

## Assessment of Job Satisfaction Indices among Health Professionals in Jos University Teaching Hospital: An Analytical Study.

Obeta, Uchejeso M., Goyin, Longul P., Udenze, Chukwudike., Ojo, James.  
Department of Public Administration and Local Government, University of Nigeria, Nsukka, Enugu State,  
Nigeria

Corresponding Author: Obeta Uchejeso M. [uchejesoobeta@gmail.com](mailto:uchejesoobeta@gmail.com)

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**Abstract:** This study seeks to find out the extent to which job satisfaction indices including adequate remuneration, availability of state – of – the – art working tools and others can improve professionalism and enhanced productivity in Jos University Teaching Hospital (JUTH). An Assessment of Job Satisfaction Indices Among Health Professionals in Jos University Teaching Hospital – An Analytical Study was carried out by administering consent forms and questionnaires produced in line with the Cornell Job Descriptive index, Minnesota Satisfaction Questionnaire (MSQ) and the Job Satisfaction Survey (JSS) to the 120 named health professionals: Doctors, Pharmacists, Medical Laboratory Scientists, Nurses, Radiographers [Imaging Scientists], and Physiotherapists of JUTH. The study is a small scale empirical research premised on professional job satisfaction in the practice within JUTH. The study reveals that most of the JUTH professional staff are not satisfied with their pay and remuneration and working tools or equipment, and other job satisfaction indices like: number of fellow professional colleagues in the department; conferences allowances; the way policies are put to practice; presence of professionals in the management team, chance to do research on the job and chance for advancement in academics and training on the job. Also, the research has established that there is significant positive relationship between job satisfaction and motivations for improved professional service delivery in JUTH with regards to professional presence in the management team, advancement in academics and training, and chance for research on the health professional jobs in JUTH  $p < 0.05$  at 95% level of confidence. This research outcome is not only a valuable policy document for JUTH and other tertiary health institutions in Nigeria but a useful theoretical work for public health administrators in Africa.

**Key Words:** Job satisfaction, Health Professionals, JUTH

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### I. Introduction

Various health professionals exist in all categories of tertiary health institutions in Nigeria. Numerous industrial actions and strikes have been recorded within the shortest period of years involving all health professionals or selected professionals or particular professional at a time. Job satisfaction is simply how content an individual is with his or her job [Kalleberg, 1977] at any given time. Considering the incessant industrial disputes in the health institutions in Nigeria, the researchers try to find out the job satisfaction levels of the healthcare professionals in Jos University Teaching Hospital (JUTH)

#### 1.1 Meaning and Concept of Job Satisfaction

Job satisfaction is the extent to which a person derives pleasure from his job. An employee's general affective orientation towards his job to the extent that the person fulfils with dominant roles consistent with expectations and values can be described as job satisfaction. Job satisfaction is the favourableness with which employees view their job [Castle, 2006]. Hoppock defined satisfaction as any combination of psychological, physiological and environmental circumstances that cause a person to truthfully say I am satisfied with my job [Hoppock, 1935]. According to this approach, although job satisfaction is under the influence of many external factors, it remains something internal that has to do with the way how the employee feels. That is job satisfaction presents a set of factors that cause a feeling of satisfaction.

Vroom in his definition on job satisfaction focuses on the role of the employee in the workplace. Thus he defines job satisfaction as affective orientations on the part of individuals towards work roles which they are presently occupying. [Vroom 1964]

One of the most cited definitions on job satisfaction is the one given by Spector [1997] according to whom job satisfaction has to do with the way people feel about their job and its various aspects. It has to do with the extent to which people like or dislike their job. That is why job satisfaction and job dissatisfaction can

appear in any given work situation. Job satisfaction represents a combination of positive and negative feelings that workers have towards their job. Meanwhile, when a worker employed in a business organization brings with it the needs, desires and experience which determines expectations that he has dismissed, job satisfaction represent the extent to which expectations are and match the real awards. Job satisfaction is closely linked to that individual's behavior in the work place [Davis *et al.*, 1985]

People's levels of degrees of job satisfaction can range from extreme satisfaction to extreme dissatisfaction. In addition to having attitudes about their job as a whole, people also can have attitudes about their various aspects of their job such as the kind of work they do, their co-workers, superiors or subordinates and their pay [George *et al.*, 2008]

### **1.2 Work Motivation and Job Satisfaction in Perspective**

Worker motivation is the degree of willingness of the worker to exert and maintain an effort towards organizational goals [Bennett and Lynne, 1999].

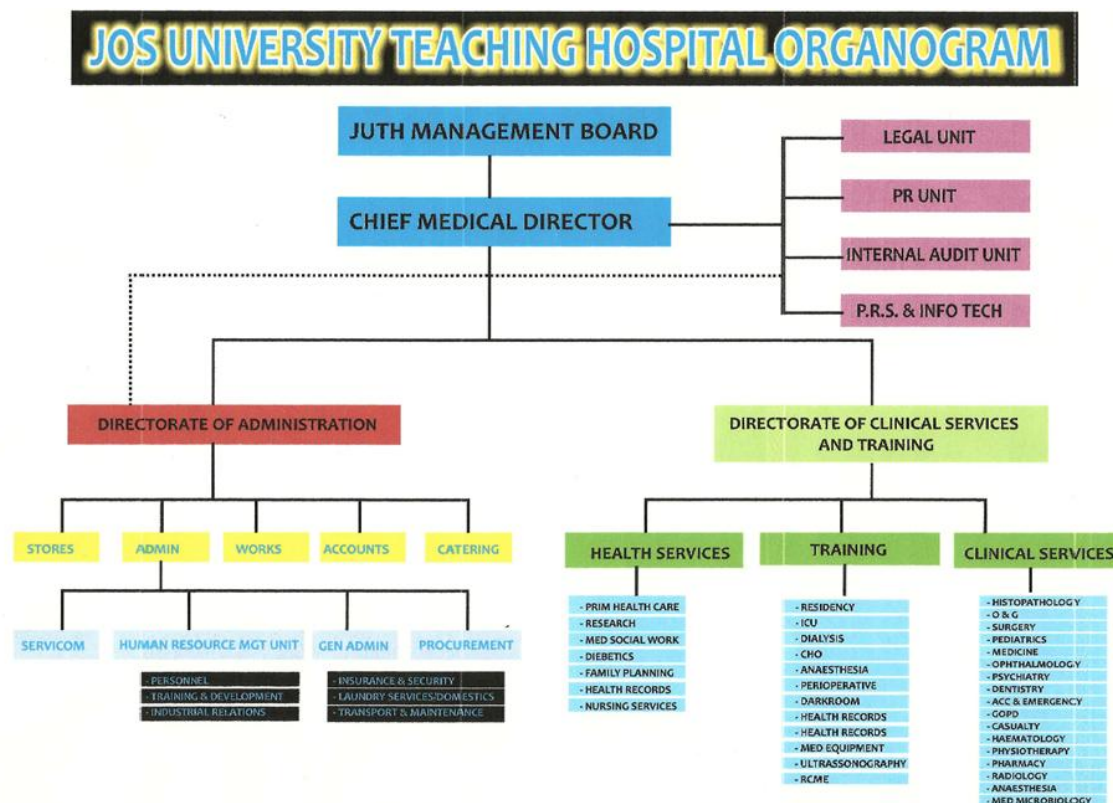
Lack of motivation which results from poor reward system can result to dissatisfaction on the job. Lack of motivation in terms of irregular promotion, inadequate reward for hard work decreases level of hard work and commitment in workplace, including delay in payment of salaries. Nonpayment of approved [fringe] benefits can cause tension between employees and management, even the entire work environment [Baruwa, 2001]. According to Federal Ministry of Health FMOH [2004], the issue of poor motivation and low remuneration has adverse effect on the morale of health workers. This has resulted to serious brain drain in health sector and incessant industrial disputes. FMOH [2004] went on to say that the delivery of health system involves three lines of action: system inputs health production and system output. System inputs include facilities, equipment, personnel and supplies that are required for health production by health workers who offer health services inform of output to patients. The success of the other two actions depends largely and revolves around the first action-system inputs. The implication is that when there is shortage in supply or non availability of facilities, equipment, and supplies, job performance is negatively affected. This may in turn greatly affect job satisfaction of workers in such health establishment.

The healthcare sector is important, and the quality and efficiency of service depend to a large extent on human labour. Poor worker motivation can greatly affect health outcomes and patient safety. Poor worker motivation is common and can manifest as lack of courtesy to patients; tardiness and absenteeism; poor process quality, such failure to conduct proper patient examinations; and failure to treat patients in timely manner [Gilson *et al.*, 1994]. In the workforce, it can manifest in high staff turnover rates, high vacancy rates and indifferent performance [Bennett and Lynne, 1999]. Job satisfaction is complex and multifaceted concept which can mean different things to different people. Job satisfaction is usually linked with motivation, but the nature of this relationship is not clear. Satisfaction is not the same as motivation. Job satisfaction is more of an attitude, an internal state. It could, for example be associated with personal feeling of achievement, either quantitative or qualitative [Mullins, 2005].

### **1.3 Categorization of Health Professionals in JUTH**

There are various categorizations among Health professionals in JUTH. The Health professionals includes: Doctors/Physician, Nurses and Midwives, Pharmacists, Medical Laboratory Scientists, Physiotherapists and Radiographers or Imaging Scientists. Others may include: Dieticians, Health Records and Community Health Workers.

The various health professionals are distinct, registered and regulated by different established Councils by law of the Federal Republic of Nigeria.



Organogram of Jos University Teaching Hospital (JUTH) [Wurim-Long, 2011]

#### 1.4 Health Professionals and Job Satisfaction Indices: Analytical Overview

**Doctors:** In line with Medical and Dental Practitioners Act 1988 as amended, doctor is a medical practitioner or dental surgeon. Doctors can also be called physician.

Physicians' dissatisfaction with their job may have a significant public health implication [Zuger 2004], as it may adversely affect clinical management of patients [DiMatteo *et al.*, 1993, Haas *et al.*, 2000, Pathman *et al.*, 2002]. If prolonged, dissatisfaction may result in health problems for the physicians [Sundquist and Johannson, 2000]. Lewis and co-workers reported that physicians who are satisfied with their work are likely to report high satisfaction in their marriages and fewer psychiatric symptoms [Lewis *et al.*, 1993]. It has been reported that physicians' satisfaction is correlated with general life satisfaction [Rain *et al.*, 1991]. This correlation is reciprocal, as people who are satisfied with life tend to be satisfied with their job and those that are satisfied with their job tend to be satisfied with life.

To the Doctors in JUTH, they would be more satisfied with improved salary and allowance package.

**Nurses:** A "nurse" or "midwife" means a person who is registered to practice the profession in accordance with the provisions of the Nurses and Midwifery Council of Nigeria Act [1979] as amended in 1992. Evidence suggests that nurses' job satisfaction affects patient satisfaction and the quality of patient care (Aiken *et al.*, 1994; Aiken *et al.*, 1997); that good human resources management makes a difference in the hospital setting (Buchan, 2004) and even reduce mortality (West *et al.*, 2006). The positive correlation between nurses' job satisfaction and retention is well established (Leveck and Jones, 1996; Molassiotis and Haberman, 1996).

To the Nurses, they would be well satisfied if there are more hands in the service and all allowances dully paid especially uniform and teaching allowance.

**Pharmacists:** According to the Pharmacy Council of Nigeria Act 1992 Decree No. 91, a person deemed to practice as a pharmacist if, in consideration of remuneration received or to be received and whether by himself or in partnership with any other person:

- He engages himself in the practice of pharmacy or holds himself out to the public as a pharmacist; or
- He renders professional service or assistance in or about matters of principle or detail relating to pharmacy, or
- He renders any other service which may by regulations made by the Council, with the approval of the Minister, be designed as service constituting practice as a pharmacist.

To the Pharmacists, they will be well satisfied with their job if there is full implementation of their Scheme of service with good atmosphere to work.

**Medical Laboratory Scientists:** A Medical Laboratory Scientist is a trained and registered professional that practices Medical Laboratory Science.

In line with the Medical Laboratory Science Council of Nigeria Act 2003 No. 11 Section 18, a person shall be deemed to be actively engaged as a member of the Council if, in consideration of remuneration received or to be received, and whether by himself or in partnership with any other person if:

- (a) he holds himself out to the public as a scientist under the Act; or member of the profession
- (b) he offers to perform or performs any service involving knowledge of medical laboratory sciences; or
- (c) he renders professional service or assistance in or about matters of principle or details relating to medical laboratory science procedure or the processing of data; or
- (d) he renders any other service which may be regulations made by the Board, be designated as service constituting practice as a medical laboratory scientist under this Act.

To the Medical Laboratory Scientists, they shall be well satisfied with their job if granted autonomy in health institutions and full implementation of their Scheme of service

**Imaging Scientists/Radiographers:** According to Radiographers Registration Board of Nigeria Act of 1987, a Radiographer is a person who is trained, qualified and registered to practice any or all the various aspects of the radiography profession. Radiography is a distinct health profession established by law. To them, the autonomy of their profession in the health sector is paramount to give them job satisfaction coupled with full implementation of the Scheme of Service.

**Physiotherapists:** According to An Act to establish the Medical Rehabilitation Therapists Registration Board [1988 No. 38.1], "medical rehabilitation therapist" or physiotherapist means any member of the profession; the Physiotherapy, Chiropractor, Occupational Therapy, Osteopathy or Speech Therapy and dully registered with the board.

To the Physiotherapists, there will be more job satisfaction on the full implementation of their Scheme of service and more hands in the job.

## **II. Gap in Literature**

Historically, the concept of job satisfaction and the assessment of job satisfaction began first in 1911 with the research of Frank Taylor [Donuk, 2009]. However, job satisfaction research among health workers started on laboratory personnel in United States of America in 1971 [Ogiwara and Araki, 2006]. Since then multiple researches on various categories of health workers like: Physicians [Ofili *et al.*, 2004], Dentists [Saheeb and Mafeni, 1999, Luzzi, 2005], Nurses [Hu and Liu, 2004], Physiotherapists [Ogiwara and Araki, 2006, Oyeyemi, 2001], and primary health care workers [Amoran, 2005] in different parts of the world have been conducted. Studies on conducted on dental professionals were majorly in developed countries [Luzzi, 2005, Harris *et al.*, 2008, Harris *et al.*, 2009]. Studies on this subject matter remain scanty in the African continent where shortage of health manpower and high burden of the disease coexists. The only retrievable a study on job satisfaction of Nigerian dental professional focused only on dentist and has been more than a decade old [Saheeb and Mafeni, 1999]. And recently, Ezeja *et al* [2010] in their research opined that changes in the mode of governance, minimum wage and prevalence of oral disease may have significantly impacted on job satisfaction on oral health care workers.

More importantly, a pilot study conducted before the work indicate that, no previous study has examined the problem under investigation with specific reference to JUTH and within the period of May, 2013 to May, 2014

## **III. Theoretical Frame Work of Analysis**

This section will address a theoretical review of job satisfaction and motivational issues in the Jos University Teaching Hospital. It will in particular focus on public service motivation and other types of self-regulation and their relationship with work outcomes as job satisfaction and organizational commitment.

According to Khan [1997], in the current business environment, organizations in all industries are experiencing rapid change, which is accelerating at an enormous speed. Fincket *al.*, [1998] also stated that companies must recognize that the human factor is becoming much more important for organizational survival, and that business excellence will only be achieved when employees are excited and motivated by their work. In addition, difficult circumstances, such as violence, tragedy, fear, and job insecurity create severe stress in employees and result in reduced workplace performance [Klein, 2002].

According to Watson [1994] business has come to realize that a motivated and satisfied workforce can deliver powerfully to the bottom line. Since employee performance is a joint function of ability and motivation, one of management's primary tasks, therefore, is to motivate employees to perform to the best of their ability [Moorhead & Griffin, 1998].

The idea of health professional public servants who have a drive to contribute to the general health interest has been around for ages. It can be traced back to Aristotle and Plato and other historic writers who have

dealt with it in their works [Horton 2008]. But also more contemporary authors have found this concept appealing when describing (at least some of) the motivations of present-day civil servants [Downs 1967; Mosher 1968; Chapman 1988], albeit in a general or even anecdotal fashion. It was not until Perry and Wise [1990] defined public service motivation as “an individual’s predisposition to respond to motives grounded primarily or uniquely in public institutions” such as Jos University Teaching Hospital.

Having reviewed a litany of theoretical positions, with implications for the problems under investigation, there is urgent need to situate the entire work within the configuration of a specific grand theory which can effectively resolve the research problem. In this case, we can borrow from social sciences, the theory of Marxism. This is to the extent that such problems as the conflicts between management and work force arising from authoritative allocation of resources and the issue of intra professional conflicts among the staff are all rooted in political economy which can be better explained by Marxism – Leninism. At the center of all these forms of conflicts underscored by absence of relevant job satisfaction indices is the issue of appropriation of surplus value which often leads to inter and intra – class troubles [Marx: 1973]. This theory has been chosen as the major pivot of the theoretical frame work because of its explanatory value.

#### **IV. Research framework**

##### **4.1 Background of the Study**

The study is a cross sectional survey that was carried out among the health professional staff of Jos University Teaching Hospital [JUTH] in order to assess their job satisfaction levels.

JUTH has a 600 bed capacity and serves as a referral center for the neighbouring states like Bauchi, Kogi, Benue and Nasarawa States. JUTH has good number of Public Health Professional Staff ranging from Doctors, Pharmacists, Medical Laboratory Scientists, Nurses, Imaging Scientists, Physiotherapists, and others as compared to any other hospital in Jos.

##### **4.2 Statement of Problems**

The employee has evolved; the employee today is more literate and empowered and more inclined to be heard especially the health professionals and JUTH is not an exception.

The question of what precedes what, between job satisfaction and performance; job satisfaction and organizational commitment; and job satisfaction and organizational citizenship behaviour helps to establish another long-running controversy in the literature.

Despite, the controversy, studies have established that job satisfaction is positively correlated with organizational commitment, job involvement, motivation, organizational citizenship behaviours, feedback environment, and job performance [Adebakin *et al.*, 2008; Anseel and Lievens, 2007; Brewer and Lee, 2005]. It is negatively related to turnover, absenteeism and perceived stress [Judge *et al.*, 2001; Kreitner and Kinicki, 2001].

There are several research works on job design, job satisfaction, and other related phenomenon in recent times. These research works provide recent information as regards this study and related phenomenon. They also expose new concepts, innovations and development on this study.

For instance, Lu and Lin (2002) discovered that inter- role conflict is associated with low job satisfaction and high propensity to leave. They also found that professional commitment moderated the relationship between inter-role conflict and propensity to leave. According to Wagner 111 *et al* [1997], participative technique have been talked about ever since the early human relations movement and now because of competitive pressures, the elimination of the old hierarchical superior- subordinate relationships and emergence of teams and horizontal structures and boundary spanning information technologies, organizations, teams and individuals managers are effectively using them.

So many issues on job satisfaction have been mentioned or addressed in the above literature. To the best of my knowledge, no study has been done to determine the job satisfaction indices especially with regards to health professionals’ participation in the management team of University Teaching Hospitals in Nigeria. This work sought to address the issue of motivations especially participation in the management team of JUTH by various health professionals, chances to progress in academics and training on the job and chance to do research with regards to job satisfaction.

Having said all these, this research is conscious of the fact that, for an investigation of this magnitude to be useful and relevant, there must be a clearly defined problem which has given impetus to the investigation.

In the case of the present study, the problem in clear terms includes the fact that there appears to be a decline in productivity and sense of professionalism among various categories of staff. A pilotstudy was conducted by the researcher and preliminary findings suggest that there may be some problems in terms of job satisfaction indices.

This study therefore sets out to find out whether or not the preliminary findings can be validated or rejected thereby providing the management with basic information that would help to provide adequate motivation towards job satisfaction of entire professional staff of the institution towards better output.

#### **4.3 Research Questions**

If this research is able at the end of the study to adequately address the following questions; the problems under investigations would have been resolved:

- i. Is JUTH health professional Staff satisfied with their job to cause improved professional service delivery?
- ii. Is the JUTH health professionals satisfied with their remuneration and working conditions and tools?
- iii. Are the JUTH health professionals satisfied with their job based on their chance for advancement in academics, training and research on the job
- iv. Is the job satisfaction dependent on the participation of various professionals on the management team of JUTH?

#### **4.4 Objective of the Study**

The objective of the study is to find the place of job satisfaction among the professional staff in the performance and motivation for improved professional service delivery in JUTH and in Nigeria in general.

#### **4.5 Significance of the Study**

The study would raise awareness to the JUTH administration and management on the job satisfaction levels of her health professional staff for adequate measures. It would also encourage efficient and effective health care system through job satisfaction in JUTH and Nigeria by extension.

#### **4.6 Hypothesis**

**H<sub>0</sub>:** There is no significant relationship between job satisfaction and motivation of staff for improved professional service delivery in JUTH.

**H<sub>1</sub>:** There is significant relationship between job satisfaction and motivation of staff for improved professional service delivery in JUTH.

This is a tentative scientific assumption which seeks to find out whether or not the job satisfaction indices (professional participation in management team, chance for advancement in academics and training on the job and chance for research etc.) will lead to job satisfaction and motivation for improved professional service delivery in JUTH and Nigeria in totality.

#### **4.7 Justification of the Study**

This study is justified by the assumption that in formal organizations, the sense of job satisfaction, sense of professionalism, levels of efficiency and productivity are usually functions of the extent to which the work force is satisfied in terms of relevant satisfaction indices such as remuneration, adequate working tools and others. Having observed related problems in JUTH, the study seeks to offer some useful suggestions through an analytical study.

The implication of job satisfaction of health worker on patients' care, patient satisfaction, improved patient outcome and overall healthcare delivery quality may have been the driving force [Kaldenberg and Regnut, 1999] especially for this study.

#### **4.8 Scope of the Study**

The study population comprised of all health professional staff of JUTH such as registered Doctors, Pharmacists, Medical Laboratory Scientists, Nurses, Imaging Scientists [Radiographers], and Physiotherapists employed by JUTH. The employed staff of JUTH with more than one year appointment were included. Temporary professional staff of not more than one year in JUTH were excluded.

The period of May, 2013 to May, 2014 was chosen for this study because it appears to witness the most manifest form of decline in terms of professionalism and productivity with increased intra – professional rivalry among various categories of JUTH professional staff.

## **V. Research Methodology**

### **5.1 Design**

This research is an empirical study to the extent that it is based on quantitative techniques complimented by an extensive library research technique (qualitative) as demonstrated.

### **5.2 Target Population**

The study was a cross sectional comparative survey.

The target population for the study were all the JUTH staff with special interest in all professional staff. The study population comprised of all health professional staff of JUTH such as registered Doctors [Physicians], Pharmacists, Medical Laboratory Scientists, Nurses, Imaging Scientists [Radiographers], and Physiotherapists employed by JUTH.

The population were found in their various offices or Departments within the working hours

### **5.3 Sample Size**

120 public health professional staff was the sample size.

### **5.4 Sampling Technique**

Simple Stratified Sampling technique was employed considering their availability and commitment to work. For the purpose of this study, a simple random sampling technique was used to give every respondent an equal chance to be selected. Given the professional diversities in the hospital, a stratified sampling technique was used to give each stratum of the population an opportunity to be selected. It is important to mention that the 120 professional staff was gotten from 180 distributed questionnaires. 140 filled questionnaires were collected, after which they were screened for proper filling of the questionnaires and 20 were screened out remaining 120 correct filled questionnaires which were analyzed for the work.

### **5.5 Methods of Data Collection**

**5.5.1 Primary Source:** The main source of primary data was from questionnaires. The staff enrolled was approached for consent. Data collection was done by administering a standard questionnaire to various professional staff of JUTH on individual bases and collected after answering the questions. The questionnaires were administered to the named health professionals between Mondays- Fridays and the completed questionnaires were collected with assurance of preservation of anonymity throughout the research while making participation voluntary. Other sources of primary data were through interview to various categories of staff and participant observations during the study.

**5.5.2 Secondary Source:** The secondary sources of data were from published and unpublished works, Thesis, Newspapers, Magazines, Bulletins, Annual Reports, Academic journals and Internet.

### **5.6 Instrumentation**

Appropriate measuring instrument [Questionnaire with a 5 Likert Scale: VS-Very Satisfied, S-Satisfied NS nor D-Neither Satisfied Nor Dissatisfied, D-Dissatisfied, VD-Very Dissatisfied] was used to ensure universal application and acceptability. Such instrument is the Questionnaire produced from international standards in line with the Cornell Job Descriptive index, Minnesota Satisfaction Questionnaire (MSQ) [Weiss *et al.*, 1967] and the Job Satisfaction Survey (JSS).

### **5.7 Validity and Reliability of Data Analysis**

Some of the most popular measures in the field of job satisfaction use the Job Descriptive Index (Smith *et al.*, 1969), the Minnesota Satisfaction Questionnaire (Weiss *et al.*, 1967), and the Job Satisfaction Survey (Spector, 1985) which are the adopted standard.

The instrument used is valid and very reliable to the extent that the instrument validity and reliability represents the general opinion and interest of the entire population.

### **5.8 Methods of Data Analysis**

Responses to the questionnaires were collected and analyzed using percentages and Regression analysis with SPSS Statistics Gradpack 20 was used to test the Hypothesis

### **5.9 Limitations of the Study**

The limitations were the nature of the professional jobs that makes some of the staff to be on shift or call duty during the time of visit to the hospital. Also, most of the time the available staff complains about busy nature of their job to attend to the research.



**VI. Result, Interpretation and Discussion**

**TABLE 1: Demographic Variables**

DEMOGRAPHIC VARIABLES	CHARACTERISTICS	FREQUENCY	PERCENTAGE (%)
PROFESSION	DOCTORS	30	25.0
	NURSES	30	25.0
	PHARMACISTS	20	16.7
	MED-LAB SCIENTISTS	26	21.7
	PHYSIOTHERAPISTS	7	5.8
	RADIOGRAPHERS	7	5.8
GENDER	MALE	80	66.7
	FEMALE	40	33.3
AGE (YRS)	21 – 30	6	5.0
	31 – 40	55	45.8
	41 – 50	45	37.5
	51 – 60	14	11.7
	61 – Above	-	-
WORKING HRS IN A DAY	24	16	13.3
	18	10	8.3
	12	15	12.5
	8	71	59.2
	4	-	-
WORKING DAYS IN A MONTH	Others	8	6.7
	30	55	45.8
	28	19	15.8
	21	23	19.2
	14	-	-
YEARS IN SERVICE	Others	23	19.2
	Less than 5	23	19.2
	6 – 10	45	37.5
	11 – 15	23	19.2
	16 – 20	11	9.2
	21 – Above	18	15

**TABLE 2: PERCENTAGE OF RESPONSES IN 5 POINT LIKERT SCALE**

No.	On my present job, this is how I feel about:	VS (%)	S (%)	NS (%) nor D	D (%)	VD (%)
1.	being able to keep busy all the time .....	11.7	68.3	13.3	5	1.7
2.	the number of fellow colleagues in the unit or Dept compared to workload....	2.5	17.5	15	44.2	20.8
3.	the chance to work alone on the job .....	5.8	42.5	21.7	19.2	10.8
4.	the chance to do different things from time to time .....	5.8	45.8	18.3	18.3	11.7
5.	the chance to be somebody in the community .....	10.8	50	15.8	18.3	5
6.	the way my boss handles his/her workers.....	8.3	50	22.5	16.7	2.5
7.	the competence of my supervisor in making decision .....	13.3	63.3	11.7	10	1.7
8.	being able to do things that don't go against my conscience.....	26.7	58.3	9.1	4.2	1.7
9.	the way my profession provides for steady employment in the establishment...	8.3	18.3	17.5	27.5	28.3
10.	the chance to do things for other people .....	20	55	11.7	11.7	1.7
11.	the chance to tell people what to do.....	10	60.8	15.8	8.3	5
12.	the presence of my profession among the Medical Team in the establishment...	15.8	29.2	15.8	22.5	16.7
13.	the presence of my profession in the Management Team of the establishment.....	15	15	17.5	29.2	23.3
14.	the chance to do something that makes use of my abilities .....	10	48.3	16.7	17.5	7.5
15.	the way the Health/Hospital policies are put into practice.....	1.7	15	15.8	45	22.5
16.	my pay and the amount of work I do .....	-	15	18.3	40	26.7
17.	the chance for promotion / advancement when due.....	5	35.8	19.2	27.5	12.5
18.	the chance for advancement in academics and Training on this job.....	6.7	25.8	20	30.8	15.8
19.	the chance for research on this job.....	2.5	28.3	16.7	37.5	15
20.	the freedom to use my own judgment .....	5.8	46.7	20	20	7.5
21.	the chance to try discovered improved methods of doing the job...	3.3	29.2	22.5	42.5	2.5
22.	the working conditions including Space, Set up, Offices and tools or equipment for my job .....	3.3	13.3	26.7	35	21.7
23.	allowances for conferences or duty tours .....	-	3.3	15.8	31.7	49.2
24.	the way my colleagues get along with each other.....	12.5	50.8	20	11.7	5
25.	the way I relate with superiors and subordinate co-workers .....	10	69.2	12.5	8.3	-
26.	the encouragement / praise I get for doing a good job .....	5	40.8	25	26.7	2.5
27.	the feeling of accomplishment I get from my professional job ...	20.8	40.8	19.2	18.3	0.8
28.	the opportunity to change my profession if given the chance.....	5	21.7	25	35	13.3

Where: VS-Very Satisfied, S-Satisfied NS nor D-Neither Satisfied Nor Dissatisfied, D-Dissatisfied, VD-Very Dissatisfied



**Table 3:Regression Analysis Using SPSS Statistics Gradpack20**

Parameters	Unstandardized Coefficients		Standardized Coefficients	T	Calculated value
	B	Std. Error	B		
A. Job satisfaction	1285.065	363.083	-	3.539	0.175
B. Motivations					
i. Presence in Management Team	-46.667	9.868	-0.884	-4.729	0.133
ii. Advancement in Academic & Training	-33.507	32.764	-0.960	-0.1023	0.493
iii. Chance for research on the Job	57.867	24.007	2.223	2.244	0.267

**6.1 Interpretations and Discussions**

The study showed that there is fairly high level of satisfaction in the aspects of being able to keep busy all the time showed 80% Satisfied; chance to work alone on the job showed 48.3% Satisfied; chance to do different things from time to time 51.6% Satisfied; chance to be somebody in the community 60.8% Satisfied; way my boss handles his/her workers 58.3% Satisfied; competence of my supervisor in making decision 76.6% Satisfied; being able to do things that don't go against my conscience 85% Satisfied; chance to do things for other people 75% Satisfied; chance to tell people what to do 70.8% Satisfied; presence of my profession among the Medical Team in the establishment 45% Satisfied; the chance to do something that makes use of my abilities 58.3% Satisfied; the freedom to use my own judgment 52.5% Satisfied; the way my colleagues get along with each other 63.3% Satisfied; the way I relate with superiors and subordinate co-workers 79.2% Satisfied and the encouragement / praise I get for doing a good job 45.8% Satisfied.

On the contrary, the findings showed dissatisfaction on some aspects of job satisfaction variables such as: the number of fellow colleagues in the unit or Department compared to workload 65% Dissatisfied; the way my profession provides for steady employment in the establishment 55.8% Dissatisfied; the presence of my profession in the Management Team of the establishment 52.5% Dissatisfied; way the Health/Hospital policies are put into practice 67.5% Dissatisfied; my pay and the amount of work I do 66.7% Dissatisfied; the chance for advancement in academics and Training on this job 46% Dissatisfied; ; the chance for research on this job 52.5% Dissatisfied; the chance to try discovered improved methods of doing the job 45% Dissatisfied; the working conditions including Space, Set up, Offices and tools or equipment for my job 56.7% Dissatisfied and allowances for conferences or duty tours 80.9% Dissatisfied.

The JUTH professional staff are not satisfied with their pay and remuneration; working conditions like working tools or equipment, spaces and set up; number of fellow professional colleagues in the department; conferences allowances; the way policies are put to practice; presence of professionals in the management team, chance to do research on the job and chance for advancement in academics and training on the job. This result agrees with the findings of Castle (2006) and Akah (2005) who posited that factors such as inadequate provision of equipment/ facilities and uncondusive work environment can adversely affect job satisfaction and lower the moral of employee in any work organization.

This study also showed a positive linear relationship between job satisfaction and motivation for improved professional service delivery in JUTH with respect to professional presence in management team; advancement in academics and training and chance for research on the health professional jobs in JUTH as seen from the regression analysis in table 3.

Muindi, [2011] puts it that Level of Job satisfaction in School of Business, University of Nairobi, Kenya increases proportionately with an increase in participation in decision making

The above findings agree with findings from studies done in Nigeria, Ghana and Mali [Akahet al., 2011, Dielemanet al., 2006, Stilwell et al., 2004, Agyeponget al., 2004]. Other studies of worker motivation in African countries have also shown that nonmonetary factors play a role in affecting worker motivation and job satisfaction [Al Hussein, 1993] which is evident in this work.

Oluwabunmi and colleagues [2009] put it that though salaries and regularity of payments were viewed as important by workers, nonmonetary factors like quality of supervision, availability of tools and materials to work with, staff welfare and career development also appear to be important in creating satisfaction with job environment. Though salaries were important, presence of conflict at work, freedom of expression, managerial support for staff welfare, managerial support for staff career development, availability of tools and consumables in the workplace and progress towards personal professional goals appear to play a role in worker motivation.

**6.2 Hypothesis Testing**

H<sub>0</sub>: There is no significant relationship between job satisfaction and motivation for improved professional service delivery in JUTH.

H<sub>1</sub>: There is significant relationship between job satisfaction and motivation for improved professional service delivery in JUTH.

Rules:

p=-1: indicate perfect negative linear relationship

-1<p<0: indicates a negative linear relationship

p=0: indicates no linear relationship

0<p<1: indicates a positive linear relationship

p=1: indicates a perfect positive linear relationship

Based on the Regression Table 3 above, the result indicate that Job satisfaction was having a positive linear relationship with motivation for improved professional services delivery in JUTH based on professional presence in management team [calculated p-value is 0.133], advancement in academics [calculated p-value is 0.493] and training and chance for research [calculated p-value is 0.267]; on the health professional jobs in JUTH  $p < 0.05$  at 95% level of confidence.

Therefore, the H<sub>0</sub> is hereby rejected and H<sub>1</sub> accepted in this research in line with the rules.

## **VII. Findings**

The findings of the study shows that job satisfaction among JUTH health professionals differed based on individual and professional variability with some levels of satisfaction and dissatisfaction at the same time as shown in various percentages with less percentages indicating Neither Satisfied nor dissatisfied.

The JUTH professional staff are not satisfied with their pay and remuneration; working conditions like working tools or equipment, spaces and set up; number of fellow professional colleagues in the department; conferences allowances; the way policies are put to practice; presence of professionals in the management team, chance to do research on the job and chance for advancement in academics and training on the job.

The Regression analysis showed that Job Satisfaction was having a positive linear relationship with motivation for improved professional service delivery in JUTH based on professional presence in management team, advancement in academics and training and chance for research on the health professional jobs in JUTH  $p < 0.05$  at 95% level of confidence.

## **VIII. Conclusions And Recommendations**

### **8.1. Theory Implications**

The job satisfaction indices from this research has shown that it is not only on reward, working conditions and promotion that one can be satisfied but in many non-monetary motivational variables such as professional presence in management team, advancement in academics and training and chance for research while on the job.

The result of this research is not different from the outcome of the works of Muindi [2011], Ezeja and colleagues [2010], and many other theoretical stipulations on job satisfaction.

Moorhead & Griffin, [1998] advised managements for motivations to improve service delivery in public organizations.

The theory of Marxism to an extent is true in this research such that the observable lack of job satisfaction among health professionals as evident in conflicts between management and work force arising from authoritative allocation of resources and the issue of intra professional conflicts among the staff are all rooted in political economy which can be better explained by Marxism – Leninism. At the center of all these forms of conflicts underscored by absence of relevant job satisfaction indices is the issue of appropriation of surplus value which often leads to inter and intra – class troubles [Marx: 1973]. This theory has been chosen as the major pivot of the theoretical frame work because of its explanatory value and when taken serious by the management of JUTH can restore true professionalism and improved job satisfaction for adequate productivity of the health professionals.

### **8.2. Policy Implications**

Ezeja et al [2010] narrated that specific emphasis on improvement of working conditions, training, salaries and promotion of Nigerian oral health worker cannot be overemphasized and added that Policy makers may find their data useful when designing plans to increase the level of job satisfaction among Nigerian dental professionals.

It is important to note here that the policy and law makers on health professionals in Nigeria and JUTH in particular should include packages that would include job satisfaction parameters for all health professionals to ensure adequate health service to humanity improved professional service delivery in JUTH with regards to motivations such as presence of all professions in the management team, advancement and training on the job and chance for research. Such job satisfaction packages policies can be initiated by established regulatory bodies

like: the Medical and Dental Council of Nigeria, Pharmaceutical Council of Nigeria, Nurses and Midwives Council of Nigeria, Medical Laboratory Science Council of Nigeria, Medical Rehabilitation Therapists Registration Board, Radiographers Registration Board of Nigeria etc.

Finally, the University Teaching Hospitals (Reconstitution of Boards, Etc.) Act of 1985 should also be reviewed and organogram regularly updated in such a way that all Health Professionals would be recognized as participation in the management team by all professionals would add to the job satisfaction of the key health professional players.

### **7.3 Conclusion**

Job satisfaction is an attitude that relates to overall attitudes towards life, or life satisfaction [Illieset *al.*, 2009] as well as to service quality [Schneider and Bowen, 1985]. Job satisfaction research in healthcare has been conducted mainly accordingly to different professions, studying nurses, doctors, therapists, etc. separately. Therefore there seems to lack a global approach to healthcare, namely at hospitals, envisaging all employees as an important part of the healthcare service. Bearing in mind that Healthcare is a service industry where the overall service experience is important for customer satisfaction and quality of care (even if in different extents according to the professional at stake) and that the literature has been bringing about the pertinence of such a holistic approach [e.g. Veld *et al.*, 2010], this research was conducted within this perspective.

Operationally, one of the greatest difficulties in assessing job satisfaction is that it is possible to be satisfied with some aspects of a job and at the same time be dissatisfied with others [Spagnoliet *al.*, 2012] and this is very clear in this study.

This study was carried out to assess the job satisfaction indices of health professionals in Jos University Teaching Hospital [JUTH] and the study reveals that most of the JUTH professional staff are not satisfied with their pay and remuneration and working tools or equipment, and other job satisfaction indices like: number of fellow professional colleagues in the department; conferences allowances; the way policies are put to practice; presence of professionals in the management team, chance to do research on the job and chance for advancement in academics and training on the job. Also, the research has established that there is significant positive relationship between job satisfaction and motivations for improved professional service delivery in JUTH with regards to professional presence in the management team, advancement in academics and training, and chance for research on the health professional jobs in JUTH.

The management improvement on this aspect of motivations could lead to job satisfaction, motivation and higher productivity in JUTH.

## **IX. Recommendations**

1. There should be improvement on remuneration and pay to avoid exit of professional staff and brain drain
2. The JUTH management should improve on the provision of the state – of – art – working tools
3. That there should be a paradigm shift on the research environment of the health professionals in JUTH.
4. That there should be policies in place to ensure job satisfaction of health professionals in JUTH
5. There should be massive employment of various professionals in the various departments
6. That All Health Professional Staff of JUTH should be admitted to the Management Team
7. That the management of JUTH should create an enabling environment for the advancement in academics and training of the Health Professional Staff on the jobs.
8. The administration of JUTH should review their policy implementation pattern
9. TEAM spirit should be encouraged among all health professional staff of JUTH
10. The JUTH management should not under rate any professional group rather seek an avenue for redress in any misunderstanding
11. The professional staff of JUTH should employ dialogue in labour dispute issues with management rather than strike and confrontations
12. The Hospital clients (patients) should be the center of attraction for both the management and professional staff in the event of misunderstanding and conflicts

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