FACTORS INFLUENCING JOB SATISFACTION AMONG NURSES IN AHMADU BELLO UNIVERSITY TEACHING HOSPITAL (ABUTH), ZARIA, KADUNA STATE, NIGERIA.

BY

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A DISSERTATION SUBMITTED TO THE SCHOOL OF NURSING, UNIVERSITY OF GHANA, LEGON IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE AWARD OF MASTER OF SCIENCE IN NURSING DEGREE.

JULY, 2015
DECLARATION

This is to certify that this dissertation is the result of research undertaken by Oyibo Saidu Silas towards the award of the Master of Science in nursing degree in the School of Nursing, University of Ghana.

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ABSTRACT

Job satisfaction has been a recurring problem amongst nurses in Nigeria. As such, unfavorable working conditions are compounding problems of shortage and anticipated turnover among the Nigerian nursing workforce. Competent and skilled nurses are emigrating in search of better remunerations, better standards of living, gaining experiences, and upgrading qualifications. The resilient nurses practicing in Nigeria regardless of unfavourable conditions are exposed to work related stresses. The purpose of the study was to assess factors influencing job satisfaction among nurses in Ahmadu Bello University Teaching Hospital (ABUTH), Kaduna State, Nigeria. A quantitative descriptive cross-sectional design was used. Disproportionate stratified random sampling technique was used to select a sample of 360 participants from a population of 695 nurses with a response rate of 304 (84%). Revised Nursing Work Index (NWI- R) was adopted as the data collection tool. Data was analyzed using descriptive and inferential statistics. The major causes of job dissatisfaction among the participants were poor salary, working conditions and staffing. ABUTH management should improve upon nurses’ remuneration, create healthy practicing environment and improve their staffing of nurses to retain the practicing nurses and attract younger generation into the profession.
DEDICATION

This thesis is dedicated to God Almighty for his love, mercy and guidance over my life. I also dedicate this work to Elder and Deaconess Yusuf Francis and my lovely wife Mrs. Ruth One Oyibo in appreciation of her encouragement and for funding my studies in Ghana.
ACKNOWLEDGEMENT

My profound gratitude and appreciation goes to the Almighty God for his guidance, love and mercies over my life and for the courage to rise above obscurity and challenges of poor family background to undertaking this tasking but bearable MSc. Nursing Programme.

I fervently acknowledge my project supervisors Dr. (Mrs) Adelaide M. Ansah Ofei and Mrs. Adzo Kwashie for their useful criticisms and guidance from the beginning to the end of this research study. I cannot thank you enough for your prompt responses, presence and availability, anytime I came knocking even without scheduled appointments. You both made my research work an easy burden to bear. Mr. Barry Baide Afoi, thank you for your guidance and support.

Many thanks to my lovely wife for taking the burden of sponsoring me for this programme and for caring for our two children throughout the period I was away. I also want to thank the Dean school of nursing, Prof. Donkor and all faculty members of the school. I appreciate all your mentorship roles in my studies. All the non-teaching staff especially Aunty Regina, the two Ivy’s I will miss you. My M.Phil. /MSc. classmates thank you too.
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CHAPTER ONE

INTRODUCTION

1.0 Background of the study
Nursing profession is the largest health care workforce in the healthcare system having more direct contact with patients. Nurses are therefore major determinant of overall quality of hospital care and patients’ outcome. To enable provision of standard care, nurses must be provided with an ideal professional practice environment where their job satisfaction is guaranteed. Nurses however, are faced with job dissatisfaction thereby threatening the effectiveness and efficiency of the nursing workforce (de Francisco, Meguid & Campbell, 2015). Job satisfaction is described as the major determinant of having good staff retention in the nursing workforce (Wang, Tao, Ellenbecker, & Liu, 2012).

In an ideal setting, employees’ welfare and satisfaction are imperative in attaining the organizational mission and vision. For instance, nurses are the safety net, ever present with their patient at the bedside, caring and detecting medication errors, addressing patients’ real need. Nurses are the first point of contact to clients in any healthcare facilities. Job satisfaction in the nursing workforce is therefore vital to quality care provision (Abualrub, El-Jardali, Jamal & Al-Rub, 2015; Alenius, Tishelman, Runesdotter, & Lindqvist, 2013; Saleh, Darawad, & Al-Hussami, 2015). Job satisfaction thus, is the most important aspect of nurses’ lives which has positive influence on their morale, productivity, quality of care, patients’ safety, and retention (Ezeonwu, 2011; Aiken, et al., 2012).

Job satisfaction is the product of employee’s attitude to his/her job and job processes. Employee’s job satisfaction entails an outcome of job demands meeting employee’s expectations. It is “a
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pleasurable or positive emotional state resulting from the appraisal of one’s job or job experiences” (Locke, 1969, p. 28). Job satisfaction is a consequence of people’s opinion and feeling about their job arising from intricately interwoven factors regarding the work itself and the work process. It is a function of the extent to which one values certain facets of work, such as the degree of autonomy, company policy, management style, promotion, pay, recognition, relationship among co-workers, work itself and working conditions. These are broadly grouped into extrinsic/hygiene and intrinsic/motivation factors by Herzberg (Herzberg, 1968; Asegid, Belachew, & Yimam, 2014).

Decline in job satisfaction is one of the major cause of shortage in nursing workforce globally. In the United States, Australia and Canada, poor job satisfaction has led to nurses quitting their organization and/or nursing profession leading to shortage in the nursing workforce (Bellasch, 2015). There is a projection of about 500,000 shortage of nurses by the year 2025 in the United State of America while that of Canada is anticipated to rise to 60,000 by 2022 (Buchan, O'May & Dussault, 2013; Trautman, 2015). Likewise, nurses from Germany, France, Poland, Italy, Netherlands, Belgium, Slovakia and China reported having poor job satisfaction and frustration with the nursing profession due to excessive work load coupled with poor recognition and remuneration (Li, Bruyneel, Sermeus, Van den Heede, Aiken & Lesaffre, 2013). Thus, Bellasch (2015) acknowledged that until adequate measures are taken to address decline in job satisfaction among nurses and halt the current high rate of nurse turnover, this shortage will continue to negatively impact the quality of healthcare systems across the globe.

The challenge of decline in job satisfaction among nurses and its associated consequences such as poor patient outcome, high turnover and attrition has become a global issue (Aiken et al., 2012). Indeed, the situation is more serious among the low and middle income nations such as Sub-
Saharan Africa of which Nigeria is one (Dolamo & Olubiyi, 2013). This health workforce crises accounts for the reason most African countries failed in meeting up with the Millennium Development Goals (MDGs) (Gupta, Bush, Dorsey, Moore, van der Hoof, & Farmer, 2015; De Francisco, Meguid, & Campbell, 2015). Additionally, retention problems in the nursing workforce in sub-Saharan Africa accounts for some of the reasons behind the high maternal and child mortality rate, poor response and ineffective management of infectious diseases and outbreak of epidemics (Sun & Larson, 2015). It is however, anticipated that when nurses are satisfied with their job, they would remain on their job and be committed to their organisation.

Nigerian healthcare system is under-resourced and overstretched owing to the rapid growing population, poor policy implementation and security challenges. This is further compounded with poor management of human resources for health such as mal-distribution of the nursing workforce and poor welfare packages (Green, 2016; Agboghoroma & Gharoro, 2015). Thus, the push and pull factors associated with global market forces such as poor working conditions, unattractive benefits and poor salary are forcing well trained and most competent Nigerian nurses to emigrate to high income nations in search of better remuneration and satisfactory working conditions. These are deepening the shortage in nursing workforce especially in terms of skill in Nigeria (Walani, 2015).

Nursing practice is more challenging in Nigeria, especially in the rural areas and the northern part of Nigeria plagued with terrorism (Innocent, Uche, & Uche, 2014; Adegoke, Atiyaye, Abubakar, Auta & Aboda, 2015). Nurses practicing in such areas are usually mandated by situation and empathy to go beyond their professional jurisdiction in patients’ care especially in the advent of epidemic outbreaks, such as Ebola, Lassa fever and meningitis as well as bomb-blasts. Nurses are thereby exposed to uncountable occupational-related stresses ranging from excessive workload,
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dealing with death and dying patients (Green, 2016; Mosadeghrad, 2013). Most studies carried out on job satisfaction among nurses in other states of Nigeria reported decline in their job satisfaction due to poor salary, inadequate and sub-standard medical equipment and drugs, lack of opportunity for advancement and low self-esteem arising from being under-valued by their employers (Nwafor, Immanel & Obi-Nwosu, 2015; Edoho, Bamidele, Neji & Frank, 2015; Adegoke et al., 2015).

Without a stable nursing workforce, quality of care will continue to be compromised as nurses would demonstrate lack of commitment and competence to their work when they are not satisfied with their job. Having a satisfied nursing workforce in ABUTH which is the only tertiary healthcare facility in Kaduna State is therefore imperative. Anecdotal evidence though, shows a decline in job satisfaction among ABUTH nurses due to frequent industrial strikes, emigration and high nursing staff turnover.

To the best knowledge of the researcher, no study was found on job satisfaction among ABUTH nurses at the time of this study. In addition, other studies on job satisfaction among Nigerian nurses were conducted in other parts of Nigeria which have different cultural background and working conditions in contrast to ABUTH. The researcher therefore aimed at exploring factors influencing job satisfaction among ABUTH nurses. The findings will contribute to the existing knowledge on job satisfaction and will further enlighten the management of ABUTH on how to enhance job satisfaction among nurses so as to generally promote quality healthcare delivery.

1.2 Problem Statement
Nigeria is naturally endowed with both human and natural resources. Unfortunately, despite these leverages, the responsiveness of Nigerian healthcare system is inadequate. The Nigerian healthcare milieu is increasingly becoming volatile with unpleasant scenarios such as decreased
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job satisfaction, incessant industrial strike actions among nurses, and deficient healthcare services. This has been observed to be the cause of massive exodus of Nigerians to access medical care abroad and poor health indicators such as increased rate of maternal and child mortality (Agbedia, 2012; Obansa & Orimisan, 2013; Green, 2016).

The healthcare system in Nigeria is faced with many challenges including unfair distribution of nursing workforce, increasing “brain drain” culminating into shortage of skilled and competent nursing workforce. Furthermore, poor human resources planning, mismanagement practices and structures, unsatisfactory working conditions, political crises, and terrorism among others are genuine challenges confronting the Nigerian healthcare system (Welcome, 2016; Obansa & Oriminsa, 2013).

Ogbolu, Johantgen, Zhu and Johnson (2015), described the nursing workforce as being deficient both in material and human resources which contributes to the inability of nurse leaders to achieve a healthy, adequate and stable nursing workforce. The frequent industrial strike actions among Nigerian healthcare workforce has resulted in unquantifiable losses, ranging from loss of lives, deformities and untold hardships among Nigerians especially the masses who cannot afford seeking care in private healthcare facilities or access medical care abroad due to financial incapability.

ABUTH has had its fair share of industrial strikes and upheavals among nurses due to job dissatisfaction. For instance, this year nurses in ABUTH participated in the general nurses’ strike in Nigeria. Nurses agitated against poor remuneration and lack of recognition among their peers especially, the promotion of nurses to executive positions. Thus, for two weeks, nurses stayed away from work while their leaders dialogue with government to resolve the impasse. ABUTH
though, has initiated some strategies to enhance job satisfaction among nurses, such as granting nurses study leave, a lot have to be done to build trust between management and nurses.

Additionally, partnership must be developed with stakeholders to mobilize resources to nurture and retain competent, confident and committed nursing workforce to effectively harness the material and human resources that will demystify these challenges. There must be adequate knowledge of the various variables either discouraging or encouraging job satisfaction among nurses. This study would therefore, explore the different variables influencing job satisfaction among nurses in ABUTH.

1.3 Purpose of the study

The purpose of this study is to describe the factors influencing job satisfaction among nurses in ABUTH.

1.4 Objectives of the Study

Specific objectives of the research are:

1. To explore the influence of extrinsic factors (working conditions, salary, supervision, interpersonal relations and policy and administration) on job satisfaction
2. To explore the influence of intrinsic factors (work itself, achievement, recognition, responsibility and advancement) on job satisfaction.
3. To establish relationship between socio-demographic characteristics (marital status, gender, age and educational status) and job satisfaction.

1.5 Research Hypotheses

1. $H_1$ - Extrinsic factors will influence nurses’ job satisfaction
2. $H_1$ - Intrinsic factors will influence nurses’ job satisfaction
3. H₁ - Nurses’ socio – demographic factors will influence their level of job satisfaction

1.6 Research Questions
1. What are the extrinsic factors that influence nurses’ job satisfaction?
2. What are the intrinsic factors that are influencing nurses’ job satisfaction?
3. How do nurses’ socio-demographic characteristics influence their job satisfaction?

1.7 Significance of the Study
The findings of the study when communicated to nurse leaders and management of ABUTH, would equipped them with adequate information to enable deal successfully with challenges of job dissatisfaction among nurses. It will also be relevant to the nursing profession by providing more insight that could herald policies that will ensure maximum support for nurses in their practice settings thereby leading to more stable and productive nursing workforce. The findings may also reveal other areas that would need further studies on variables associated with job satisfaction among nurses. The findings will also contribute to the existing knowledge on job satisfaction among nurses.
## 1.8 Operational Definition

<table>
<thead>
<tr>
<th>Variable</th>
<th>Conceptual definition</th>
<th>Operational definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job satisfaction</td>
<td>It is “a pleasurable or positive emotional state resulting from the appraisal of one’s job or job experiences” (Locke, 1969, p. 28)</td>
<td>An outcome of job demands meeting employees’ expectation.</td>
</tr>
<tr>
<td>Factors</td>
<td>Webster’s Concise Edition Dictionary and Thesaurus (2002, P. 118) defines factors as “any circumstances that contribute towards a result.”</td>
<td>Attributes or phenomena which have an impact on another variable.</td>
</tr>
<tr>
<td>Intrinsic factors</td>
<td>‘Intrinsic/ motivators relate directly to the person’s job and can enhance his/her level of job satisfaction (Lephalala, 2009, P. 30).</td>
<td>These are internally generated motivational variables directly related to the job content.</td>
</tr>
<tr>
<td>Extrinsic factors</td>
<td>“Extrinsic/hygiene needs do not relate to a person’s work but to conditions surrounding a job” (Lephalala, 2009, P. 28).</td>
<td>These are externally generated variables directly related to the job surrounding/context which prevent employees’ job dissatisfaction.</td>
</tr>
<tr>
<td>Nurses</td>
<td>Professionals formally trained to care for anyone with self-care deficit.</td>
<td>Professionals licensed by the Nursing and Midwifery Council of Nigeria to practice nursing in Nigeria.</td>
</tr>
</tbody>
</table>

## 1.9 Organization of the Study

The study is made up of six (6) chapters. The First Chapter is the introduction which discusses the background to the study and the significance. Explanations of the research problems, aims and objectives of the research, definition of concepts are also included. Chapter two presents the literature review which looks at: theoretical framework, influence of extrinsic factors on job satisfaction, influence of intrinsic factors on job satisfaction and relationship between socio-demographic characteristics and job satisfaction and conceptual framework of the study. Chapter
three presents information on the philosophical assumptions underpinning the study and the
technique employed. The research setting, population of the study, the inclusion and exclusion
criteria, sample size, sampling technique, and tool employed for data collection, method of data
collection, and information on the pre-test of the instrument, the data management process, and
the ethical considerations were discussed. The chapter four presents analysis and interpretation of
the data while chapter five presents discussion of result. The last chapter (six) discusses the
summary of the findings, limitation of the study, conclusions and recommendations.
 CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction
This chapter reviews relevant and related literature about the phenomena of motivation and job satisfaction. The databases used in the review of literature includes Google scholar, Science direct, Willey online, Sage Journals, Health source, Elsevier, CINHAL, EBSCO and MEDLINE. The key concepts used for the literature search included job satisfaction, nurses, turnover, attrition, retention, satisfaction and dissatisfaction, intrinsic and extrinsic factors, socio–demographic factors and healthcare workforce. The literature review is discussed under the theoretical framework, influence of extrinsic factors on job satisfaction, influence of intrinsic factors on job satisfaction, relationship between socio-demographic characteristics and job satisfaction.

2.1 Theoretical Framework
The concept of motivation is an issue crucial to both employers and employees. Effective and efficient management of motivational issues in any organization evidently leads to the sustainability of the entity. Motivation is a very delicate issue to employees and according to Blader, (2007) motivation is the intention targeted at a specific goal which results to goal-directed behaviours.

The theoretical framework adopted for this study is Herzberg’s two factor theory of motivation. Herzberg’s two factor theory was developed out of a burden to find answers to the challenges of motivation of employees dated back 1950s. Herzberg’s theory consists of intrinsic/motivation factors and extrinsic/hygiene factors, which he believed, cannot be measured on the same continuum. Herzberg described factors responsible for employees’ job satisfaction as intrinsic.
factors, which he believed are internally generated motivational variables directly related to the job content. These include work itself, responsibility, advancement, recognition, and achievement. The factors responsible for employees’ job dissatisfaction were described as extrinsic factors, which he believed are externally generated variables directly related to the job surrounding. These include supervision, working conditions, company policy and administration, salary, and interpersonal relationships.

Herzberg opined that the opposite of satisfaction is no satisfaction while opposite of dissatisfaction is no dissatisfaction. Herzberg also argued that while the absence of extrinsic factors could cause dissatisfaction, the presence does not amount to job satisfaction by employees (Hertzberg, 1968). That is, while extrinsic factors influence job dissatisfaction, intrinsic factors influence job satisfaction. Herzberg advanced his argument that intrinsic factors supersede extrinsic factors because they are the major determinants of employees’ motivation and overall job satisfaction. The employer must therefore provide extrinsic factors before providing factors that motivate employees thereby regarding extrinsic factors as a launch pad for establishing a platform for employees’ motivation as shown in Figure 2.1.

![Figure 2.1: Herzberg’s Two Factor Theory of Motivation.](http://ugspace.ug.edu.gh)
Consequently, when the extrinsic factors are absent or insufficient, employees would be dissatisfied and demotivated either with or without the presence of intrinsic factors. On the other hand, when extrinsic factors are present and adequate, employees will not have job dissatisfaction but will still remain unmotivated. Herzberg therefore posited that it is at this stage onward that employees can be satisfied and motivated by the presence of intrinsic factors.

Some scholars have criticized Herzberg’s theory. The theory has been critiqued for its failure to measure the correlation between job satisfaction and performance (Armstrong, 2006). Furthermore, Herzberg viewed humans as being mechanical instead of being dynamic by explicitly and rigidly stipulating factors that influence employees’ job satisfaction. The implication is that these factors are fixed and do not evolve. He further advocated complete provisions of extrinsic factors before anticipating employees’ job satisfaction, which is practicably unrealistic in practice (Vroom, 1966; House & Wigdor, 1967; Diener & Biswas – Diener, 2011).

Herzberg’s two factor theory however still remains valid for understanding factors influencing employees’ job satisfaction even in Africa as reported by some literature of African origin (Dartey-Baah & Amoako, 2011; Akanbi, 2011; Worlu & Chidozie, 2012; Edoho et al., 2015; Adegoke et al., 2015). Edoho et al. (2015) studied job satisfaction among Nigerian nurses using Herzberg’s two-factor theory and found it relevant to understanding factors influencing job satisfaction. The researcher therefore adopted Herzberg’s theory because it has been proven to be effective in studying job satisfaction among nurses both in Nigeria and beyond.

In this study, nurses were asked to rate their level of satisfaction with their intrinsic and extrinsic factors. Nurses’ job satisfaction was based on their level of satisfaction with their intrinsic and
extrinsic factors. The researcher in addition, established relationships between socio-demographic characteristics such as age, gender, marital status educational status and job satisfaction.

### 2.2 Influence of Extrinsic Factors on Job Satisfaction

Extrinsic factors are externally generated variables directly related to the job surrounding whose presence do not amount to job satisfaction but are however capable of preventing job dissatisfaction (Akanbi, 2011; Herzberg, 1968). These factors are salary, allowance, supervision, working conditions, interpersonal relationships, company policy and administration. These factors are very important to nurses because they provide the nurses with an enabling environment and good frame of mind where their skills and competence would be maximally utilised.

Nurses are very passionate about their salary, and become dissatisfied when their pay is inadequate and living conditions become unbearable. Several studies have postulated that, the major tool for preventing employees’ job dissatisfaction is better remuneration like allowances, better pay, proper and better conditions of service and among others (Asuquo, Imaledo, Thomp-Onyekwelu, Abara, & Agugua, 2016; Worlu & Chidozie, 2012). When employees perceive their remuneration to be adequate in commensuration with their responsibilities, it increases their level of job satisfaction and commitment to their organisation (Kaplan & Brown, 2009). Good pay enables employees to meet up with their financial obligations such as family responsibilities and better standard of living leading to increase in their level of job satisfaction.

In a study on job satisfaction and retention of midwives in rural Nigeria, using mix method approach, Adegoke et al. (2015) reported that, midwives in the northern part of Nigeria are dissatisfied with their jobs due to poor salary. The participants were dissatisfied with their poor standard of living especially in the rural areas where social amenities are in their worse state. This
could be attributed to the fact that in a developing nation like Nigeria, there is usually dearth of social amenities and infrastructures in the rural areas. Nurses and Midwives practicing in such areas usually have to cope with many unfavourable circumstances such as having to transport their children over long distances where they can have access to good education, dealing with frequent power outages, security for themselves and their families as well as access to quality healthcare services when the nurses themselves fall sick. All these put extra burden on their finances thereby affecting their level of satisfaction with their jobs.

In a cross-sectional study to assess level of job satisfaction among South African nurses, Khunou and Davhana-Maselesele (2016) established that good salary has significant positive impacts on nurses’ job satisfaction. The South African nurses reported dissatisfaction with poor salary and therefore indicated a desire to migrate to high-income countries in search of better remuneration and conditions of service. Clearly, good salary appears to be appealing and gratifying to employees. It accounts for the major motivating factor behind employees’ passion to work as well as a pursuit for advancement and promotion. In order to safeguard the morale and enthusiasm of employees for maximum performance, their salary should be commensurate with their skill and job demand (Worlu & Chidozie, 2012).

When employees perceive their salaries to be adequate and commensurate with their level of competency, job demands and prevailing pay standards, they find their job more attractive and fulfilling which invariably leads to increase in their level of job satisfaction and productivity regardless of the presence of other unfavourable conditions (Dartey-Baah & Amoako, 2011). Oriarewo, Agbim and Owutuamor (2013) in a study among bankers in Nigeria explored job rewards as correlates of job satisfaction. The authors reported bankers citing good salary as a major factor influencing their job satisfaction. Nigerian bankers are usually accorded respect by the
society due to their good salary. Other studies equally established positive relationship between good salary and job satisfaction among nurses (Wang & Liesveld, 2015; Dignani et al., 2013; Yang, Yu & Wang, 2013).

Working conditions (extrinsic factors) consist of two broader dimensions such as work itself and context (Raziq & Maulabakhsh, 2015). The authors indicate that work itself include all the different characteristics of the job, tasks and activities, sense of achievement from the work, and the context refers to the physical and social working environments respectively. Studies have shown that the physical and social working conditions influence job satisfaction and that when these are ignored in organizations, the employees’ performance is adversely affected (Raziq & Maulabakhsh, 2015). Consequently, healthy working conditions are indispensable to achieving employees’ job satisfaction. Also, physical and social working environments are fundamental requirements for achieving adequate staffing, effective and efficient nursing care and positive patient outcomes which in turn influence job satisfaction (Hayes, Douglas and Bonner 2015; Aiken et al., 2011; Hu et al., 2015).

In a study by Waqas, Bashir, Sattar, Abdullah, Hussain, Anjum and Arshad (2014), conducted among 148 Pakistan employees from different disciplines, findings indicated that good working conditions was positively associated with job satisfaction. This implies that the working conditions such as adequate space, lighting, quality and adequate equipment, good staffing, ideal workload must be adequately catered for in order to ensure that employees are satisfied with their jobs as expressed by the findings of Waqas et al. (2014). Healthy working conditions would provide employees with favourable workplace where their potentials can be maximised.
Similarly, Asuquo et al. (2016) in a descriptive cross-sectional study assessed job satisfaction among nurses in Port-Harcourt Teaching Hospital, Nigeria. Poor working conditions were rated highest as cause of job dissatisfaction among the participants. Employees would be comfortable and satisfied with their job when they perceived their working conditions attractive and would be more apt to learn to adapt to the organisational culture (Sarode & Shirsath, 2014). Similar findings were reported by another study among Nigerian nurses by Ogbolu et al. (2015), in which the nurses expressed dissatisfaction with their working conditions and rated patient safety as poor in their settings. The nurses reported frustration with having to battle with gross shortage of staff, excessive workload and scarcity of resources. To address the problems of decline in job satisfaction, deterioration of quality care, nurses must be provided with adequate material and human resources to enable them carry out their professional duties effectively and efficiently.

Aiken et al. (2011) conducted a survey involving 98,116 professional nurses in 1406 different hospitals across nine European countries between 1999 and 2009. They reported high level of burnout among nurses in all the countries except Germany. Poor working conditions were evidenced in most of the hospitals across the countries. They however, reported hospitals with good practice environment having decreased burnout, increased job satisfaction, decreased turnover and good patient outcome. They advocated quality work environment as formidable measures to achieving and sustaining efficient nursing workforce globally. Their study has high creditability for generalization considering the large sample size drawn from different hospitals across nine countries with rigorous scientific procedures employed in the conduct of the study. Nurses are satisfied with their job when provided with good working conditions and would be equipped to render quality care.
Additionally, Ganzo and Toren (2014) assessed the Israeli nursing practice environment characteristics and job satisfaction and established a strong positive association between the practice environment and job satisfaction of nurses. They reported appropriate staffing and resources as the most vital but often neglected characteristics of nursing practice environment and working conditions. Adequate staffing and resources are effective solutions to workplace related stresses. Quality and sufficient and ergonomically designed working tools are formidable in creating and sustaining employees’ motivation and enhancing their productivity (Ganzo & Toren, 2014). Other literature similarly established strong positive relationship between healthy working conditions and job satisfaction among nurses (Lu, Barriball, Zhang and Alison, 2012; Leineweber et al., 2016; Hu, Luk and Smith, 2015). Furthermore, nurses are satisfied with their job when they are able to realise their objectives of patient’s care. However, they can only utilise their skill and competence when given the right resources and tools to work with.

Human behaviours are intricately complex and unique and good interpersonal relations remain the only common denominator for harnessing this diversity and uniqueness of human behaviours for healthy and productive co-existence among employees (Polis et al., 2015). Good interpersonal relation is a proven tool in creating and sustaining strong positive group cohesion, trusts, confidence, socialization, teamwork and healthy practice environments, which are vital to employees’ job satisfaction (Ulrich et al., 2014). Good interpersonal relations encourage transparency and cultivation of confidence among employees (Kailsch & Lee, 2013). Moreover, job satisfaction and organisational commitment is usually high in a friendly atmosphere because there is singleness of purpose and focus. Every effort would be geared towards achieving the organisational goal because the system is devoid of sabotage.
Yang et al. (2012) in a cross-sectional survey assessed level of job satisfaction among Chinese nurses. Their study proved good interpersonal relations to enhance job satisfaction and teamwork among nurses. Similarly, Al-Dossary, Vail and Macfarlane (2012) in a quantitative study assessed the level of job satisfaction and explored factors that influence job satisfaction among Saudi Arabian nurses. The result of their study proved that interpersonal relations influence nurses’ job satisfaction. The participants were satisfied with their interpersonal relations and happy with their work environment. When there is good interpersonal relations, there would not be room to entertain misunderstanding among nurses because good interpersonal relations encourages open communication through which nurses could easily resolve their differences. Dignani and Toccaceli (2013) similarly, in a survey on factors influencing job satisfaction among Italian nurses recounted interpersonal relations being positively correlated with nurses’ job satisfaction. Other studies reported similar findings (Mosadegrad 2013; Kim, Han, Kwak, & Kim; 2015; Liu et al., 2016).

Policy and administration are formally documented guidelines aimed at streamlining activities and interest for achieving the objectives of the organization. It is imperative for healthcare facilities to frequently review their organizational policies while taking into cognizance the current prevailing circumstances. Hayes, Bonner & Douglas (2013) explored the level of job satisfaction among Australian and New Zealand nurses working in a haemodialysis unit. A cross-sectional design was adopted to recruit 417 nurses through online survey. While the result proved that level of job satisfaction between Australia and New Zealand was similar, Australian nurses rated the impacts of company policies and administration on their job satisfaction higher than New Zealand nurses.

Decision-making is an aspect of administrative and policy issues in organizations. Al-Hamdan, Bawadi, Redman and Al-Nawafleh (2016) in a study among Jordanian nurses reported nurses having job dissatisfaction, which was attributed to their non-involvement in decision-making. The
authors cited nurses’ displeasure with the non-existence of formally stipulated policies in their organisation. On the other hand, nurses would find their work environment more friendly, accommodating and satisfied with their job when they are involved in the hospital administration and day-to-day decision-making especially in matters relating to their services.

According to Emmarex and Owuze (2015), clarity, transparency and uniformity are indispensable characteristics of effective organizational policy and administration. When employees are aware of the rules and regulations operational in their organizations, role conflicts, occupational stresses, destructive and unethical behaviours, which are inimical to their job satisfaction, would be reduced to their barest minimum. In another study by Edoho et al. (2015) to determine level of job satisfaction among nurses in Calabar, Cross River State, Nigeria, revealed that good policies and administration are positively associated with nurses’ job satisfaction. Similar findings have been reported by Mosadegrad (2013), Khonou and Davhana-Maselele (2016), and Wang and Liesveld (2015). These findings suggest that in formulating organisational policies, employees’ input should be sought and acknowledged. Moreover, involving employees in policy formulation would eliminate the chances of employees’ misrepresentation of the organisation’s interest and also give employees a sense of belongingness and achievement, which would enhance their job satisfaction.

Employees’ job satisfaction is created and sustained with the presence and effort of unit supervisors who are passionate, friendly, and accommodative (Locke, 1976). Al-Dossary, Vail and Macfarlane (2012) in a quantitative study assessed the level of job satisfaction and explored factors that influence job satisfaction among Saudi Arabian nurses. The result of their study indicated that the nurses were satisfied with the quality of supervision of their work. The study involved only one teaching hospital in Saudi Arabia limiting the generalizability of the result.
Nurses fare better in an atmosphere where their effort is acknowledged and appreciated and are convinced of equal treatment (Abualrub et al., 2015). It takes a supportive and competent supervisor to create a healthy work environment where employees’ interest and organisational goal are harnessed and sustained. A study among Jordanian nurses by Abualrub et al. (2015) established strong positive association between supportive supervisor and employees’ job satisfaction. This suggests that nurses with high levels of supervisory support indicated high levels of job satisfaction. Therefore, nurse managers (supervisors) at all levels must ensure that the wellbeing of their subordinates are given adequate and prompt attention because employees would cultivate sense of belonging and loyalty when they perceive their supervisors interested in their wellbeing (Wang & Liesveld 2015). This is likely to lead to job satisfaction among the employees.

In another study conducted in Canada by Nowrouzi et al. (2015), participants advanced poor management as being detrimental to staff support and positive group cohesion. Lack of unity and distrust would ensue in the workplace when employees perceive their superior displaying preferential treatment among their colleagues. Good supervision entails that every employee is given equal treatment as the need arises. Furthermore, acknowledgment of staff’s outstanding performance and promotion or opportunity for training would only influence employees’ job satisfaction positively when it is strictly based on merit and not favour or sentiment.

Good supervision is also largely dependent on role modelling and availability. Studies have shown that nurses’ morale is usually sustained even in adverse situations when their supervisors are always within their reach and offering them necessary support. For instance, Adegoke et al. (2015) in a study to assess the factors influencing job satisfaction of midwives in rural Nigeria reported that midwives have job dissatisfaction due to unavailability of supervisors and lack of support for their welfare. When the workplace is uncoordinated due to poor supervision, the environment
becomes unhealthy for employees to function maximally, which could lead to job dissatisfaction manifesting in burnout, depression and frequent absenteeism among employees.

According to Van Bogaert et al. (2014) in a study among nurses in Dutch speaking part of Belgium, the participants cited good supervision as central to effective team building, involvement of nurses in decision making, overall job satisfaction, quality nursing care and positive patient outcome. Good supervision is indispensable to creating and sustaining a healthy nursing practice environment. Correspondingly, Gok, Karatuna and Karanca (2015) reported good supervision as major determinant of creating and sustaining higher level of job satisfaction among nurses.

### 2.3 Intrinsic Factors on Job Satisfaction.

Intrinsic factors are internally generated motivational variables directly related to the job content (Akanbi, 2011). Intrinsic factors are directly associated with employee’s job and can influence employee’s job satisfaction (Herzberg, 1968). Intrinsic factors are: job advancement, work itself, responsibilities, recognition and achievement. They are intrinsic within the work itself and associated with the actual content of the job.

According to Herzberg (1968), job must be interesting and varied for employees to derive positive satisfaction from doing it. Thus, work itself entails mentally challenging tasks, but still interesting enough to give the employees a sense of success and satisfaction (Locke, 1976). Other components of work itself include the work environment; workload, staffing and skill mix which are reported having strong association with job satisfaction among Chinese nurses (Duffield et al., 2011). Adequate human and material resources are strong positive predictor of employees’ job satisfaction. Hospital environment should be pleasant, wards and office should be spacious and well lit. Improvising of equipment should be reduced to the barest minimum. Furthermore,
equipment provided must be ergonomically designed and suitable for their purpose so as to enhance nurses’ performance and job satisfaction.

Work itself must be favourable for nurses to measure up to their professional demand. Nurses from Germany, France, Poland, Italy, Netherlands, Belgium, Slovakia and China reported having poor job satisfaction and frustration with nursing profession due to excessive workload (Li et al., 2013). Similarly, Wang, Tao, Ellenbecker and Liu (2012) in a cross-sectional study among Chinese nurses reported that ideal workload and job enrichment were associated with increased job satisfaction among the nurses. An ideal workload is attainable only through adequate staffing while staffing is said to be adequate when there is a rational allocation of patients/clients’ care to nurse(s) (Duffield et al., 2011). Adequate staffing and job enrichment are therefore imperative to nurses’ job satisfaction.

Work itself is attractive in the presence of adequate staffing without subjecting nurses to excessive workload and burnout, which leads to job dissatisfaction. There is empirical evidence linking adequate staffing and ideal workload to patient positive outcomes and nurses’ job satisfaction (Trinkoff et al., 2011; Aiken, Sloane, Bruyneel, Van den Heede, Griffiths, Busse, & McHugh., 2014). For instance, when few nurses are left to care for many patients regardless the severity of the disease condition, quality of care is usually compromised leading to poor patient outcomes (Tao, Ellenbecker, Wang & Li, 2015). This could lead to burnout and job dissatisfaction among nurses.

When employees are assigned to challenging tasks that are commensurate with their training and experience, a successful completion of such tasks would increase their sense of achievement and job satisfaction (Mosadegrad, 2013). Allowing nurses to practice at the level of their expertise and
making decisions about patients’ care increase their motivation and thus their level of job satisfaction. More so, professional autonomy is central to cultivation of passion for excellence and professional development among nurses (Azim, Haque & Chowdhury, 2013). It is observed that having autonomy over nursing practice increases nurses’ self-esteem, job satisfaction and desire to be more ethically inclined in anticipation to project and uphold good professional image.

Graham, Davies, Wood, Simpson and Manta (2011), conducted a survey involving 18,676 nurses and reported that participants rated autonomy above all other variables as impacting on job satisfaction followed by workload. From their study, that autonomy is one of the most powerful predictors of job satisfaction among nurses. The recognition accorded professional autonomy by nurses may be attributed to the fact that being aware that you are responsible for the outcome of your decisions and actions automatically instills in one the consciousness and discipline to be ethically inclined and law abiding.

Advancement and recognition are vital to nurses’ job satisfaction when accompanied with change in task allocation and overall job description. It is observed that underutilisation of employees’ knowledge and competence usually results in their job dissatisfaction. Underutilisation of nurses’ skill and competence was reported to have negative influence on nurses’ job satisfaction (Bruyneel, Aiken, Lesaffre, Van den Heede, & Sermeus, 2013).

Advancement opportunities are very critical to employees’ job satisfaction and commitment to the organizational goals. Recognizing and rewarding the dedicated and competent employees with non-monetary reward like opportunity for training and promotion would equally give employees higher level of job satisfaction and impetus to strive harder in achieving the organizational goals (Mustapha & Zakaria, 2013). Advancement is measured in various ways such as promotion,
increase in remuneration and autonomy (Masum et al., 2016). It is usually one of the major motivating factors behind employee’s acceptance of responsibilities and it equally affects all facets of employee’s life (Luthan, 1998). Advancement affords the employees means for personal growth, development and increase in societal status and improvement in standard of living. In a cross sectional survey to examine the variables influencing job satisfaction among healthcare workers in the Philippines, opportunity for training and development were reported as the most important sources of satisfaction among the participants (Fabiene & Kachchhap, 2016).

One of the major ways to align the interest of the organisation with that of employees is having a well-structured pattern of opportunities for training and job promotion for all employees documented and implemented accordingly (Ugwa & Ugwa, 2014). Another study conducted to assess nurses’ working conditions and quality of care in 12 Europeans countries reported different levels of job satisfaction among the countries. One of the factors associated with decrease in job satisfaction in most of the countries was opportunity for advancement (Aiken et al., 2013). Additionally, it is observed that employees usually feel ill-treated when denied opportunities for training and promotion when due. It would therefore save the organisation from a lot of stress handling conflicts and disloyalty in the workplace by having laydown rules guiding the benefits available for their employees.

Rouleau, Fournier, Philibert, Mbengue, and Dumont (2012) examined the professional lives and job satisfaction of midwives in Senegal and reported that more than half of the participants (55%) have emotional exhaustion and job dissatisfaction which was positively correlated with lack of opportunity for advancement and professional training. Nurses’ professional aspiration and self-fulfilment can only be achieved via advancement in their professional career. Similar findings were reported by other studies conducted among Nigerian nurses (Oyetunde & Ayeni, 2014;
Edoho et al., 2015; Ugwa & Ugwa, 2014). This could also be responsible for decline in job satisfaction and deterioration in quality care commonly observed in the Nigerian health care system.

It is observed that employees measure the prospect of their work with opportunity for advancement. Employees therefore would remain with the organization when they become aware of the policy for promotion. Such awareness and the expectation for advancement while in service keeps employee motivated and committed to the organisational goals. A study conducted in Mexico to assess the life of nursing faculty members in association with their job satisfaction recounted opportunities for professional advancement as a major source of job satisfaction (Wang & Liesveld, 2015). Similar findings were reported by other literature (Zahaj et al., 2016; Ali & Wajidi, 2013; Masum et al., 2016; Khunou et al., 2016). This could be attributed to the fact that advancement comes with different packages and benefits, which nurses enjoy. Moreover, it is through advancement that employees can ascend the ladder of managerial position and being in a managerial position is in itself an achievement.

Recognition is the positive acknowledgement of employees’ exceptional performance or achievement, which have significant bearing on employees’ overall level of job satisfaction (Tessema, Ready & Embaye, 2013). Recognition is observed to have a catalyst-like influence on the potential of employees. This is because employees’ passion and commitment seems to be on the increase in the workplace where culture of recognition is held in high esteem. Consequently, employees’ job satisfaction and performance will be on perpetual decline in the absence of appropriate feedback and acknowledgement of positive achievement.
Khunou, and Davhana-Maselesele (2016) assessed the level of job satisfaction and anticipated turnover among professional nurses and enrolled nursing assistants in South Africa. Findings revealed that the participants were having poor job satisfaction due to lack of recognition and appreciation for job well done. When employees are appreciated for job well done, it serves as source of positive feedback to them thereby increasing their level of confidence, job satisfaction and desire to be more productive. Similarly, Franek, Mohelska, Bachmann and Sokolova (2014) in cross-sectional studies involving 1776 participants drawn from different organizations cited recognition as having the capacity to cushion other unpleasant scenarios emerging from the work environment and work related processes. Franek et al. (2014) also emphasized that higher education does not often result in higher job satisfaction but only becomes beneficial in influencing level of job satisfaction when accompanied with recognition.

Miyata, Arai and Suga (2013), in a survey across 10 hospitals involving 1425 nurses in Japan explored the perception of nurses on the recognition behaviours of their nurse manager and established its relationship to the nurse sense of coherence (SOC). Their findings cited recognition of nurses’ achievement as potential factor that could enhance nurse SOC leading to reduced burnout and increased job satisfaction. The more recognition employee receives for positive effort, the more the passion to strive better and harder for achievement to earn more recognition. Other empirical literature reported similar findings (Adogoke et al., 2015; Khunou, & Davhana-Maselesele, 2016). Indeed, in nursing, recognition of efforts by nurse managers enhances competence building and commitment to work. Young nurses are always looking forward for their in-charges/ nurse managers to acknowledge their efforts using all sorts of ways especially by just showing appreciation, patting their back and even smiling. Invariably, these signify positive acknowledgment of employees’ effort, which has positive impact on their level of job satisfaction.
Furthermore, on the part of achievement, nurses become more satisfied when their patient care objectives are met as delegated by their superior. When nurses are involved in decision-making and are also given job description with role differentiation in accordance with their educational achievement, it raises their self-esteem and level of job satisfaction (Brunel, Li, Aiken, Lesaffre, Van den Heede and Sermeus (2013). On the other hand, nurses were reported having frustration from not achieving their goal of caring due to much time spent on routine tasks below their skills and training (Velickovic et al., 2014). This may be due to the fact that employees’ potential are observed to be maximally utilized when they perceived their placement on duty is fair and in line with their training and talent.

Bahalkani, Kumar, Lakho, Mahar and Majeed (2011) reported gross job dissatisfaction among Pakistan nurses due to lack of involvement of nurses in decision making, and under-achievement as a result of doing more of improper and non-nursing task and poor career structure. Similar findings have been reported by Adegoke et al. (2015) and Hoonakker et al. (2013) which indicates clearly that involvement of employees in decision-making at all levels by employers serve as a strong motivator to work leading to job satisfaction. Obviously, employees will feel more satisfied embracing the job that brings out the best in them. Such jobs are the jobs that require employees’ assertiveness, experience and training. Having role differentiation for employees in accordance with their training, skill and competence makes them feel satisfied with their achievement.

Prompt acknowledgement and recognition of employees’ performance either with monetary and non-monetary rewards are also observed to contribute to employees’ sense of achievement. In a study among nurses from Aminu Kano Teaching Hospital, Nigeria. Ugwa and Ugwa (2014) assessed nurses’ level of job satisfaction and its correlate and compared the levels of job satisfaction between senior and junior nurses. The authors cited delay in promotion as having more
detrimental effects on nurses’ job satisfaction in contrast to workload and salary. The authors attributed this to the fact that promotion equally comes with change in job description and increment in remuneration, which also lead to nurses’ job satisfaction. Nurses would remain passionate and committed to their professional mandate as long as they are provided with mentally challenging but attractive work. However, their job satisfaction can only be sustained when the opportunities to realising their personal goals are realistic.

2.4 Relationship between Socio-demographic Characteristics and Job Satisfaction

Studies have shown that nurses’ job satisfaction is highly associated with their socio-demographic characteristics. The most frequently studied socio-demographic factors in relation to job satisfaction are age, experience, educational status, gender and marital status. (Ghazzawi, 2011; Reid, Hurst and Anderson, 2013; Alshmemri, 2014; Kaddourah et al., 2013; Lu, Barriball, Zhang, & While, 2012). In a cross-sectional survey to examine factors influencing job satisfaction among nurses, Lu et al. (2012) reported job satisfaction as a multidimensional construct influenced by different variables such as marital status, age, work experience, gender and educational status. However, several other findings on the relationships between nurses’ socio-demographic factors and job satisfaction are divergent (Choi et al., 2013, Hayes et al., 2010, Kaddourah et al., 2013; Lu et al., 2012). That is, while some studies reported socio-demographic characteristics influencing job satisfaction, others equally reported no association as presented in the subsequent paragraphs.

Marital status from the sociological perspective is believed to provide couples with enormous sense of fulfilment and accomplishment, which invariably provide enabling environment for life satisfaction. Moreover, marriage itself is a desirable societal status, which is usually accorded
respect in many societies. Therefore, being married in such societies is in itself a source of satisfaction. Simon (2014) studied the significance of marital status for emotional well-being and job satisfaction and revealed that marital status was positively associated with more access to psychological resources and social support and higher level of job satisfaction. This means that married employees are able to access more support from their partners, which makes them able to cope with other stressors and hence more satisfied with their jobs. In addition, other studies have also indicated that, responsibilities that accompany marriage seems to make employees more determined and resilient to face the brunt of work related stresses and as such, may have higher job satisfaction than unmarried employees. These studies also establish strong positive association between job satisfaction and marital status (Liu et al., 2012; Kim et al., 2015; Reid et al., 2013; Gholami, Aghamiri, & Mohamadian, 2013).

On the contrary, Adeoye, Akoma and Binuyo (2014) studied the influence of marital status on job satisfaction among Nigerian workers and reported unmarried employees having more job satisfaction than their married counterparts. It was argued that married employees are more encumbered with diverse responsibilities, which could serve as source of distraction impeding their work commitment and job satisfaction. Again, when a married employee works in a more demanding organization such as the military, bank, it may result in work life imbalance leading to poor coping mechanism at work, which could manifest in poor job satisfaction. On the other hand, single employees mostly do not experience such external distractions and could therefore be more organized, focused and committed to their job demands manifesting in higher job satisfaction.

Panisoara and Serban (2013) were of contrary opinion. Panisoara and Serban (2013) asserted that marital status has no association with employees’ level of job satisfaction. Tao et al. (2012) and
Wang and Liesveld (2015) also reported weak positive association between marital status and job satisfaction. These may be due to socialization and difference in socio-cultural beliefs and practices especially where extended family system is practiced. In such environments, both married and unmarried employees are equally saddled with responsibilities of catering for dependants. As such, everybody equally strives to develop positive coping strategies against workplace related stressors in order to remain employed so that the employees still are capable of maintaining their social responsibilities and status.

Issues related to gender often indicate that women are believed to be more prone to higher rate of depressive disorder than men, which is a demerit for job satisfaction (Saunders, Davis, Williams, & Williams, 2004). On the other hand, men are also known to be more resilient and assertive than women which could position them for better coping mechanisms with life and work related challenges. In a cross-sectional study involving 102 nurses and 89 doctors working in a federal medical centre in Ekiti State, Nigeria, Olatunji and Mokuolu (2014) reported significant positive correlation among socio-demographic characteristics and job satisfaction. Both male nurses and male doctors reported having higher level of job satisfaction than their female colleagues. Males are often expected to be providers for their families or other dependants. Thus, having a steady source of income to provide for one’s family is a source of prestige and respect. Males are also believed to have higher social responsibilities than women (Kim, 2015; Heidarian et al., 2015; Franek et al., 2014). This could explain their determination and resilience in keeping their jobs in anticipation to maintain their social status.

Carrilo et al. (2013) conducted a study on job satisfaction among healthcare workers in relation to the role of age and gender and found women having higher job satisfaction than men. Reid et al. (2013) also examined the impacts of socio-demographics characteristics on job satisfaction among
2000 Australian registered nurses. They reported that female nurses rather have higher job satisfaction than their male counterparts. Alshmemri (2014), in his findings among Saudi Arabian nurses also established that Saudi Arabian female nurses were more satisfied with their job than their male colleagues which is explained by the fact that modernization and socialization have brought emancipation and freedom to compete with men in all life’s endeavours. This freedom may have accounted for their source of satisfaction above their male counterparts regardless of work related challenges.

Other studies provide divergent views on the influence of gender on job satisfaction. For instance, Ayelew, et al. (2015) in a cross-sectional survey among Ethiopian nurses reported that gender has no association with job satisfaction. Similarly, Cahill (2011), also studying job satisfaction among nurses in different clinical settings in the United States of America reported gender having no statistically significant correlation with job satisfaction. This difference may be due to influence of western culture, which does not attach importance to differences in gender but rather advocates gender equality. Consequently, self-esteem and the enabling environment are usually adequate for both sexes to compete favourably.

On the influence of age on job satisfaction, the findings are also conflicting. While some accepted positive relationship, others accepted negative relationship (Ghazzawi, 2011). However, Generational diversity in the nursing workforce is believed to be a major determinant of differences in age and job satisfaction. According to Hendricks and Cope (2013) generational cohorts in the nursing workplace include the Veterans (1925 – 1945), Baby Boomers (1946 – 1964), Generation X (1965 – 1980), and the Millennial Generation (1980 – 2000). Given that the resilience and perceptions of these generational cohorts are different, so are their job expectations and coping mechanisms. According to Hendrick (2013), the generational cohorts in the nursing profession
Job satisfaction among Nurses in ABUTH
differ in terms of commitment, communication and compensation. Most of the relational frictions at workplaces are predicated upon inabilities of nurse leaders and supervisors to efficiently recognize and harness diversities in beliefs and perceptions among these generational cohorts. All these influence job satisfaction.

Further study on the relationship between age and job satisfaction by Carrilo, Salano, Martizez — Roche and Gomez-Garcia (2013), was conducted among healthcare workers. In relation to the role of age on employees’ job satisfaction, a statistically significant correlation between age and job satisfaction was identified. The most satisfied groups were the youngest and the oldest. The explanations given for these findings are that the younger generation has access to modern technology which gives them easy access to relevant information to work with to boost their job satisfaction. On the other hand, the older generation might have had adequate experience from years of practice, which might have made them develop more positive adaptive strategies to cope with unfavourable working conditions to sustain job satisfaction.

However, in another study by Kozuchova, Magerciakova and Vargova (2015), no statistically significant correlation was found between age and job satisfaction, which was attributed to difference in socio-cultural background. Advancement in technology has made available relevant information for self-development by all irrespective of one’s age. This leads to increase in skills and competence and corresponding increase in job satisfactions.

Education has been cited as one of the factors influencing job satisfaction in the nursing profession. Adeoye, Akoma, & Binuyo, (2014) explored the impacts of educational background on job satisfaction among Nigerian workers and established strong positive association between job satisfaction and educational background. Some reasons for this observation are attributed to the
Job satisfaction among Nurses in ABUTH

fact that some Nigerians esteem higher qualification at expense of skill and competence. Again, those with higher educational background are usually employed in higher positions, which comes with more opportunities such as higher wage, training and advancement leading to job satisfaction. It is also worthy to note that their study involved several workers from different disciplines which may not share the same view with the nursing workforce.

A study conducted on postgraduate nurse practitioner education about impact on job satisfaction found nurses with postgraduate education having higher level of job satisfaction compared to those without postgraduate education (Bush, 2015). Higher levels of education usually produce more knowledge and skill necessary for more competence and better performance at work. Invariably, nurses with higher educational background are usually accorded higher recognition in their workplace and also have more employment opportunities as they can both work either in the clinical setting or in the nursing training institutions. Consequently, having the opportunity to work in their desired setting and mostly in the managerial position afford them more self-esteem and job satisfaction.

However, other literature found no statistically significant relationship between educational status and job satisfaction (Franek et al., 2014; Mehrdad et al., 2013). This could be attributed to the fact that those with higher educational background are usually saddled with more responsibilities at work and also have higher expectations from work. Indisputably, the authorities usually blame them when things go wrong in the workplace, which could lead to frustration, burnout and job dissatisfaction. Furthermore, when their expectations are not met, it equally leads to job dissatisfaction.
2.5 Summary of the Literature Review

Relevant literature reviewed above investigated nurses’ job satisfaction in examining the influence of intrinsic, extrinsic and socio-demographic factors on job satisfaction. Extrinsic and intrinsic factors were established as factors influencing employees’ job satisfaction. Some of the literature however established that both extrinsic and intrinsic factors could be measured on the same continuum, which differed from Herzberg’s assertion. For instance, salary was often cited having impact both on employees’ job satisfaction and job dissatisfaction. In addition, the findings of most of the studies on the influence of socio-demographic characteristics on job satisfaction were divergent.

To the best knowledge of the researcher, there was no study that addressed job satisfaction among nurses in ABUTH. This study therefore aimed at exploring factors that influence job satisfaction among nurses.

Review of empirical literature on nurses’ job satisfaction was carried out in this chapter. Also, discussed include the theoretical framework for the study. The next chapter will discuss the research design, research setting, population of the study, sample size and sampling technique, tool employed for the data collection, data management process, and the ethical consideration.
CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

The previous chapter reviewed relevant literature relating to the study. This chapter presents information on the research design and techniques chosen to answer the research questions. The research setting, population of the study, the inclusion and exclusion criteria, sample size, sampling technique, research instrument, method of data collection, pre-test of the research instrument, the data management process, and the ethical considerations have all been described.

3.1 Research Design

Research design is “a blueprint for action” (Brink, 1998:100). A cross sectional quantitative method was employed because much is already known about job satisfaction among nurses both in Nigeria and beyond. The researcher therefore did not intend to provide in-depth knowledge on job satisfaction but rather aimed at quantifying the attitudes, behaviours and opinions of ABUTH nurses on the impact of intrinsic, extrinsic and socio-demographic factors (individual characteristics) on their job satisfaction. The method was therefore deemed suitable to enable the researcher generate both statistical and numerical information large enough for generalisation through the use of questionnaire. Furthermore, cross-sectional survey was adopted because it is the most accurate design to examine the attributes of an individual, group, and situation and to measure the occurrence of phenomena as well as summarizing the data through statistical tools (Grove, Burns, & Gray, 2014).
3.2 Research Setting

The research setting was Ahmadu Bello University Teaching Hospital (ABUTH). Ahmadu Bello University is a public owned University located in Samaru - Zaria, Kaduna State, Nigeria. ABUTH started as Institute of Health in 1967. The objectives of setting up the institution are to provide a broad range of tertiary services to meet the health needs of people from the catchment area and the country at large, provide technical support to primary and secondary health facilities within its area of operation, provide facilities for the training of different cadres of health workers and conduct relevant research into prevalent health and health related problems. ABUTH is reputed for excellence in oncology management and psychiatric conditions. It is a hub of referral to many primary and secondary healthcare facilities within and outside Kaduna State, Nigeria.

The hospital has a 547-bed capacity with 39 departments including pharmaceutical services, anaesthesia, ophthalmology, dental surgery, physiotherapy, haematology and blood transfusion, medical microbiology, pathology, radiology, paediatrics, community medicine, operating theatre, administration, nursing services, medicine, obstetrics and gynaecology, medical records, radiotherapy, and oncology. The hospital has 695 nurses spread across 26 departments. The nursing department is headed by the assistant director of nursing services. The 26 departments are managed at unit level by ward managers and deputy managers who are mostly of the rank of Chief Nursing Officers (CNOs).

3.3 Target Population

The target population is “the entire aggregation of respondents that meet the designated set of criteria” (Burns & Grove 1997, p. 236). The target population was the entire professional nurses working in ABUTH. The participants were drawn from the various department of the hospital.
3.3.1 Inclusion Criteria

The inclusion criteria are the characteristics the researcher desire (Rees, 1997). Professional nurses licensed by the Nursing and Midwifery Council of Nigeria and who have worked in ABUTH for more than six months were recruited into the study. Thus, nurses who were more knowledgeable about ABUTH nursing practice environment were recruited.

3.3.2 Exclusion Criteria

Exclusion criteria are defined as the, “characteristics, which a participant may possess, that could adversely affect the accuracy of the results” (Rees, 1997). Professional nurses who have not worked up to six months in ABUTH were excluded from the study. Student nurses on training were also excluded.

3.4 The Sampling Size

The scientific process of recruiting a segment of a population which possesses the comprehensive attribute of the entire anticipated population of interest is termed as sampling while the specific number of the participants recruited is the sampling size for the study (Siyasinghe & Sooriyarachchi, 2011).

A sample of 360 professional nurses in ABUTH was recruited using the technique of prevalence:

\[ n = z^2 \frac{p q}{d^2} \]

where:
- \( z \) = standard normal deviation = 1.96 at 95% confidence interval.
- \( P = 30.3\% \) (prevalence rate of job satisfaction from one of the previous studies by Ofili et al. (2004)).
$q = 1 - p = 1 - 30.3\% = 0.697,$

$d = 5\% \text{ (error margin)}.$

$$n = 1.96^2 \times 0.303 \times 0.697 / 0.0025 = 325$$

10% of 325 was then added to the value in anticipation for any error and/or loss of any questionnaire. That is: $10/100 \times 325 = 32.5.$ This value was further rounded up to 360. The sample size for the study was therefore 360.

### 3.5 Sampling Technique

Sampling technique is the precise and systematic gathering of information relevant to the research purpose or specific objectives and questions (Grove, Burns, & Gray, 2014). ABUTH as a tertiary healthcare institution has 26 departments where nurses function and in order to give nurses working in each department equal representation, proportionate stratified random sampling technique was employed. The researcher was able to group the nurses into strata based on their departments and thereby increase the accuracy in the estimation of sample. It also enabled the researcher to eliminate researcher’s bias in recruitment of participants thereby giving every participant equal chance of being selected.

The researcher represented each department as a stratum from which 6 departments were handpicked at random to participate in the study by having their names written in a piece of paper, squeezed and put together on a table while a nurse on duty was asked to pick 6 papers at random. The departments picked included medical, surgical, emergency, obstetrics and gynaecology, outpatient department and oncology. The participants for the study were therefore randomly selected from these strata as represented in Table 3.1.
Table 3.1: Selection of Respondents.

<table>
<thead>
<tr>
<th>Department</th>
<th>Number of Nurses</th>
<th>Percentage</th>
<th>Number of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>70</td>
<td>16</td>
<td>58</td>
</tr>
<tr>
<td>Surgical</td>
<td>65</td>
<td>15</td>
<td>54</td>
</tr>
<tr>
<td>Emergency</td>
<td>106</td>
<td>24</td>
<td>86</td>
</tr>
<tr>
<td>Obstetrics &amp; Gynaecology</td>
<td>68</td>
<td>15</td>
<td>54</td>
</tr>
<tr>
<td>Oncology</td>
<td>64</td>
<td>14</td>
<td>50</td>
</tr>
<tr>
<td>Out-patient department</td>
<td>70</td>
<td>16</td>
<td>58</td>
</tr>
<tr>
<td>TOTAL</td>
<td>360</td>
<td>100%</td>
<td>360</td>
</tr>
</tbody>
</table>

3.6 Research Instrument

Research instruments commonly employed in quantitative study include self-reporting tools, observation, biophysical measures and questionnaires (Polit & Hungler, 1994). Job satisfaction is an extensively studied subject among researchers. The researcher therefore found it more reliable and less time consuming to adopt a validated questionnaire which has been used across similar settings and with good validity. Revised Nursing Work Index (NWI – R) on a four Linkert scale with options for eliciting nurses’ response on it graded as ‘1’ for strongly agree, ‘2’ for agree, ‘3’ for disagree and ‘4’ for strongly disagree was therefore adopted. Nursing Work Index questionnaire was originally developed by Kramer and Hafner (1989) and revised by Aiken and Patrician (2000) with a reliability coefficient of .69. Revised Nursing Work Index (NWI – R) is widely reputed for its efficiency and effectiveness in measuring nurses’ professional practice environment (Balsanelli, & Cunha, 2015; Ogbolu, Johantgen, Zhu, & Johnson, 2015).
In this study, however, socio-demographics characteristics were added to the NWI – R to make it more contextual. The Cronbach alpha for the modified questionnaire was .66. The final survey instrument employed in the survey consists of four sections: Section A is made up of demographic characteristics and consists of 9 questions, Section B is the description of factors which either their absence or presence can influence nurses’ level of job satisfaction (motivation / intrinsic factors) and comprised of 20 questions, and Section C is also made up of 26 questions and consists of the description of factors which either their absence or presence can influence nurses’ level of job dissatisfaction (hygiene / extrinsic factors). The total number of questions for the final research instrument was 70, that is, additional 13 questions were added to the original NWI – R (57 + 13 = 70) document.

3.7 Pilot Testing

Pilot study is usually done involving a minute number of participants to re-examine the efficiency and effectiveness of the research instrument in fulfilling its intended purpose of use. The outcome is used to either modify or change the instrument (Kulnik et al., 2014). The pilot study was conducted among 20 professional nurses from the University of Abuja Teaching Hospital, Federal Capital Territory, Nigeria. The participants of the pilot study were closely monitored for feedback on any ambiguity noticed in the questionnaire. 20 minutes was used in completing the questionnaire. All the questions elicited adequate response from the participants and all their observations were noted and addressed prior to the main study.

3.8 Data Collection

Prior to data collection, ethical clearance was obtained from NOGUCHI Memorial Institute of Medical Research, University of Ghana. An introductory letter was also obtained from the School
of Nursing, University of Ghana and submitted to ABUTH Health Research Ethics Committee for institutional approval which was granted. Permission was also sought from the nursing administration for the study using the introductory letter from the School of Nursing, UG and the institutional permission.

General information about the research was given to the nurses to enable them make informed decisions. Selection of participants from the departments was done by writing ‘YES’ and ‘NO’ on pieces of papers, squeezed and put inside a bowl. Nurses who met the stipulated inclusion criteria and accepted to participate in the study were given adequate information about the study to elicit informed consent. Participants were assured that information gathered from them would not be shared with anyone but would be used for academic purposes. Nurses were then requested to pick a piece of paper each from the bowl. Nurses who picked papers bearing ‘YES’ were selected and given a questionnaire to complete. This process was used throughout all the three shifts run by the nurses in ABUTH to recruit participants. The recruitment process lasted for two weeks (8th April, 2016 – 22nd April, 2016). A total of 360 professional nurses from ABUTH participated in this study. Two research assistants were recruited and trained to assist the researcher in the distribution and collation of the questionnaires. The researcher and research assistants ensured that the questionnaires were adequately completed before collection.

3.9 Validity

Validity determines whether the research instrument truly measures that which it was intended to measure or how truthful the research results are. In other words, does the research instrument allow you to hit the bull’s eye of your research object?” (Joppe, 2000). In this investigation, the researcher minimized the occurrence of threat to validity of the survey by employing proportionate
stratified random sampling technique in recruiting participants and adopting a globally acknowledged proficient research instrument (NWI – R) for data collection. External validity was addressed by selecting appropriate statistical tools and programme package for the analysis of data. Descriptive statistical tools such as the frequency value, mean and standard deviation were equally employed. Content validity was achieved through extensive and rigorous review of most recent and relevant literature. The entire variables were adequately captured by NWI – R questionnaire.

The adopted questionnaire (NWI – R) was also presented to the supervisor who also acknowledged its proficiency in measuring the nurses’ experiences about job satisfaction. Furthermore, the questionnaire was pretested among 20 nurses from another teaching hospital. Their inputs were used to ensure that the instrument remained valid and fit for its purpose.

3.10 Reliability

According to Sarmah et al. (2012, p. 9), “reliability means consistency whereby trustworthiness and stability in results are observed from a reliable instrument if it is administered on the same group of individuals time to time provided the trait to be measured does not itself change in the meantime”. The researcher reviewed relevant and most recent literature. Furthermore, the questionnaire was pretested among 20 nurses from another teaching hospital who were not included in the main study. Their inputs were used to ensure that the instrument remain reliable and fit for its purpose. After the pilot study, a statistician was consulted for the analysis of the instrument’s reliability. A confirmatory analysis of reliability was therefore executed on the data generated from the pilot study via Cronbach’s Alpha (α) (Cronbach, 1957). The Cronbach’s Alpha of the items captured in the NWI – R yielded 0.649, depicting good reliability.
3.11 Data Management.

Data management denotes the scientific and rigorous systematic processes of squeezing and synthesizing out comprehensive, communicative, valid and reliable information on research findings and validation of hypothesis (Joppe, 2000). According to Brink (1996) data management comprises categorizing, ordering, manipulating and summarizing the data and describing them in meaningful terms. The quality of data was established by creating criteria for database structure prior to computation and analysis, data cleaning, data coding and data analysis.

Data cleaning: The data was closely assessed against any occurrence of outliers, inconsistencies and overstated patterns of response. In the course of this, 20 questionnaires were discovered not properly filled. These were excluded from the analysis.

Data coding: The data was coded into compatible format for computer entry and statistical tools’ application. The steps taken in coding process include data reduction through disintegrating similar and related values into few and precise headings. This was then accompanied by data exploration which enabled the researcher to ensure that the value of the entire responses was within acceptable range.

Descriptive statistics employed include the frequencies, measures of central tendency (mean) and measures of dispersion (standard deviation). The frequency tables were utilized to collate data values in ascending order in relation to their degree while reflecting their occurring frequencies thereby giving a vivid representation of the data. While the mean was used to give the average value of the data generated which was further compared with parametric statistical tools. In addition, the standard deviation was employed to examine the spread or dispersion of the generated data within the mean.
Inferential statistics utilized include correlation and Chi-square. Correlation was used to establish relationship between nurses’ socio-demographic factors and their job satisfaction. While Chi-square was employed to test hypothesis. The higher the value of Chi-square, the negligent the significance level of association between the variables.

3.12 Ethical Considerations

“Research ethics involve requirements on daily work, the protection of dignity of subjects and the publication of the information in the research” (Marianna, 2011, p. 2). Ethical clearance was obtained from Noguchi Institute for Medical Research (NMIMR), College of Health Sciences, University of Ghana (NMIMR-IRB CP 08/15-16). Institutional approval was obtained from the Health Research Committee for ABUTH (ABUTH/HREC/T13/2016).

Respect for persons as autonomous individual was ensured in this study by explaining the research procedure in detail to the participants which enabled them make informed consent. Furthermore, the participants were duly informed that they reserved the right to participate and also withdraw at any point without any form of coercion. The privacy of the participants was held in high esteem by informing the participants not to write their names on the questionnaire. In addition, designated points were unanimously chosen for the submission of completed questionnaires to ensure the enforcement of anonymity and confidentiality. The data collection was therefore void of the possibility of tracing the participants’ identity through personal responses by allowing participants to return completed questionnaires to any designated place closer to them at their convenient time to avoid third party involvement.

Anxiety on the implication of filling the questionnaire was allayed by assuring the participants that the information gathered from them will be used solely for research purpose and will only be
accessible to the principal investigator and his supervisor who will secure them in a locked and secured cabinet in the supervisor’s office. While the information would be finally destroyed after five (5) years of the study. The participants were therefore assured that completing the questionnaire will have no negative consequences on the security of their job in any way as no one from their institution will have access to the raw data generated.

3.13 Summary

This chapter presented the procedures employed in carrying out the study. The research settings, target population, inclusion and exclusion criteria, sampling size, sampling technique, research instrument, pilot study, validity and reliability, data management and ethical considerations were therefore described.
CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND INTERPRETATION

4.0 Introduction

This section presents the analysis and interpretation of the results based on the research questions. Out of a total of 360 questionnaires distributed, 30 were not returned while 20 were also not properly completed and were therefore excluded from the analysis. This brought the response rate for the study to 84%. Descriptive statistics were used in presenting the results such as bar charts, frequency tables and percentages. Inferential statistics such as chi-square, and correlation were used in testing hypothesis 1, 2, and 3 respectively.

4.1 Socio-demographic Characteristics of Respondents

Socio-demographic factors are observed to influence job satisfaction among nurses. Nurses’ socio-demographic characteristics such as age, gender, marital status and educational status were therefore explored in this study to assess their relationship with job satisfaction among nurses. Out of 304 respondents, 34.9% were males and 66.1% were females. Out of 304 respondents 33.6% were age between 31 – 41 years while 12.8% were aged between 53 – 63 years. The mean age of the respondents was 39±10.97 years. Out of 304 respondents, 27.3% were diploma holders, 40.8% had post basic diploma, 30.6% were degree holders and only 1.3% had master’s degree respectively. Detail is presented in Table 4.1.
### Table 4.1: Demographic Characteristics of Respondents

<table>
<thead>
<tr>
<th>Gender</th>
<th>Frequency [Percent (%)]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>106(34.9)</td>
</tr>
<tr>
<td>Female</td>
<td>198(65.1)</td>
</tr>
<tr>
<td>Total</td>
<td>304(100)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age range at last birthday</th>
<th>Frequency [Percent (%)]</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 to 30 years</td>
<td>85(28.0)</td>
</tr>
<tr>
<td>31 to 41 years</td>
<td>102(33.6)</td>
</tr>
<tr>
<td>42 to 52 years</td>
<td>78(25.7)</td>
</tr>
<tr>
<td>53 to 63 years</td>
<td>39(12.8)</td>
</tr>
<tr>
<td>Total (Mean age $\bar{X} = 39 \pm 10.97$ years)</td>
<td>304(100)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Marital status</th>
<th>Frequency [Percent (%)]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>74(24.3)</td>
</tr>
<tr>
<td>Married</td>
<td>226(74.3)</td>
</tr>
<tr>
<td>Divorced</td>
<td>1(0.3)</td>
</tr>
<tr>
<td>Widow</td>
<td>3(1.0)</td>
</tr>
<tr>
<td>Total</td>
<td>304(100)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Educational status</th>
<th>Frequency [Percent (%)]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diploma (RN/RM)</td>
<td>83(27.3)</td>
</tr>
<tr>
<td>Post basic diploma</td>
<td>124(40.8)</td>
</tr>
<tr>
<td>Bachelor's degree</td>
<td>93(30.6)</td>
</tr>
<tr>
<td>Master’s degree</td>
<td>4(1.3)</td>
</tr>
<tr>
<td>Total</td>
<td>304(100)</td>
</tr>
</tbody>
</table>


### 4.2 Nurses’ Satisfaction with Intrinsic Factors

Intrinsic factors are internally generated motivational variables which are directly related to the job content. These are non-monetary rewards which nurses expect to benefit in the process of doing the job. Intrinsic factors considered in this study included work itself, recognition, responsibility, achievement and advancement. Descriptive statistic was used to describe nurses’ satisfaction with their intrinsic job factors.
4.2.1 Nurses’ Satisfaction with Opportunities for Advancement.

Two questions were asked to elicit nurses’ opinion on their satisfaction with opportunities for advancement in their work place. Out of 304 respondents, 63% agreed that they have career development/clinical opportunity while 36.8% were of contrary opinion. 66.4% agreed having opportunity for active in-service/continuing education programs for nurses, 33.6% disagreed. Detail in Table 4.2.

<table>
<thead>
<tr>
<th>Advancement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Career development/clinical ladder opportunity</td>
<td>(49)16.1%</td>
<td>(143)47%</td>
<td>(77)25.3%</td>
<td>(11.5)11.5%</td>
<td>100%</td>
</tr>
<tr>
<td>Active in-service/continuing education programmes for nurses</td>
<td>(111)36.5%</td>
<td>(91)29.9%</td>
<td>(68)22.4%</td>
<td>(34)11.2%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Field data, 2016.

4.2.2 Nurses’ Satisfaction with Work itself.

Work itself is associated with the actual content of the job. Job must be interesting and varied for employees to derive positive satisfaction from doing it. A total of eight questions were asked to elicit nurses’ opinion on their satisfaction with work itself. Seven out of these eight questions elicited positive response from the nurses. Out of 304 respondents, 56% agreed having nurses who are involved in the internal governance while 43.4% disagreed. In addition, out of 304 respondents, 46% of the respondents agreed having enough registered nurses while 54% did not agree having enough registered nurses on duty to provide quality patient care. Details presented in Table 4.3.
Table 4.3: Nurses’ Satisfaction with Work Itself

<table>
<thead>
<tr>
<th>Work itself</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working with experienced nurses who know the hospital</td>
<td>132(43.4)</td>
<td>139(45.7)</td>
<td>23(7.6)</td>
<td>10(3.3)</td>
<td>304(100)</td>
</tr>
<tr>
<td>Total patient care as the nursing delivery system</td>
<td>84(27.6)</td>
<td>126(41.4)</td>
<td>78(25.7)</td>
<td>16(5.3)</td>
<td>304(100)</td>
</tr>
<tr>
<td>Team nursing as the nursing delivery system</td>
<td>64(21.1)</td>
<td>197(64.8)</td>
<td>24(7.9)</td>
<td>19(6.3)</td>
<td>304(100)</td>
</tr>
<tr>
<td>Working with nurses who are clinically competent</td>
<td>122(40.1)</td>
<td>132(43.4)</td>
<td>29(9.5)</td>
<td>21(6.9)</td>
<td>304(100)</td>
</tr>
<tr>
<td>Nurses actively participate in developing their work schedules (i.e. days on duty and say off-duty)</td>
<td>87(28.6)</td>
<td>173(56.9)</td>
<td>28(9.2)</td>
<td>16(5.3)</td>
<td>304(100)</td>
</tr>
<tr>
<td>Clinical nurses’ specialists who provide patient care consultation</td>
<td>86(28.3)</td>
<td>118(38.8)</td>
<td>65(21.4)</td>
<td>35(11.5)</td>
<td>304(100)</td>
</tr>
<tr>
<td>Nurses are involved in the internal governance</td>
<td>50(16.4)</td>
<td>122(40.1)</td>
<td>98(32.2)</td>
<td>34(11.2)</td>
<td>304(100)</td>
</tr>
<tr>
<td>Enough registered nurses on duty to provide quality patient care</td>
<td>67(22.0)</td>
<td>73(24.0)</td>
<td>75(24.7)</td>
<td>89(29.3)</td>
<td>304(100)</td>
</tr>
</tbody>
</table>


4.2.3 Nurses’ Satisfaction with Recognition.

Recognition is the acknowledgment of employees’ outstanding performance or contribution by his/her superiors. Four (4) questions were asked to elicit nurses’ opinion on the level of recognition usually accorded them by their superiors. Majority of the respondents agreed that they were satisfied with all the four questions under recognition. For instance, out of 304 respondents, 67.1% accepted that their contributions to patient care are acknowledged publicly whereas 32.9%
disagreed. While 54.6% agreed having recognition for job well-done, 44.4% disagreed. Details presented in Table 4.4.

<table>
<thead>
<tr>
<th>Table 4.2: Recognition</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>The contributions that nurses make to patient care are publicly acknowledged</td>
<td>54(17.8)</td>
<td>150(49.3)</td>
<td>78(25.7)</td>
<td>22(7.2)</td>
<td>304(100)</td>
</tr>
<tr>
<td>Support for new and innovative ideas about patient care</td>
<td>64(21.1)</td>
<td>200(65.8)</td>
<td>27(8.9)</td>
<td>13(4.3)</td>
<td>304(100)</td>
</tr>
<tr>
<td>Praise and recognition for a job well done</td>
<td>38(12.5)</td>
<td>128(42.1)</td>
<td>101(33.2)</td>
<td>37(12.2)</td>
<td>304(100)</td>
</tr>
<tr>
<td>Nursing staff are supported in pursuing a degree in nursing</td>
<td>60(19.7)</td>
<td>116(38.2)</td>
<td>82(27.0)</td>
<td>46(15.1)</td>
<td>304(100)</td>
</tr>
</tbody>
</table>


4.2.4 Nurses’ Satisfaction with the level of Responsibility on the Job

Responsibility describes the amount of nursing related tasks that nurses do and their authority over nursing care. Six questions were asked to elicit nurses’ satisfaction with the level of responsibility in their workplace. Out of 304 respondents, 59.6% agreed that patient assignments foster continuity of care while 40.5% disagreed. In addition, while 62.2% agreed having opportunity to participate in controlling cost, 37.8% disagreed having the opportunity to control cost. Less than half of the participants (47.4%) agreed that physicians give high quality care while 52.6% disagreed. Details presented in Table 4.5.
Table 4.5: Nurses’ Responsibilities on the Job

<table>
<thead>
<tr>
<th>Responsibilities</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient assignments foster continuity of care (the same nurse care for the patient from one day to the next)</td>
<td>58(19.1)</td>
<td>123(40.5)</td>
<td>89(29.3)</td>
<td>34(11.2)</td>
<td>304(100)</td>
</tr>
<tr>
<td>Nurses actively participate in efforts to control cost</td>
<td>35(11.5)</td>
<td>154(50.7)</td>
<td>83(27.3)</td>
<td>32(10.5)</td>
<td>304(100)</td>
</tr>
<tr>
<td>Freedom to make important patient care and work decisions'</td>
<td>60(19.7)</td>
<td>126(41.4)</td>
<td>73(24.0)</td>
<td>45(14.8)</td>
<td>304(100)</td>
</tr>
<tr>
<td>A nurse manager who is a good manager and leader</td>
<td>130(42.8)</td>
<td>105(34.5)</td>
<td>31(10.2)</td>
<td>38(12.5)</td>
<td>304(100)</td>
</tr>
<tr>
<td>Physicians give high quality care</td>
<td>27(8.9)</td>
<td>117(38.5)</td>
<td>80(26.3)</td>
<td>80(26.3)</td>
<td>304(100)</td>
</tr>
<tr>
<td>Not being placed in a position of having to do things that are against my nursing judgment</td>
<td>58(19.1)</td>
<td>123(40.5)</td>
<td>81(26.6)</td>
<td>42(13.8)</td>
<td>304(100)</td>
</tr>
</tbody>
</table>


4.2.5 Nurses’ Satisfaction with Achievement on the Job

Two questions were asked to prompt nurses’ satisfaction with their level of achievement on the job. Out of 304 respondents, 54.6% agreed that the have opportunity to discuss patient care problems with other nurses. While 55.6% acknowledged having the back up of nurse manager in decision making, even when there is conflict with physician, 44.4% however disagreed having the back up of their nurse managers in decision making.
Field data, 2016.

**Figure 4.1: Adequate time and Opportunity to Discuss Patient Care Problems.**

Source: Field data, 2016

**Figure 4.2: Nurse Manager’s Support for Decision making**
4.3 Influence of Intrinsic Factors on Job Satisfaction

Chi-square analysis was performed to test if intrinsic factors influence nurses’ job satisfaction.

Table 4.6: Influence of Advancement on Job satisfaction

<table>
<thead>
<tr>
<th>There are opportunities for advancement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strongly Agree</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>10(3.3%)</td>
<td>22(7.2%)</td>
<td>30(9.9%)</td>
<td>42(13.8%)</td>
</tr>
<tr>
<td></td>
<td>8(2.6%)</td>
<td>27(8.9%)</td>
<td>93(30.6%)</td>
<td>26(8.6%)</td>
</tr>
<tr>
<td></td>
<td>2(0.7%)</td>
<td>10(3.3%)</td>
<td>20(6.6%)</td>
<td>1(0.3%)</td>
</tr>
<tr>
<td></td>
<td>0(0.0%)</td>
<td>1(0.3%)</td>
<td>11(3.6%)</td>
<td>1(0.3%)</td>
</tr>
<tr>
<td></td>
<td>20(6.6%)</td>
<td>60(19.7%)</td>
<td>154(50.7%)</td>
<td>70(23.0%)</td>
</tr>
<tr>
<td>Total</td>
<td>20(6.6%)</td>
<td>60(19.7%)</td>
<td>154(50.7%)</td>
<td>70(23.0%)</td>
</tr>
</tbody>
</table>

Source: Field data, 2016.

\( Df = 9, \text{ Chi-square} (X^2) = 45.523, \text{ Significance level} = 0.05, \text{ Critical value} = 16.919, \text{ P value} = 0.000 \)

The calculated chi-square \((X^2)\) value is greater than the critical/table value and the P value is less than 0.05 at the degree of freedom \((df) = 9\). Therefore, alternate hypothesis \((H_1)\) which states that intrinsic factors (advancement) will influence nurses’ job satisfaction is accepted. This implies that intrinsic factor (advancement) influence nurses’ job satisfaction in ABUTH.
Table 4.7: Influence of Work itself on Job Satisfaction

Working with experienced nurses who know the hospital * Have job satisfaction in the current organization

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working with experienced nurses who know the hospital</td>
<td>6(2.0%)</td>
<td>28(9.2%)</td>
<td>54(17.8%)</td>
<td>44(14.5%)</td>
<td>132(43.4%)</td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>13(4.3%)</td>
<td>21(6.9%)</td>
<td>81(26.6%)</td>
<td>24(7.9%)</td>
<td>139(45.7%)</td>
</tr>
<tr>
<td>Agree</td>
<td>1(0.3%)</td>
<td>10(3.3%)</td>
<td>10(3.3%)</td>
<td>2(0.7%)</td>
<td>23(7.6%)</td>
</tr>
<tr>
<td>Disagree</td>
<td>0(0.0%)</td>
<td>1(0.3%)</td>
<td>9(3.0%)</td>
<td>0(0.0%)</td>
<td>10(3.3%)</td>
</tr>
<tr>
<td>Total</td>
<td>20(6.6%)</td>
<td>60(19.7%)</td>
<td>154(50.7%)</td>
<td>70(23.0%)</td>
<td>304(100.0%)</td>
</tr>
</tbody>
</table>

Source: Field data, 2016.

Df = 9, Chi-square (X²) = 45.523, Significance level= 0.05, Critical value =16.919, P value= 0.000

The calculated chi-square (X²) value is greater than the critical/table value and the P value is less than 0.05 at the degree of freedom (df) = 9. Therefore, alternate hypothesis (H₁) which states that intrinsic factor (work itself) will influence nurses’ job satisfaction is accepted. This implies that intrinsic factor (work itself) influence nurses’ job satisfaction in ABUTH.
Table 4.8: Influence of Achievement on Job Satisfaction

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>4(1.3%)</td>
<td>7(2.3%)</td>
<td>15(4.9%)</td>
<td>23(7.6%)</td>
<td>49(16.1%)</td>
</tr>
<tr>
<td>Agree</td>
<td>9(3.0%)</td>
<td>30(9.9%)</td>
<td>69(22.7%)</td>
<td>35(11.5%)</td>
<td>143(47%)</td>
</tr>
<tr>
<td>Disagree</td>
<td>6(2.0%)</td>
<td>13(4.3%)</td>
<td>49(16.1%)</td>
<td>9(3.0%)</td>
<td>77(25.3%)</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>1(0.3%)</td>
<td>10(3.3%)</td>
<td>21(6.9%)</td>
<td>3(1.0%)</td>
<td>35(11.5%)</td>
</tr>
<tr>
<td>Total</td>
<td>20(6.6%)</td>
<td>60(19.7%)</td>
<td>154(50.7%)</td>
<td>70(23.0%)</td>
<td>304(100.0%)</td>
</tr>
</tbody>
</table>

Source: Field data, 2016.

Df = 9, Chi-square (X²) = 30.625, Significance level= 0.05, Critical value =16.919, P value= 0.000

The calculated chi-square (X²) value is greater than the critical/table value and the P value is less than 0.05 at the degree of freedom (df) = 9. Therefore, alternate hypothesis (H₁) which states that intrinsic factor (achievement) will influence nurses’ job satisfaction is accepted. This implies that intrinsic factor (achievement) influence nurses’ job satisfaction in ABUTH.
Table 4.9: Influence of Responsibilities on Job Satisfaction

<table>
<thead>
<tr>
<th>Patient assignments foster continuity of care (the same nurse care for the patient from one day to the next)</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>5(1.6%)</td>
<td>18(5.9%)</td>
<td>13(4.3%)</td>
<td>22(7.2%)</td>
<td>58(19.1%)</td>
</tr>
<tr>
<td>Agree</td>
<td>6(2.0%)</td>
<td>23(7.6%)</td>
<td>72(23.7%)</td>
<td>22(7.2%)</td>
<td>123(19.1%)</td>
</tr>
<tr>
<td>Disagree</td>
<td>7(2.3%)</td>
<td>14(4.6%)</td>
<td>52(17.1%)</td>
<td>16(5.3%)</td>
<td>89(29.3%)</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>2(0.7%)</td>
<td>5(1.6%)</td>
<td>17(5.6%)</td>
<td>10(3.3%)</td>
<td>34(11.2%)</td>
</tr>
<tr>
<td>Total</td>
<td>20(6.6%)</td>
<td>60(19.7%)</td>
<td>154(50.7%)</td>
<td>70(23.0%)</td>
<td>304(100.0%)</td>
</tr>
</tbody>
</table>

Source: Field data, 2016.

Df = 9, Chi-square ($X^2$) = 26.433, Significance level= 0.05, Critical value =16.919, P value= 0.002

The calculated chi-square ($X^2$) value is greater than the critical/table value and the P value is less than 0.05 at the degree of freedom (df) = 9. Therefore, alternate hypothesis ($H_1$) which states that intrinsic factor (responsibilities) will influence nurses’ job satisfaction is accepted. This implies that intrinsic factor (responsibilities) influence nurses’ job satisfaction in ABUTH.
Table 4.10: Influence of Recognition on Job Satisfaction
The contributions that nurses make to patient care are publicly acknowledged * Have job satisfaction in the current organization

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>The contributions that nurses make to patient care are publicly acknowledged</td>
<td>7(2.3%)</td>
<td>11(3.6%)</td>
<td>16(5.3%)</td>
<td>20(6.6%)</td>
<td>58(17.8%)</td>
</tr>
<tr>
<td>Agree</td>
<td>7(2.3%)</td>
<td>23(7.6%)</td>
<td>89(29.3%)</td>
<td>31(10.2%)</td>
<td>150(49.3%)</td>
</tr>
<tr>
<td>Disagree</td>
<td>6(2.0%)</td>
<td>21(6.9%)</td>
<td>36(11.8%)</td>
<td>15(4.9%)</td>
<td>78(25.7%)</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>0(0.0%)</td>
<td>5(1.6%)</td>
<td>13(4.3%)</td>
<td>4(1.3%)</td>
<td>22(7.2%)</td>
</tr>
<tr>
<td>Total</td>
<td>20(6.6%)</td>
<td>60(19.7%)</td>
<td>154(50.7%)</td>
<td>70(23.0%)</td>
<td>304(100.0%)</td>
</tr>
</tbody>
</table>

Source: Field data, 2016.

Df = 9, Chi-square (X²) = 22.640, Significance level= 0.05, Critical value =16.919, P value= 0.007

The calculated chi-square (X²) value is greater than the critical/table value and the P-value is less than 0.05 at the degree of freedom (df) = 9. Therefore, alternate hypothesis (H₁) which states that intrinsic factor (recognition) will influence nurses’ job satisfaction is accepted. This implies that intrinsic factor (recognition) influence nurses’ job satisfaction in ABUTH.

4.5 Nurses’ Satisfaction with Extrinsic Factors

Extrinsic factors are externally generated variables which relate to the job surrounding or context; they are related to tangible factors in the job environment which prevent employees from job dissatisfaction. Extrinsic factors considered in this study include working conditions, supervision, salary, interpersonal relationship and policy and administration.
4.5.1 Nurses’ Satisfaction Interpersonal Relations

Interpersonal relations in the nursing practice environment describe work and socially associated interactions that occur in the workplace. Four questions were asked to prompt nurses’ response on their satisfaction with the level of interpersonal relations in their workplace. Out of 304 respondents, 58.9% agreed that there is collaboration between nurses and physicians whereas 41.2% disagreed. Similarly, 50.6% of the nurses agreed that there is teamwork between nurses and doctors while 49.4% were of contrary opinion. Details presented in Table 4.11.

Table 4.11: Interpersonal Relations

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians and nurses have good working relationship</td>
<td>51(16.8)</td>
<td>124(40.8)</td>
<td>106(34.9)</td>
<td>23(7.6)</td>
<td>304(100)</td>
</tr>
<tr>
<td>Good relationship with other departments such as housekeeping and dietary</td>
<td>38(12.5)</td>
<td>210(69.1)</td>
<td>36(11.8)</td>
<td>20(6.6)</td>
<td>304(100)</td>
</tr>
<tr>
<td>Collaboration (joint practice) between nurses and physicians</td>
<td>30(9.9)</td>
<td>149(49.0)</td>
<td>61(20.1)</td>
<td>64(21.1)</td>
<td>304(100)</td>
</tr>
<tr>
<td>Much team work between nurses and doctors</td>
<td>35(11.5)</td>
<td>119(39.1)</td>
<td>82(27.0)</td>
<td>68(22.4)</td>
<td>304(100)</td>
</tr>
</tbody>
</table>


4.5.2 Nurses’ Satisfaction with Salary

One question was asked to elicit nurses’ response on satisfaction with salary. Out of 304 respondents, 28.7% agreed that they have satisfactory salary. However, 71.4% disagreed that they have satisfactory salary. Detail is presented in Figure 4.3.
4.5.3 Nurses’ Satisfaction with Policies and Administration

Company policies and administration are the formal ways which procedures and orders are carried out in an organization. Nineteen questions were asked to prompt nurses’ response on satisfaction with policies and administration of their organization. Out of 304 respondents, 7.2% strongly agreed that they had an administration that listens and responds to employees’ concern, while 19.1% of the respondents agreed. However, 31.3% of the respondents disagreed, while 42.4% strongly disagreed. Out of 304 respondents, 8.9% strongly agreed that they had a preceptor programme for newly hired registered nurses, while 48% agreed. However, 25% of the respondents disagreed, while 17.4% strongly disagreed. Out of 304 respondents, 13.5% strongly agreed that each nursing unit determines its own policies and procedure, 37.2% agreed. However, 37.8% of the respondents disagreed, while 11.5% strongly disagreed. Details are provided in Table 4.12.
## Table 4.3: Policy and Administration

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>An administration that listens and respond to employee concerns</td>
<td>22(7.2)</td>
<td>58(19.1)</td>
<td>95(31.3)</td>
<td>129(42.4)</td>
<td>304(100)</td>
</tr>
<tr>
<td>A preceptor programme for newly hired registered nurses</td>
<td>27(8.9)</td>
<td>147(48.4)</td>
<td>76(25.0)</td>
<td>53(17.4)</td>
<td>304(100)</td>
</tr>
<tr>
<td>Primary nursing as the nursing delivery system</td>
<td>31(10.2)</td>
<td>169(55.6)</td>
<td>70(23.0)</td>
<td>34(11.2)</td>
<td>304(100)</td>
</tr>
<tr>
<td>Nursing care is based on nursing rather than a medical model</td>
<td>109(35.9)</td>
<td>95(31.3)</td>
<td>63(20.7)</td>
<td>37(12.2)</td>
<td>304(100)</td>
</tr>
<tr>
<td>Standardized policies procedures and ways of doing things</td>
<td>64(21.1)</td>
<td>126(41.4)</td>
<td>82(27.0)</td>
<td>32(10.5)</td>
<td>304(100)</td>
</tr>
<tr>
<td>Each nursing unit determines its own policies and procedure</td>
<td>41(13.5)</td>
<td>113(37.2)</td>
<td>115(37.8)</td>
<td>35(11.5)</td>
<td>304(100)</td>
</tr>
<tr>
<td>An active quality assurance programme</td>
<td>61(20.1)</td>
<td>89(29.3)</td>
<td>99(32.6)</td>
<td>55(18.1)</td>
<td>304(100)</td>
</tr>
<tr>
<td>Written up-to-date nursing care plans for all patients</td>
<td>62(20.4)</td>
<td>123(40.5)</td>
<td>89(29.3)</td>
<td>30(9.9)</td>
<td>304(100)</td>
</tr>
<tr>
<td>A good orientation programme for newly employed nurses</td>
<td>88(28.9)</td>
<td>82(27.0)</td>
<td>110(36.2)</td>
<td>24(7.9)</td>
<td>304(100)</td>
</tr>
<tr>
<td>Nursing care plans are verbally transmitted from nurse to nurse</td>
<td>41(13.5)</td>
<td>72(23.7)</td>
<td>140(46.1)</td>
<td>51(16.8)</td>
<td>304(100)</td>
</tr>
<tr>
<td>Flexible or modified work schedule are available</td>
<td>42(13.8)</td>
<td>156(51.3)</td>
<td>81(26.6)</td>
<td>25(8.2)</td>
<td>304(100)</td>
</tr>
<tr>
<td>There is use of nursing diagnoses</td>
<td>66(21.7)</td>
<td>156(51.3)</td>
<td>51(16.8)</td>
<td>31(10.2)</td>
<td>304(100)</td>
</tr>
<tr>
<td>Nurse managers consult with staff on daily problems and procedures</td>
<td>68(22.4)</td>
<td>114(37.5)</td>
<td>83(27.3)</td>
<td>39(12.8)</td>
<td>304(100)</td>
</tr>
<tr>
<td>Regular, permanent assigned staff nurses never have to float to another unit</td>
<td>37(12.2)</td>
<td>95(31.3)</td>
<td>113(37.2)</td>
<td>59(19.4)</td>
<td>304(100)</td>
</tr>
<tr>
<td>A clear philosophy of nursing pervades the patient care environment</td>
<td>50(16.4)</td>
<td>98(32.20)</td>
<td>127(41.8)</td>
<td>29(9.5)</td>
<td>304(100)</td>
</tr>
<tr>
<td>Opportunity for staff nurses to participate in policy decisions</td>
<td>25(8.2)</td>
<td>105(34.5)</td>
<td>119(39.1)</td>
<td>55(18.1)</td>
<td>304(100)</td>
</tr>
<tr>
<td>High standards of nursing care are expected by the administration</td>
<td>114(37.5)</td>
<td>116(38.2)</td>
<td>46(15.1)</td>
<td>28(9.2)</td>
<td>304(100)</td>
</tr>
</tbody>
</table>
Job satisfaction among Nurses in ABUTH

The nursing staff participates in selecting new equipment

<table>
<thead>
<tr>
<th>Participation</th>
<th>30(9.9)</th>
<th>75(24.7)</th>
<th>122(40.1)</th>
<th>77(25.3)</th>
<th>304(100)</th>
</tr>
</thead>
</table>

Chief nursing executive is equal in power and authority to other top-level executives

<table>
<thead>
<tr>
<th>Executive Role</th>
<th>27(8.9)</th>
<th>114(37.5)</th>
<th>116(38.2)</th>
<th>47(15.5)</th>
<th>304(100)</th>
</tr>
</thead>
</table>


4.5.4 Nurses’ Satisfaction with Quality of Supervision

Two questions were asked to elicit nurses’ response on satisfaction with the quality of their supervision. Out of 304 respondents, 77.7% agreed that they have supervisory staff that is supportive of nurses while 22.4% disagreed. In addition, 84.5% of the nurses acknowledged having Chief Nursing Officer that is highly visible to them whereas 15.5% disagreed. Details presented in Figure 4.4 and 4.5.

Source: Field survey, 2016

Figure 4.4: Supportive Supervision
Job satisfaction among Nurses in ABUTH

4.5.5 Nurses’ Satisfaction with Working Conditions

Working conditions involve the physical setting of the job such as amount and quality of environment, space, ventilation and temperature. Seven questions were asked to elicit nurses’ response on satisfaction with their working conditions. Out of 304 respondents, 67.5% agreed that there is usage of medical oriented record while 32.6% disagreed. While 35.2% agreed that there is adequate support services, 64.8% were of contrary opinion. About staffing, out of 304 respondents 27% agreed that there is enough staff to get the work done whereas 73% disagreed. While on work environment, out of 304 respondents, 24.7% of the respondents agreed that their work environment is attractive, 75.3% disagreed. Detail presented in Table 4.13.
### Table 4.4: Nurses’ Satisfaction with Working Conditions

<table>
<thead>
<tr>
<th>Working conditions</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is use of a medical oriented record</td>
<td>37(12.2)</td>
<td>168(55.3)</td>
<td>44(14.5)</td>
<td>55(18.1)</td>
<td>304(100)</td>
</tr>
<tr>
<td>Nurses control their own practice</td>
<td>52(17.1)</td>
<td>173(56.9)</td>
<td>57(18.8)</td>
<td>22(7.2)</td>
<td>304(100)</td>
</tr>
<tr>
<td>Floating so that staffing is equalized among units</td>
<td>45(14.8)</td>
<td>144(47.4)</td>
<td>92(30.3)</td>
<td>23(7.6)</td>
<td>304(100)</td>
</tr>
<tr>
<td>Opportunity to work in a highly specialized unit</td>
<td>57(18.8)</td>
<td>131(43.1)</td>
<td>85(28.0)</td>
<td>31(10.2)</td>
<td>304(100)</td>
</tr>
<tr>
<td>Adequate support services allow me to spend time with my patients</td>
<td>50(16.4)</td>
<td>57(18.8)</td>
<td>111(36.5)</td>
<td>86(28.3)</td>
<td>304(100)</td>
</tr>
<tr>
<td>Enough staff to get the work done</td>
<td>37(12.2)</td>
<td>45(14.8)</td>
<td>79(26.0)</td>
<td>143(47.0)</td>
<td>304(100)</td>
</tr>
<tr>
<td>The work environment is pleasant, attractive and comfortable</td>
<td>26(8.6)</td>
<td>49(16.1)</td>
<td>112(36.8)</td>
<td>117(38.5)</td>
<td>304(100)</td>
</tr>
</tbody>
</table>

4.6 Influence of Extrinsic Factors on Job Satisfaction

Chi-square analysis was performed to test if extrinsic factors influence nurses’ job satisfaction in ABUTH.

Table 4.5: Influence of Interpersonal Relations on Job satisfaction

<table>
<thead>
<tr>
<th>Physicians and nurses have good working relationship</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>4(1.3%)</td>
<td>17(5.6%)</td>
<td>16(5.3%)</td>
<td>14(4.6%)</td>
<td>51(16.8%)</td>
</tr>
<tr>
<td>Agree</td>
<td>5(1.6%)</td>
<td>16(5.3%)</td>
<td>71(23.4%)</td>
<td>32(10.5%)</td>
<td>124(40.8%)</td>
</tr>
<tr>
<td>Disagree</td>
<td>5(1.6%)</td>
<td>25(8.2%)</td>
<td>55(18.1%)</td>
<td>21(6.9%)</td>
<td>106(34.9%)</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>2(0.7%)</td>
<td>2(0.7%)</td>
<td>12(3.9%)</td>
<td>3(1.0%)</td>
<td>23(7.6%)</td>
</tr>
<tr>
<td>Total</td>
<td>20(6.6%)</td>
<td>60(19.7%)</td>
<td>154(50.7%)</td>
<td>70(23.0%)</td>
<td>304(100.0%)</td>
</tr>
</tbody>
</table>

Source: Field data, 2016.

Df = 9, Chi-square ($X^2$) = 32.3130, Significance level= 0.05, Critical value =16.919, P value= 0.000

The calculated chi-square ($X^2$) value is greater than the critical/table value and the P-value is less than 0.05 at the degree of freedom (df) = 9. Therefore, alternate hypothesis ($H_1$) which states that extrinsic factors (interpersonal relationship) will influence nurses’ job satisfaction is accepted. This implies that extrinsic factors (interpersonal relationship) influenced nurses’ job satisfaction in ABUTH.
Table 4.6: Influence of Salary on Job Satisfaction
A satisfactory salary * Have job satisfaction in the current organization

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>A satisfactory salary</td>
<td>0(0.0%)</td>
<td>1(0.3%)</td>
<td>11(3.6%)</td>
<td>7(2.3%)</td>
<td>19(6.3%)</td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>5(1.6%)</td>
<td>17(5.6%)</td>
<td>27(8.9%)</td>
<td>19(6.3%)</td>
<td>68(22.4%)</td>
</tr>
<tr>
<td>Agree</td>
<td>11(3.6%)</td>
<td>31(10.2%)</td>
<td>73(24.0%)</td>
<td>24(7.9%)</td>
<td>139(45.7%)</td>
</tr>
<tr>
<td>Disagree</td>
<td>4(1.3%)</td>
<td>11(3.6%)</td>
<td>43(14.1%)</td>
<td>20(6.6%)</td>
<td>78(25.7%)</td>
</tr>
<tr>
<td>Total</td>
<td>20(6.6%)</td>
<td>60(19.7%)</td>
<td>154(50.7%)</td>
<td>70(23.0%)</td>
<td>304(100.0%)</td>
</tr>
</tbody>
</table>

Source: Field data, 2016.

Df = 9, Chi-square ($X^2$) = 19.359, Significance level= 0.05, Critical value =16.919, P value= 0.047

The calculated chi-square ($X^2$) value is greater than the critical/table value and the P-value is less than 0.05 at the degree of freedom (df) = 9. Therefore, alternate hypothesis ($H_1$) which states that extrinsic factor (a satisfactory salary) will influence nurses’ job satisfaction is accepted. This implies that extrinsic factor (a satisfactory salary) influence nurses’ job satisfaction in ABUTH.
Table 4.7: Influence of Administration on Job Satisfaction

An administration that listens and respond to employee concerns * Have job satisfaction in the current organization

<table>
<thead>
<tr>
<th>An administration that listens and respond to employee concerns</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>0(0.0%)</td>
<td>5(1.6%)</td>
<td>9(3.0%)</td>
<td>7(2.3%)</td>
<td>22(7.2%)</td>
</tr>
<tr>
<td>Agree</td>
<td>4(1.3%)</td>
<td>10(3.3%)</td>
<td>24(7.9%)</td>
<td>20(6.6%)</td>
<td>58(19.1%)</td>
</tr>
<tr>
<td>Disagree</td>
<td>6(2.0%)</td>
<td>19(6.3%)</td>
<td>43(14.1%)</td>
<td>27(8.9%)</td>
<td>95(31.3%)</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>9(3.0%)</td>
<td>26(8.6%)</td>
<td>78(25.7%)</td>
<td>16(5.3%)</td>
<td>129(42.4%)</td>
</tr>
<tr>
<td>Total</td>
<td>20(6.6%)</td>
<td>60(19.7%)</td>
<td>154(50.7%)</td>
<td>70(23.0%)</td>
<td>304(100.0%)</td>
</tr>
</tbody>
</table>

Source: Field data, 2016.

Df = 9, Chi-square ($X^2$) = 18.447, Significance level= 0.05, Critical value =16.919, P value= 0.008

The calculated chi-square ($X^2$) value is greater than the critical/table value and the P-value is less than 0.05 at the degree of freedom (df) = 9. Therefore, alternate hypothesis ($H_1$) which states that extrinsic factor (administration) will influence nurses’ job satisfaction is accepted. This implies that presence or absence of extrinsic factor (administration) will influence nurses’ job satisfaction in ABUTH.
Table 4.8: Influence of Policy on Job Satisfaction

Each nursing unit determines its own policies and procedure * Have job satisfaction in the current organization

<table>
<thead>
<tr>
<th>Each nursing unit determines its own policies and procedure</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>4(1.3%)</td>
<td>11(3.6%)</td>
<td>15(4.9%)</td>
<td>11(3.6%)</td>
<td>41(13.5%)</td>
</tr>
<tr>
<td>Agree</td>
<td>5(1.6%)</td>
<td>25(8.2%)</td>
<td>58(19.1%)</td>
<td>25(8.2%)</td>
<td>113(37.2%)</td>
</tr>
<tr>
<td>Disagree</td>
<td>8(2.6%)</td>
<td>19(6.3%)</td>
<td>60(19.7%)</td>
<td>28(9.2%)</td>
<td>115(37.8%)</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>3(1.0%)</td>
<td>5(1.6%)</td>
<td>21(6.9%)</td>
<td>6(2.0%)</td>
<td>35(11.5%)</td>
</tr>
<tr>
<td>Total</td>
<td>20(6.6%)</td>
<td>60(19.7%)</td>
<td>154(50.7%)</td>
<td>70(23.0%)</td>
<td>304(100.0%)</td>
</tr>
</tbody>
</table>

Source: Field data, 2016

Df = 9, Chi-square ($X^2$) = 27.301, Significance level= 0.05, Critical value =16.919, P value= 0.002

The calculated chi-square ($X^2$) value is greater than the critical/table value and the P-value is less than 0.05 at the degree of freedom (df) = 9. Therefore, alternate hypothesis (H$_1$) which states that extrinsic factor (policy) will influence nurses’ job satisfaction is accepted. This implies that extrinsic factor (policy) influence nurses’ job satisfaction in ABUTH.
Table 4.9: Influence of Supervision on Job Satisfaction

A supervisory staff that is supportive of nurses * Have job satisfaction in the current organization

<table>
<thead>
<tr>
<th>Each nursing unit determines its own policies and procedure</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>8(2.6%)</td>
<td>24(7.9%)</td>
<td>40(13.2%)</td>
<td>20(6.6%)</td>
<td>92(30.3%)</td>
</tr>
<tr>
<td>Agree</td>
<td>6(2.0%)</td>
<td>23(7.6%)</td>
<td>77(25.3%)</td>
<td>38(12.5%)</td>
<td>144(37.2%)</td>
</tr>
<tr>
<td>Disagree</td>
<td>5(1.6%)</td>
<td>11(3.6%)</td>
<td>30(9.9%)</td>
<td>11(3.6%)</td>
<td>57(18.8%)</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>1(0.3%)</td>
<td>2(0.7%)</td>
<td>7(2.3%)</td>
<td>1(0.3%)</td>
<td>11(3.6%)</td>
</tr>
<tr>
<td>Total</td>
<td>20(6.6%)</td>
<td>60(19.7%)</td>
<td>154(50.7%)</td>
<td>70(23.0%)</td>
<td>304(100.0%)</td>
</tr>
</tbody>
</table>

Source: Field data, 2016

Df = 9, Chi-square ($X^2$) =18.971, Significance level= 0.05, Critical value =16.919, P value= 0.040

The calculated chi-square ($X^2$) value is greater than the critical/table value and the P-value is less than 0.05 at the degree of freedom (df) = 9. Therefore, alternate hypothesis (H1) which states that extrinsic factors (supervision) will influence nurses’ job satisfaction is accepted. This implies that extrinsic factor (supervision) influence nurses’ job satisfaction in ABUTH.
Job satisfaction among Nurses in ABUTH

Table 4.10: Influence of Working Conditions on Job Satisfaction

Adequate support services allow me to spend time with my patients * Have job satisfaction in the current organization

<table>
<thead>
<tr>
<th>Have job satisfaction in the current organization</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adequate support services allow me to spend time with my patients</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>2(0.7%)</td>
<td>10(3.3%)</td>
<td>19(6.3%)</td>
<td>19(6.3%)</td>
<td>50(16.4%)</td>
</tr>
<tr>
<td>Agree</td>
<td>6(2.0%)</td>
<td>6(2.0%)</td>
<td>20(6.6%)</td>
<td>25(8.2%)</td>
<td>57(18.8%)</td>
</tr>
<tr>
<td>Disagree</td>
<td>7(2.3%)</td>
<td>21(6.9%)</td>
<td>61(20.1%)</td>
<td>22(7.2%)</td>
<td>111(36.5%)</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>5(1.6%)</td>
<td>23(7.6%)</td>
<td>54(17.8%)</td>
<td>4(1.3%)</td>
<td>86(28.3%)</td>
</tr>
</tbody>
</table>

Total | 20(6.6%) | 60(19.7%) | 154(50.7%) | 70(23.0%) | 304(100.0%) |

Source: Field data, 2016

Df = 9, Chi-square ($X^2$) = 42.505, Significance level= 0.05, Critical value =16.919, P value= 0.000

The calculated chi-square ($X^2$) value is greater than the critical/table value and the P-value is less than 0.05 at the degree of freedom (df) = 9. Therefore, alternate hypothesis ($H_1$) which states that extrinsic factor (working conditions) will influence nurses’ job satisfaction is accepted. This implies that extrinsic factor (working conditions) influence nurses’ job satisfaction in ABUTH.
4.7 Relationship between Socio-Demographic Factors and Job Satisfaction

The socio-demographic characteristics examined in this study include age, gender, marital status and educational status. Correlation was employed to establish the relationship between socio-demographic characteristics and job satisfaction.

Table 4.11: Relationship between Socio-demographic Characteristics and Job Satisfaction

<table>
<thead>
<tr>
<th></th>
<th>Have job satisfaction in the current organization</th>
<th>Gender</th>
<th>Age</th>
<th>Marital status</th>
<th>Highest education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have job satisfaction in the current organization</td>
<td>Pearson Correlation</td>
<td>1</td>
<td>.063</td>
<td>.100</td>
<td>.069</td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
<td>.273</td>
<td>.233</td>
<td>.233</td>
<td>.165</td>
</tr>
<tr>
<td>Gender</td>
<td>Pearson Correlation</td>
<td>.063</td>
<td>1</td>
<td>.220**</td>
<td>.221**</td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
<td>.273</td>
<td>.000</td>
<td>.000</td>
<td>.234</td>
</tr>
<tr>
<td>Age</td>
<td>Pearson Correlation</td>
<td>.100</td>
<td>.220**</td>
<td>1</td>
<td>.525**</td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
<td>.082</td>
<td>.000</td>
<td>.000</td>
<td>.154</td>
</tr>
<tr>
<td>Marital status</td>
<td>Pearson Correlation</td>
<td>.069</td>
<td>.221**</td>
<td>.525**</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
<td>.233</td>
<td>.000</td>
<td>.000</td>
<td>.018</td>
</tr>
<tr>
<td>Highest education</td>
<td>Pearson Correlation</td>
<td>-.080</td>
<td>-.068</td>
<td>.082</td>
<td>.135*</td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
<td>.165</td>
<td>.234</td>
<td>.154</td>
<td>.018</td>
</tr>
</tbody>
</table>

Source: Field data, 2016

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

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

c. Listwise N=304

There is a weak positive correlation between Job satisfaction and gender, which is not statistically significant ($r = -0.063, p=0.273 > 0.05$).
There is a weak positive correlation between Job satisfaction and age, which is not statistically significant ($r = 0.100, p=0.082>0.05$). There is a weak positive correlation between Job satisfaction and marital status, which is not statistically significant ($r = 0.069, p=0.233>0.05$). There is a weak negative correlation between Job satisfaction and educational status, which is not statistically significant ($r = -0.080, p=0.165>0.05$).
Job satisfaction among Nurses in ABUTH

CHAPTER FIVE

DISCUSSION OF FINDINGS

5.0. Introduction
This chapter presents the discussion of the major findings of the study. The purpose of this study was to assess the factors influencing job satisfaction among nurses in ABUTH. The discussion is presented based on the objectives of the study which were:

1. To explore the influence of extrinsic factors on job satisfaction.

2. To explore the influence of intrinsic factors on job satisfaction.

3. To establish relationship between job satisfaction and socio-demographic characteristics.

5.1 Demographic Characteristics of Participants
A total of 360 professional nurses were recruited through disproportionate random sampling technique for the study. The mean age of respondents was 39+_97. Majority of the respondents (66.1%) were females while 34.9% were males. The majority of respondents being women could be attributed to the fact that nursing is usually seen as women profession. Majority of the nurses (74.3%) were married whereas 24.3% were single. On educational status, 27.3% were diploma holders, 40.8% had post basic diploma, and 30.6% had their first degree in nursing while 1.3% had master degree.
5.2 Influence of Intrinsic Factors on Job Satisfaction

Findings from the study showed that intrinsic factors influence job satisfaction among ABUTH nurses which agreed with Herzberg’s (1968) assertion that intrinsic factors are responsible for employees’ job satisfaction. ABUTH nurses were satisfied with their intrinsic factors.

Findings from the study showed that advancement influence job satisfaction among ABUTH nurses. Majority of ABUTH nurses were satisfied with the two components of opportunities for advancement. While 63% of the nurses agreed that they have career development/clinical opportunity, 66.4% also agreed having opportunity for active in-service/continuing education programs for nurses. This study agreed with the findings of Edoho et al. (2015), Ugwa and Ugwa (2014) and Fabiene and Kachchhap (2016) who reported advancement as vital to nurses’ job satisfaction. ABUTH nurses’ satisfaction with advancement could be credited to the fact that ABUTH as a teaching hospital serves as a training and research centre to Ahmadu Bello University (ABU) and therefore have close relationship with teaching hospital. ABUTH is also closely located to ABU. Nurses in ABUTH are therefore benefitting from the close relationship between ABUTH and ABU and with their proximity; enrol easily for further studies and training at ABU.

Advancement in life is constant and imperative. Every individual would like to develop and grow in the area of work to enable self-actualization. It is therefore important to ensure that work relativities enable growth and advancement.

The study also established work itself having influence on job satisfaction among ABUTH nurses. Out of the eight components under work itself, ABUTH nurses were satisfied with seven but nevertheless dissatisfied with not having enough registered nurses on duty to provide quality patient care. Consequently, ABUTH nurses were dissatisfied with poor staffing. This finding is congruent with the study of Duffield et al. (2011) who recounted nurses having job dissatisfaction
due to poor staffing, skill mixes and excessive workload. Similarly, nurses from Germany, France, Poland, Italy, Netherlands, Belgium, Slovakia and China have reported poor job satisfaction and frustration with the nursing profession due to poor staffing and excessive workload (Li et al., 2013). According to Aiken et al. (2012), improving staffing would yield more positive outcomes in patient care than any other investment the organization can embark upon.

ABUTH nurses’ dissatisfaction with staffing may be attributed to the fact that ABUTH as the only major tertiary health facility in the state is usually crowded with clients from within and outside the state. Nurses in ABUTH therefore usually have overflow of patients to care for. When there is poor staffing, opportunities for transfer to other department and change of job description in accordance to one’s level of training and experience would not exist. This will invariably lead to boredom and monotony consequently leading to job dissatisfaction (Tao et al., 2015).

The study also established responsibility influencing job satisfaction among ABUTH nurses. In the current study, a good percentage (61.1%) of the nurses agreed having freedom to make decision concerning their patient care while 38.8% disagreed. Furthermore, while 62.2% accepted having involvement in cost controlling, 37.8% were however of contrary opinion. Nurses in ABUTH were satisfied with their responsibility. This finding is consistent with the study of Ugwa and Ugwa (2014) who reported nurses having satisfaction with responsibility. The satisfaction of ABUTH nurses in the current study may be attributed to the fact that ABUTH as a tertiary healthcare institution manage different disease conditions which usually demand the experience and knowledge of the nurses. The study of Azim et al. (2013) further supported the finding of the current study when he reported that when nurses are allowed to practice at the level of their training and competency as well as making decisions about patients’ care, it increase their motivation and raise their level of job satisfaction. The finding of this study however differed from the finding of
Edoho et al. (2015) who reported nurses having dissatisfaction with the level of their responsibility on the job.

Recognition of outstanding performance will encourage nurses to remain committed to their organisation while striving to earn more recognitions. Healthcare organisations through prompt acknowledgment of nurses’ contribution can therefore create a positive organisational climate for quality nursing care and positive patient outcomes. The current study established that recognition influence job satisfaction among ABUTH nurses. While some of the participants (17.8%) were highly satisfied with the level of the acknowledgement of their contributions to patients’ care, 49.3% were moderately satisfied. Similarly, 54.6% of the nurses reported being satisfied with praise and recognition. Similarly, Tessema, Ready and Embaye (2013) reported recognition as having positive impacts on employees’ morale and job satisfaction which further supported the finding of this study. Obviously, praise and recognition are essential to the development of staff. Thus, the more satisfied employees are with praise and recognition, the happier and productive they would be.

The finding of this study however differed from the study of Khunou et al. (2016) who reported South African nurses having dissatisfaction with their level of recognition. Recognition instil sense of accomplishment and the desire to strive for more achievement among employees. While good remuneration is gratifying, it cannot buy happiness. Happy employees are healthy employees while healthy employees are satisfied and productive (Tao et al., 2015). More so, satisfaction with recognition enhances the cultivation of confidence since employees are aware of the expectations and standards expected from their employers from previous praise and recognition given by their supervisors over job well-done (Cleary et al., 2013).
The finding of this study also revealed that achievement influence job satisfaction among nurses in ABUTH. The nurses were satisfied with achievement. This finding however differed from the findings of Velickovic et al. (2014) and Buhalkani et al. (2011) who reported nurses having job dissatisfaction with achievement. The satisfaction of ABUTH nurses may be attributed to good supervision as reported by the nurses.

Employees’ pursuance of achieving organizational goals are in anticipation of achieving their own personal goals. Therefore, a symbiotic kind of relationship between organizational goals and employees’ goal will positively influence employees’ job satisfaction. Furthermore, Feelings of achievement provides happiness and satisfaction in employees. Such feelings are strong antidotes to workplace related stresses upon which employees’ job satisfaction is predicated.

5.3 Influence of Extrinsic Factors on Job Satisfaction.

Extrinsic factors are externally generated variables directly related to the job surrounding and are responsible for prevention of job dissatisfaction (Herzberg, 1968). Extrinsic factors considered in this study included interpersonal relations, salary, policy and administration, supervision and working conditions.

The findings of this study revealed extrinsic factors influencing job satisfaction among nurses in ABUTH as opposed to Herzberg’s assertion (1968). Herzberg advanced that extrinsic factors do not provide job satisfaction but prevent job dissatisfaction. ABUTH nurses equally require extrinsic factors to be motivated. The findings of this study are consistent with a study among Nigerian employees which reported that extrinsic factors equally influence job satisfaction (Worlu & Chidozie, 2012). The study of Dartey-Baah and Amoako (2011) among Ghanaian workers further supported the findings of this study when they reported extrinsic factors equally serving as motivators among Ghanaian workers. African employees are faced with unemployment and
economic hardship and would therefore be more satisfied with whatever would directly improve their standard of living (Dartey-Baah & Amoako, 2011). The current study also confirmed the assertion of Edoho et al. (2015) which established that extrinsic factors are equally needed to motivate Nigerian nurses.

Satisfaction of staff is very relevant in the nursing profession since satisfied staff enhance quality service delivery and are less likely to come up with many errors in their work. Satisfaction also brings about commitment and confidence among nurses. It is therefore important to ensure that nurses are satisfied with their work. The result of this study revealed that ABUTH nurses were satisfied with their interpersonal relations. The finding of this study is congruent with the study of Dignani and Toccaceli (2013) who reported nurses having job satisfaction arising from good interpersonal relations among their co-workers. Yang et al. (2012) equally proved good interpersonal relations to enhance job satisfaction and team work among nurses which further supported the findings of current study. Good interpersonal relations encourage open communication through which nurses could easily resolve their differences thereby stay happy and satisfied on their job.

Policies are standing plans used in formal organizations to encourage equity, fairness and collaboration of staff. Frequently reviewed policies take account of current changes in the environment to relatively enhance job satisfaction. Adequate policies are therefore needed to enhance workplace climate. The current study revealed that ABUTH nurses were moderately satisfied with the policies and administrations of their organisation. Out of the nineteen questions under policies and administrations, ABUTH nurses were satisfied with twelve while dissatisfied with seven. A higher percentage (62.5%) of nurses in ABUTH are satisfied with standardized policies and procedures established by their employer while 37.5% disagreed. Similarly, 73% of
The participants were satisfied with the use of nursing diagnosis in ABUTH. On the other, 57% of the participants disagreed having the opportunity for staff nurses to participate in policy decisions. A higher percentage (65.4%) of the participants were equally dissatisfied with not being involved in selection of new equipment. ABUTH nurses were not satisfied with all the components of their policy and administration. They were mostly dissatisfied with their level of involvement in decision making. Nurses’ dissatisfaction with their hospital policy and administration could be as a result of non-differentiation in nurses’ job description by ABUTH management regardless of difference in nurses’ educational level.

The result of this study supported the finding of Al-Hamdan et al. (2016) who reported that nurses were dissatisfied with policy and administration due to non-involvement in decision making. The findings of Philips et al. (2015) further supported the current study when they cited clearly documented policies, role clarity, knowledge of organizational culture and appropriate feedback mechanism as vital to nurses’ organizational commitment and overall job satisfaction. Nurses are appreciative of clarity, transparency and uniformity of organizational policies and administration. When employees are aware of rules and regulations operational in their organizations, role conflicts, and occupational stresses, destructive and unethical behaviours would be reduced to their barest minimum thereby providing an enabling environment for employees’ job satisfaction. It is therefore imperative for healthcare facilities to frequently review their organizational policies while taking into cognizance the current prevailing circumstances (Khunou et al., 2016; Aiken et al., 2015).

Supervision is important in coordinating the nurses’ practice environment. The result of this study revealed that ABUTH nurses were satisfied with supervision. This study was in agreement with Van Bogaert et al. (2014) who stated that nurses from Belgium had satisfaction with the quality of
their supervision. Nurses’ satisfaction with supervision in the current study could be due to the fact that ABUTH nurses usually explore the advantage of the close relationship between their organisation and Ahmadu Bello University (ABU) to enrol for further training even in management courses. This might have positive impacts on the competency and effectiveness of their supervisions. Another study among Saudi Arabian nurses by Al-Dossary, Vail, and Macfarlane (2012) also established that the nurses were satisfied with their supervision further supporting the present study.

The current study however differed from the findings of Adegoke et al. (2015) who reported Midwives having job dissatisfaction due to poor supervision arising from unavailability and lack of support. Nurses are encouraged and resilient in carrying out their professional mandate when they have the support of their supervisors (Kellerman, 2012).

Working conditions include adequate resources, workload, space, security, amount of noise and among others. Nurses need healthy working conditions to carry out their duties effectively and efficiently. The result of this study revealed that ABUTH nurses’ satisfaction with their working conditions was relatively low. Nurses in ABUTH were dissatisfied with their work environment, poor staffing and organisational support. Most studies on job satisfaction among nurses in other parts of Nigeria reported similar findings (Adegoke et al., 2015; Olakunde, 2012; Ogbolu et al., 2015). Another study among nurses from European countries reported nurses having dissatisfaction with their working environment (Aikent et al., 2011) further supporting the current study.

The findings of McGlynn et al. (2012) and Masum et al. (2016) however differed from the current study when the reported that participants in their studies were satisfied with their working
Job satisfaction among Nurses in ABUTH

conditions. The dissatisfaction of ABUTH nurses with many components of their working conditions may be attributed to inadequate human and material resources resulting from the teeming clients accessing care being that ABUTH is the major tertiary healthcare facility in Kaduna State. Nurses require good working conditions to practice effectively. On the other hand, when nurses are faced with excessive workload, poor staffing and inadequate resources, their professional skills would be impaired leading to poor job satisfaction (Ganzo & Toren, 2014).

Social standing in any African society is largely determined by how wealthy you are financially and how you are able to assist with family obligations. Thus, salary levels are very relevant to job satisfaction. It is no wonder that nurses in ABUTH were dissatisfied with their salary. Specifically, most of the nurses (71.4%) reported their salary as inadequate. The outcome of the present study is in line with the finding of Khunou and Davhana-Maselesele (2016) who reported that South African nurses were dissatisfied with their salary. The outcome of this study is also in agreement with the finding of Adegoke et al. (2015) who reported that Nigerian midwives were dissatisfied with their salary. Similar finding was reported by Worlu and Chidozie (2012) who reported that salary had strong positive influence on job satisfaction among Nigerian workers.

On the contrary, nurses from private hospitals in Turkey rated salary as the least factor influencing their job satisfaction (Masum et al., 2016). This could be attributed to the fact that the participants were recruited from only private health institutions which may have a more structured and satisfactorily salary compared to public institutions. Nurses’ organisational commitment would be sustained when they perceive their salary to be fair. Hospital management should therefore ensure that nurses’ salaries are adequate and should be reviewed periodically.
5.4 Relationship between Job Satisfaction and Socio-demographic Characteristics

The socio-demographic characteristics (individual characteristics) considered were age, gender, marital status and educational status. Findings on relationship between job satisfaction and age, gender, and marital status using correlational analysis yielded weak positive correlations which were not statistically significant. Thus, association between age, gender and marital status was not strong enough to predict job satisfaction among ABUTH nurses. In addition, the association between educational status and job satisfaction yielded weak negative correlation which was not statistically significant. Therefore, educational status does not equally predict job satisfaction among nurses in ABUTH.

Nurses in ABUTH reported satisfaction with most of their intrinsic factors such as achievement, responsibilities, recognition and advancement. The participants also reported being satisfied with some of the extrinsic factors such as interpersonal relations, supervision and policies and administration. This could account for higher level of motivation which in turn has the ability to cushion unpleasant work related stressors thereby empowering nurses to overcome differences in socio-demographic characteristics such as age, gender and marital status.

Furthermore, nurses in ABUTH have higher educational status with 40.8% having post basic diplomas and 30.6% having degree in nursing. Such educational status could have positively influenced their cultural perspectives and orientation on differences in age, marital status and gender. Advance in technology has also deposited information at the disposal of nurses which could leverage them to easily bridge the gap between the differences in their educational status.

The finding of this study is congruent with the study of Panisoara and Serban (2013) who reported marital status having positive weak association with employees’ job satisfaction. Study from
Mexico (Tao et al., 2012) and China (Wang et al., 2012) equally lend credence to the finding of the current study when they reported positive weak association between marital status, age, gender and job satisfaction. Furthermore, weak positive association between marital status and job satisfaction among ABUTH nurses maybe attributed to influence of socialisation which has changed the societal perspectives especially in regard to responsibility. Nowadays, both men and women share the responsibility of fending for their family. Therefore, women are equally resilient in protecting their job.

However, the findings of another study in Nigeria involving workers from different professions reported unmarried employees having higher job satisfaction in contrast to married employees (Adeoye et al., 2014). The authors cited economic hardship being responsible for decline in job satisfaction among married employees. Indisputably, in the face of economic hardship, married employees with higher responsibilities would feel the economic hardship than unmarried employees.

On gender, the correlational analysis yielded weak positive correlation which was not statistically significant. Therefore, gender cannot be said to predict job satisfaction among ABUTH nurses. The findings of Ayelew et al. (2015) was consistent with the current study. Ayelew et al. reported gender not been statistically associated with job satisfaction among Ethiopian nurses. Another study in the USA also lends credence to the current findings (Cahill, 2011). Cahill equally reported gender not having significant relationship with job satisfaction among nurses. The weak positive relationship between gender and job satisfaction in the current study could be due to influence of civilisation which does not attach importance to difference in gender but rather advocates gender equality. Consequently, self-esteem and the enabling environment is usually adequate for both sexes to compete favourably. Furthermore, the Northern part of Nigeria are predominantly
Muslims who do not permit women to go out and socialise. Consequently, women who are allowed the opportunity to work are usually seen as privileged, leading to increase in their self-esteem and confidence to compete favourably at the workplace.

The current study differed from the findings of Olatunji and Mokuolu (2014) who reported that both male nurses and doctors have higher level of job satisfaction than their female colleagues. Contrary to the above, Alshmemri (2014) acknowledged that Saudi Arabian female nurses have higher job satisfaction than their male counterparts. Cultural practices seem to account for the difference in influence of gender on job satisfaction.

The result of this study equally yielded weak positive correlation between age and job satisfaction which was not statistically significant. Age therefore does not predict job satisfaction among ABUTH nurses. This is in agreement with Kozuchova et al. (2015), who reported no statistically significant correlation between age and job satisfaction. This could be due to technological advancement. Advancement in technology has made available relevant information for self-development leading to increase in skills and competence and corresponding increase in job satisfaction regardless of age. Moneke and Umeh (2013) also established weak positive correlation between age and job satisfaction, further supporting the findings of the present study.

The current study contrasted the findings of Carrilo et al. (2013) who reported statistically significant correlation between age and job satisfaction. However, the most satisfied group were the youngest and the oldest. This could be due to the fact that the younger generation belong to the computer age where information is at their fingertips thereby giving them easy access to needed information that could boost their job satisfaction. On the other hand, the older generation might have had adequate experience from years of practice which might have made them develop more
positive adaptive strategies to cope with unfavourable working conditions to sustain job satisfaction. Gellasch (2015), Toa et al. (2012) and Heidarian et al. (2015) also established positive relationship between age and job satisfaction.

Education is very crucial in nursing as the healthcare milieu is increasingly becoming complex due to change in epidemiological pattern and advancement in technology. Nurses therefore need to be adequately prepared in order to continue to maintain their relevance in the healthcare system. Furthermore, education is observed to be one of the factors influencing job satisfaction among nurses. The current study nevertheless established a weak negative correlation between educational status and job satisfaction which was not statistically significant. Franek et al. (2014) and Mehrdad et al. (2013) also acknowledged that educational status has no statistical significant relationship with job satisfaction. However, the weak negative correlation between educational status and job satisfaction in the current study could be due to non-recognition of differences in nurses’ qualification by ABUTH management. Indisputably, education would influence job satisfaction only when it is accompanied with higher privileges.

The present study differed from the findings of Adeoye et al. (2014) who established significant positive association between educational status and job satisfaction. However, their study involved workers from different professions which may not have problem of non-recognition of differences in educational qualifications. Acquiring additional educational qualification require both time and money. Unarguably, nurses who take the pain to go for further training will expect to be rewarded by promotion and change of job description. But when the management fail to do so, invariably, it would lead to poor job satisfaction.
5.6 Summary of Discussion

The study revealed influence of intrinsic factors and extrinsic factors on job satisfaction as well as association between socio-demographic characteristics and job satisfaction. Nurses in ABUTH were moderately satisfied with their intrinsic factors. The participants were equally satisfied with their supervision, interpersonal relations but were dissatisfied with some components of their organizational policy and administration such as non-involvement in decision making. The nurses were also dissatisfied with salary, working conditions and staffing. On the other hand, association between age, gender and marital status yielded weak positive correlation which was not statistically significant while the association between educational status and job satisfaction yielded a weak negative correlation which was not also statistically significant.
CHAPTER SIX

SUMMARY, IMPLICATIONS, LIMITATIONS, CONCLUSION, AND RECOMMENDATIONS

6.0 Introduction

The chapter provides a summary of the study with conclusion and recommendations drawn from the findings. The chapter in addition, suggests areas for further studies as derived from the outcome of the study.

6.1. Summary of the Study

The nursing workforce is the major pillar of the Nigerian health system. The Nigerian nursing workforce however, is increasingly becoming fragile and inadequate in meeting the health needs of Nigerians. The Nigerian nursing workforce is consequently characterized with incessant industrial actions in a bid to have their plights addressed by the government. Failure of the government to adequately address these challenges has led to excessive migration of highly trained and competent nurses to developed countries in search of better working conditions and standard of living. This study therefore sought to investigate the practicing conditions (intrinsic and extrinsic factors) of nurses in ABUTH and how these conditions are impacting on their job satisfaction. Consequently, the research was guided by the following objectives:

1. To explore the influence of extrinsic factors on job satisfaction

2. To explore the influence of intrinsic factors on job satisfaction

3. To establish the relationship between job satisfaction and socio-demographic characteristics
Herzberg’s two factor theory was adopted as the theoretical framework. Literature was reviewed thematically under extrinsic factors, intrinsic factors and socio-demographic characteristics influencing job satisfaction.

The study was done quantitatively using descriptive cross-sectional design at ABUTH. Proportionate stratified random sampling technique was adopted to recruit 360 professional nurses from 6 departments of ABUTH. Revised Nursing Work Index (NWI – R) questionnaire was used for the data collection. The instrument (NWI – R) was pretested among 20 professional nurses from University of Abuja Teaching Hospital, Nigeria. Ethical clearance was obtained from NOGUCHI (NMIMR-IRB CPN 080/15-16) and institutional clearance from ABUTH Ethical Clearance Committee (ABUTH/HREC/T13/2016). Data generated were collated, cleaned, coded and analysed using descriptive and inferential statistics.

The purpose of the study was to assess the factors influencing job satisfaction among nurses in ABUTH. The study revealed that the mean age of respondents was 39±10.97. While 34.9% of the respondents were males, 66.1% were females. Nurses were satisfied with almost all the facets of their intrinsic factors. They were satisfied with achievement, advancement, responsibilities and recognition but were however dissatisfied with work itself. Nurses were partially satisfied with the extrinsic factors. The nurses were satisfied with the competence and support from their supervisors, interpersonal relations but were partly dissatisfied with some components of their organisational policies and administration such as non-involvement in decision making. The nurses were also dissatisfied with their working conditions and salary. The nurses nevertheless, had mixed opinion on the assessment of their intrinsic and extrinsic factors. Thus, nurses in ABUTH could be motivated by both intrinsic and extrinsic factors.
Evidence from the study equally revealed that nurses’ socio-demographic characteristics do not predict job satisfaction among nurses. This could be attributed to their satisfaction with intrinsic factors as motivated and satisfied employees are resilient and productive.

6.2 Implications

From the findings of this study, the following implications were outlined for hospital management, nursing practice and nursing research.

6.2.1 Hospital Management

The findings of this study revealed that nurses were satisfied with most of their intrinsic and partially satisfied with their extrinsic factors. Nevertheless, while majority of the nurses reported being satisfied, others were not satisfied. There is need for the hospital management to employ an individualistic management approach to promote satisfaction among nurses. The individual approach will also enlighten management about the challenges confronting individual nurses. This would eschew incidence of rivalry, witch-hunting and lack of teamwork which can lead to sabotage and compromised quality care.

Hospital management should also hold regular meetings and seminars to educate and acquaint both staff on hospital policies and appropriate ways of channelling complaints. There must be equity and justice in the management of personnel so as to discourage outburst of grievances between nurses and management. This is paramount because until nurses are satisfied with their job, they cannot be poised to maximise their potentials. Furthermore, for hospital management to have a stable nursing workforce, they must enable conditions that promote positive workplace climate. Developing a positive workplace climate and a learning organization in the hospital naturally would foster job satisfaction among nurses.
6.2.2 Nursing Practice

Quality nursing care is determined by having adequate numbers and quality nursing workforce. Having adequate numbers and quality nursing workforce however, depends on committed, competent and confident nurses which is classically ensured by their job satisfaction. Nurses would therefore, continually demand for better working conditions that promote job satisfaction from management. Unfortunately, in their attempt to rationalize with management for better options estranged nurse leaders from management which ultimately affects nursing services. This study is expected to contribute towards improvement of quality nursing care by shedding more light on how to have motivated nursing workforce. This is vital because satisfied nurses are productive and ethically inclined. Therefore, nurses’ job satisfaction would lead to good nurse retention, quality nursing care and positive patient outcomes.

6.2.3 Further Nursing Research

Although majority of nurses were satisfied with their intrinsic factors, few were dissatisfied. Similar result was obtained from their satisfaction with extrinsic factors while the association between their socio-demographic factors and job satisfaction were not statistically significant. There is therefore need for further research about why nurses have divergent views on satisfaction with factors that influence their job satisfaction.

6.3 Limitations of the Study

Structured questionnaire was used for the study which may have limited the information respondents want to provide if not captured in the questionnaire. Secondly, there could be respondents’ bias from the nurses who may not want to give the actual response of the situation of
the hospital. Due to time constraint, the study could not also involve other hospitals in Kaduna State.

6.4 Conclusion

Nursing as the single largest component of the Nigerian healthcare workforce plays an indispensable role in the overall stability and quality of the national health system. Ensuring that nurses are satisfied with their job therefore is necessary to having a reliable health system that is responsive to the health needs of the people. This study therefore assessed factors influencing job satisfaction among nurses in ABUTH using Herzberg’s theory which delineates a relationship between intrinsic and extrinsic factors.

The result of this study revealed that nurses were moderately satisfied with their jobs. Inadequate salary, non-involvement in decision making, poor working conditions and staffing were the major sources of job dissatisfaction among nurses in ABUTH. The practice of “one stroke fitting for all employees” has proofed to be highly ineffective in the present nursing practice environment as evidenced by mixed opinion of nurses on their satisfaction with their intrinsic and extrinsic factors. In addition, no statistically significant relationships were established between nurses’ socio-demographic characteristics and job satisfaction. Furthermore, nurses in ABUTH were motivated by both intrinsic and extrinsic factors. Therefore, ensuring job satisfaction among nurses is an enigma which demands a multifaceted approach that cannot be left to chance. There is need to constantly engage nurse leaders and nurses to deliberate on factors that enhance job satisfaction. Managers should be trained periodically on leadership and management concepts so as to augment their effectiveness and efficiency in human resource management.

6.5 Recommendations
Job satisfaction among Nurses in ABUTH

Based on the findings of this study, the researcher made the followings recommendations for Ministry of Health, Nursing and Midwifery Council of Nigeria (NMCN), and the Hospital Management.

6.51 Ministry for Health

The Ministry for Health should:

1. Develop a policy on the ideal nurse-patient ratio in order to ensure that all hospitals comply with standard staffing. This could be rightly achieved by keeping abreast with what is obtainable in the international communities on nurse staffing. In addition, for nurse-patient ratio to be ideal, nurses’ training, competence and the severity of patient’s condition must be put into cognizance.

2. Have formally structured service entry points for nurses based on their educational level.

3. Have structured career progression for nurses. That is, opportunities for training and criteria for promotion should be formal, well-structured and implemented without sentiment and favoritism.

4. Improve on nurses’ remuneration as well as conditions of service. Nurses’ conditions of service should be made attractive with benefits such as vacation allowance, standard accommodation, maternity leave and allowance, bonuses for festivities, etc.

6.5.2 Nursing and Midwifery Council of Nigeria (NMCN)

Nursing and Midwifery Council of Nigeria should:

1. Liaise with the Ministry of Health both at the Federal, State and Local government levels to ensure formulation of policies that will represent the interest of the Nigerian nursing workforce.
This could be rightly achieved through adequate consultation with nurses to know their plights and demands and lobby the appropriate authorities to ensure that nurses’ demand and welfare are given due consideration and provided for.

2. Visit healthcare organizations periodically to ensure that they are complying with the standard of practice such as accepted nurse-patient ratio, service entry point, etc. The NMCN should constitute a unit that will be saddled with the sole responsibilities of visiting healthcare institutions at all levels to assess their level of compliance with the constituted standard and ethics of nursing profession.

3. Ensure that nurses’ complaints are acknowledged and channeled to the appropriate bodies for immediate action so as to ensure a satisfied nursing workforce. This is achievable through one-on-one consultations with nurses to know their level of job satisfaction and factors impeding their professional practice.

6.5.3 Hospital Management

1. The practice of “one stroke fitting for all employees” from different generational age cohorts, socio-demographic background and educational status does no longer prove effective in today’s divers and complex healthcare milieu. There is therefore need for the hospital management and nurse leaders in ABUTH to have individualized strategies for addressing employees’ job needs based on their differences. Therefore, nurse managers/leaders in ABUTH should always be accessible to their subordinates and constantly listen to their suggestions, complaints and demands while taking into cognisance their differences. This could be brought about by providing suggestion boxes for nurses in strategic locations in their work environment and holding regular and organised staff meetings.
2. Hospital management should keep vivid record of nurses’ performance and poised to recognize, commend, reward both in kind and cash such as bonuses, and promotion for job well-done, ethical conduct and excellence.

3. Hospital management should as a matter of urgency improve upon staffing of nurses. Hospital management having determined through adequate consultations the size of staff needed for efficient nursing care, employment should be done promptly and accordingly. They should also be at alert to replace staff in the advent of resignation, retirement, transfer or death so as to circumvent further staff shortage.

4. Management should focus on nurses’ job enrichment by providing them with stimulating and interesting work that challenge and motivate them. Nurses should equally be given autonomy over nursing practice.

5. Hospital management should be explicit and transparent on their policies and administrations. Nurses should be given job description with clearly delineated jurisdiction while taking into cognizance their competency, experience, and educational training.

6. Good organizational culture should be created and sustained through regular staff meetings, orientation, seminars and workshops to socialize and educate employees on professional and ethical practices.

7. Nurses’ opinion should be respected by other professionals. Nurses professional practice judgement should not be relegated on the bases of sentiments.
8. Management should improve nurses’ remunerations while taking into cognizance their experience, number of years in service and educational achievements. Salary should also be paid regularly and promptly.
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