognition and interpersonal relationships have implications for individuals' identity. Employees who have a greater sense of involvement in the workplace, and greater latitude and innovation on how to approach their work may have less job strain and thus greater job satisfaction.

The results also showed that the participants were satisfied with the relationship with co-workers and the level of patient care. These findings are consistent with that of Jovic-Vranes et al (2007) in Serbia, where it was found that job satisfaction was associated with good interpersonal relationships and a feeling of being able to provide a good quality of care. Numerous studies conducted among healthcare professionals point to the importance of interpersonal relationships in job satisfaction, and that good interpersonal relationships lead to increased patient safety, improved quality of care and greater patient satisfaction. Highly functioning teams have also been shown to offer great support to inexperienced staff. Specifically within healthcare, there has been a growing need to improve teamwork. Introducing team building activities resulted in stronger interpersonal; relationships, improved staff communication, understanding and clarity of roles as well as greater job satisfaction.

Jain et al (2009) also reported similar findings, that participants were significantly satisfied with the quality of patient care. Their research points to the importance of employees' satisfaction with services rendered; this was found to be the second most important predictor of job satisfaction, relationships with colleagues being the first. It is suggested in the literature that the ability of an organization to support and deliver quality patient care is important to healthcare professionals' job satisfaction. Organizational factors such as autonomy, teamwork, management support, workload and staffing levels have a great influence on job satisfaction because they impact on the delivery of quality patient care.

The present study also indicated that the respondents were dissatisfied with their income, lack of resources, time spent with each patient, doing non-clinical tasks and lack of involvement in decision-making. These findings are similar to those of Jovic-Vranes et al (2007) in Serbia, where it was found that participants were dissatisfied with the degree of personal autonomy in clinical decision-making, the amount of time spent with patients and salaries. These findings differ from Jain et al (2009), whose results showed that dentists were significantly satisfied with their income. The issue of healthcare professionals' salaries in South Africa, especially in the public sector, has been of great concern. In most cases hospital managers in the public sector have no ultimate decision-making authority on financial incentives to motivate employees to perform better. However, strategies such as the Occupation-Specific Dispensation, which it is hoped will significantly improve the salaries of healthcare professionals in the public sector, will seek to address this issue to a certain extent. Literature indicates that dissatisfaction with income has an objective impact such as the ability to "pay the bills" and a subjective impact as in fulfilling dreams and personal aspirations.

Dissatisfaction with the amount of time spent with patients expressed by healthcare professionals may indicate concerns about autonomy. Literature shows that perceived time pressure is associated with low job satisfaction among healthcare professionals.

5.1.3 Dimensions of job satisfaction

This study found no significant differences between clinical staff and clinical support staff on dimensions of job satisfaction. This contrasts with the report by Pillay(2008) in South Africa which found that, nurses in the public sector were generally dissatisfied, while nurses in the in the private sector were satisfied.

5.1.4 Relationship between dimensions of job satisfaction

The results showed that job satisfaction has a significant positive association with staff relations, patient care, responsibility and opportunity to develop. Overall, general satisfaction and all components of job satisfaction had a positive medium relationship with each other at low to medium level.

5.2 CONCLUSION

Satisfaction with one's job can affect not only motivation at work but also career decisions, relationships with others and personal health. Those who work in a profession that is extremely demanding and sometimes unpredictable can be susceptible to feelings of uncertainty and reduced job satisfaction. Job satisfaction of healthcare workers is also an essential part of ensuring high quality care. Dissatisfied healthcare providers not only give poor quality, less efficient care; there is also evidence of a positive correlation between job satisfaction and patient satisfaction (Tzeng, 2002). Given the pivotal role that healthcare professionals play in determining the effectiveness, efficiency and sustainability of health care systems, it is imperative to understand what motivates them and the extent to which contextual variables and the organization satisfy them.

The aim of this study was to determine the factors influencing job satisfaction among healthcare professionals at South Rand Hospital. By employing a cross-sectional descriptive approach, the level of satisfaction, factors influencing job satisfaction and the relationship between the different dimensions of job satisfaction of one hundred and three healthcare professionals were surveyed using a self-administered questionnaire. Both descriptive and inferential statistical methods were used in analyzing the data.

The findings of this study showed a low level of job satisfaction among the healthcare professionals surveyed. However factors found to influence job satisfaction were the opportunity to develop, responsibility, patient care and staff relations. No association was found between socio-demographic characteristics and job satisfaction. The study also found that there was a positive medium association between job satisfaction and opportunity to develop, patient care, responsibility and staff relations among both clinical and clinical support staff.

The following are the main findings from this study.

1. The study found a low level of job satisfaction among the healthcare professionals surveyed. Almost 80% were dissatisfied or highly dissatisfied with their job.
2. Factors found to be significantly associated with job satisfaction were, opportunity to develop, responsibility, patient care and staff relations ($p=0.000$).
3. The study found a significant positive medium correlation between staff relations, patient care, responsibility, opportunity to develop and job satisfaction ($p=0.001$).
4. Almost three-quarters of participants (73.8%) did not think that their income was a reflection of the work they do.
5. Over four-fifths of respondents (83.5%) experienced frustration at work due to limited resources.
6. Well over half the participants reported that they have to perform many non-clinical tasks (56.3%).
7. Just over half the participants (50.4%) reported that they spend time doing tasks that could be done by lower cadres.
8. A total of 85.5% reported good working relationships with colleagues, but there were mixed responses to the issues of management style and being involved in decision-making.
9. Overall, general satisfaction and all dimensions of job satisfaction had a positive medium relationship with each other at a low to medium level. General satisfaction had a significant positive medium association with staff

relations ($r=.44$), responsibility ($r=.58$), patient care ($r=.44$) and opportunity to develop ($r=.58$), all at p-value less than .01.

10. There was no mean difference for all dimensions of job satisfaction between clinical and clinical support staff at South Rand Hospital.

5.3 RECOMMENDATIONS

Based on the findings of this study, the following are recommended.

5.3.1 Policy makers

Although the results of a single survey cannot in themselves be considered as a solid foundation for making decisions in health planning, the results of this study suggest that interventions should be carried out to increase levels of job satisfaction among healthcare professionals at South Rand Hospital. Since job satisfaction has a strong correlation with job performance, it is imperative to reinforce relevant human resources policies, improving working conditions and compensation.

5.3.2 Healthcare workers

Priority should be given to improving relationships between management and staff and increasing decision-making latitude among staff members. Developing staff and empowering them to make decisions about their work is necessary to achieve quality outcomes. It is recommended that employees' job be redesigned to have a scope of enrichment and be of interest.

5.3.3 Impact on services

Continuous service evaluations and monitoring of job satisfaction can be useful to determine aspects of the services that need improvement. Involving staff in a cooperative, team approach will allow for consideration of ways to improve aspects relating to job satisfaction. Improving the work environment so that it provides a context in line with the aspirations of healthcare professionals is likely to increase job

satisfaction and consequently have a positive effect on individual, organizational and quality of health care services.

5.3.4 Other researchers

This study may serve as a base for future studies in different hospitals on a larger scale. Further analysis of data is needed, as there are numbers of issues that can be explored further.

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APPENDIX A

Permission letter

National School of Public Health
Medunsa campus
University of Limpopo
Medunsa
South Africa.
Date 23 February 2009

The Chief Executive Officer
South Rand Hospital
Johannesburg
2000

Dear Madam

Application for permission to conduct a research at your institution

I the undersigned a master's student of Public health at University of Limpopo Medunsa Campus, hereby wish to apply for your permission to conduct a research study among your staff members, in partial fulfilment of the requirement for the above mentioned programme.

A proposal for the study has been submitted to the university of Limpopo ethical and research committee for approval.

A copy of the ethical committee's approval for the study and the questionnaire are attached.

I will be very grateful if am permitted to conduct this study.

Thanks

Yours faithfully,

Jackie Ramasodi

APPENDIX B

Part I: Socio-demographic characteristics of the participants

1. Sex
2. Age
3. Marital status
5. Job title
6. How long have you worked at this hospital?
7. What is your level of education?

Part II: Evaluation of job satisfaction

Kindly decide how you feel about the aspect of your job described by the statement and tick the appropriate box

GENERAL SATISFACTION	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
1. If I could choose the career again I would make the same decision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. My job has more advantages than disadvantages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. My income is a reflection of the work I do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. There is no personal growth in my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I would like to change my career	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I really enjoy my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. In general I am satisfied with my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OPPORTUNITY TO DEVELOP

Strongly agree Agree Uncertain Disagree Strongly Disagree

- 8. I have sufficient opportunity to develop in my work
- 9. The variation in my work is satisfactory
- 10. My work is mentally stimulating
- 11. I experience frustration in my work due to limited resources
- 12. I find my work routine non stimulating
- 13. Too much is expected from me at work

RESPONSIBILITY

Strongly agree Agree Uncertain Disagree Strongly Disagree

- 14. I enjoy the status in the community as a healthcare professional
- 15. I receive recognition for tasks well done
- 16. I am entrusted with great responsibility in my work

PATIENT CARE

Strongly agree Agree Uncertain Disagree Strongly Disagree

- 17. The patients appreciate what I do for them
- 18. I have sufficient time for each patient

19. My patients co-operate because they understand my working conditions

Strongly agree Agree Uncertain Disagree Strongly Disagree

TIME PRESSURE

20. There are many non-clinical tasks that I have to do

21. I have enough freedom to decide how I do my work

22. I spend more time doing what could be done by others with less experience & training

STAFF RELATIONS

Strongly agree Agree Uncertain Disagree Strongly Disagree

23. I have a good working relationship with my colleagues

24. There is an atmosphere of co-operation between staff & management

25. There is a clear channel of communication at my workplace

26. My manager is concerned about my well being

27. Management does involve staff in decision making

28. I can depend on my colleagues for support

29. I am happy with the management style in my department

APPENDIX C

 **Inform consent form**

UNIVERSITY OF LIMPOPO (Medunsa Campus) CONSENT FORM
--

Statement concerning participation in a Research Project.

Name of Study

FACTORS INFLUENCING JOB SATISFACTION AMONG HEALTH CARE PROFESSIONALS AT SOUTH RAND HOSPITAL, SOUTH AFRICA

.....

I have read the information on the aims and objectives of the proposed study and was provided the opportunity to ask questions and given adequate time to rethink the issue. The aim and objectives of the study are sufficiently clear to me. I have not been pressurized to participate in any way.

I understand that participation in this Study is completely voluntary and that I may withdraw from it at any time and without supplying reasons. I know that this Study has been approved by the Medunsa Campus Research and Ethics (MREC), University of Limpopo (Medunsa Campus). I am fully aware that the results of this Study will be used for scientific purposes and may be published. I agree to this, provided my privacy is guaranteed.

I hereby give consent to participate in this Study

.....
Name Signature of volunteer.

.....
Place. Date. Witness

Statement by the Researcher

I provided verbal and/or written information regarding this Study
I agree to answer any future questions concerning the Study as best as I am able.
I will adhere to the approved protocol.

.....
Name of Researcher Signature Date Place

APPENDIX D

TIME TABLE

Tasks to be completed	Time
Proposal presentation to Lectures and students	02/2009
Proposal submission to supervisor	03/2009
Proposal submission to MREC	04/2009
Pre-test and pilot study	06/2009
End of data collection	09/2009
Data analysis completion	11/2009
Final draft sent for comments	12/2009
Submission of final report	01/2010

Proposed Budget

Items	Amount
Pre-test, pilot	R 500.00
Data analysis	R 1 000.00
Stationery	R 2 000.00
Photocopying	R 500.00
Binding	R 2 000.00
Other logistics	R 1 000.00
Total	R 7 000.00

APPENDIX E

UNIVERSITY OF LIMPOPO
Medunsa Campus



MEDUNSA RESEARCH & ETHICS COMMITTEE
CLEARANCE CERTIFICATE

P O Medunsa
Medunsa
0204
SOUTH AFRICA

MEETING: 04/2009
PROJECT NUMBER: MREC/PH/33/2009: PG

Tel: 012 - 521 4000
Fax: 012 - 560 0086

PROJECT :

Title: Factors influencing job satisfaction among healthcare professionals
Researcher: Miss J Ramasodi
Supervisor: Prof S Pengpid
Co-supervisor: Ms L Skaal
Department: Health System Management and Policy
School: Public Health
Degree: MPH

DECISION OF THE COMMITTEE:

MREC approved the project.

DATE: 06 May 2009

Nbrahim

PROF N EBRAHIM
DEPUTY CHAIRPERSON MREC



Note:

- i) Should any departure be contemplated from the research procedure as approved, the researcher(s) must re-submit the protocol to the committee.
- ii) The budget for the research will be considered separately from the protocol. PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES.