

## **Perception, Predictors, Factors and Level of Job Satisfaction among Perioperative Nurses in a Selected Tertiary Hospital, South West Nigeria**

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### **Abstract:**

*The aim of this study is to determine the perception, predictors and level of job satisfaction among perioperative nurses in a selected tertiary hospital, South West Nigeria. It adopted a cross-sectional descriptive survey research design. Sixty (60) perioperative nurses were selected by convenient non probability sampling technique for the study. The population for the study comprised all perioperative nurses in Obafemi Awolowo University Teaching Hospitals Complex, Ile-Ife. Instrument used for data collection was semi-structured, self-administered questionnaire, titled Perception, Predictors and Level of job satisfaction Questionnaire (PPLJQ). Data was collected via online monkey survey, same was retrieved, analysed using SPSS version 20. Frequency and percentage counts, mean and standard deviation, descriptive analysis, and multivariable regression analysis were done.*

*Results showed that the perception of perioperative nurses about job satisfaction was favourable (93%), level of job satisfaction was relatively low with 41.7% dissatisfied. The highest factor responsible for job satisfaction are satisfaction with status as a perioperative nurse and feelings about the job and specialty 3.13(SD=0.769), Patient care outcomes 3.12(SD=0.613), Satisfaction in good relationship, cooperation and interaction with colleagues (seniors and juniors) 3.00(SD=0.689). The predictors of job satisfaction were consideration given to opinion and suggestions for change in the work setting or office ( $\beta=0.305$ ,  $P=0.019<0.05$ ) and satisfaction with good work life balance ( $\beta=0.231$ ,  $P=0.047<0.05$ ) showed significant and positive relationship with overall level of job satisfaction. In conclusion, majority of the perioperative nurses have good perception about job satisfaction but close to half of them had a low level of job satisfaction. Level of job satisfaction was positively associated with consideration given to opinion and suggestions for change in the work setting and satisfaction with good work life balance. Enhancing and maintaining higher level of job satisfaction among perioperative nurses is vital to minimize turnover and exit rate and ensure delivery of quality surgical care.*

**Key Words:** Perception, Predictors, Job Satisfaction, Perioperative Nurses.

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### **I. Introduction:**

The term Job satisfaction is refers to attitude, feeling and beliefs that people have about their work. Positive and favourable attitude towards the job indicate job satisfaction. (Admasu, Abdela, Temamen and Dagmawit, 2018)

It is defined by how employees feel about their jobs and different aspects of their jobs. It is one of the important variables in work and organizational psychology, used to determine the quality of health-care systems. Negative and unfavourable attitudes towards the job indicate job dissatisfaction. (Admasu, et al, 2018)

It is the degree to which employees have positive effective orientation towards employment by an organization. Job satisfaction has been conceptualized both globally (general satisfaction with job) and dimensionally (satisfaction with specific dimension of job such as remuneration, promotion and relation with colleagues). (Admasu, et al, 2018)

In recent years, a major target of the health care delivery system has been the provision of quality care. A fundamental challenge, however, still remains to achieve improved patient outcome as key members of the health care team, nurses' job satisfaction plays an important role in the delivery of high-quality health care. (Semachew, Belachew, Tesfaye and Adinew, 2017)

As the largest health care profession in the world, there is no doubt that nurses are key to the achievement of the Sustainable Development Goals (SDGs). They are often the only health professionals accessible to many people in their lifetime, and addressing their satisfaction is a very important issue (Kamal, 2011; Francis, 2013 and Semachew et al, 2017)

Job satisfaction is one of the most important factors that determine efficiency and productivity of human resources (Semachew et al, (2017)

Professional nurses play a vital role in the provision of health care globally in emergency departments. The performance of health care workers, including professional nurses, is closely linked to productivity and quality of care provision with health care organizations. It was important to identify factors influencing the performance of professional nurses if the quality of health care delivery was to be improved. (Admasu, et al, 2018)

Studies at different parts of the world point out the importance of job satisfaction to an organization, profession, professionals and care consumers. Job satisfaction has become a critical issue for healthcare organizations in recent years, particularly in nursing, because of potential labour shortages, their effect on patient care, and the associated costs. (Admasu, et al, 2018)

Work satisfaction is a major factor in nurse retention and the delivery of high quality care, but rapid changes in healthcare services have placed more demands on nurses and this has increased the need for organizations to consider ways to sustain and improve nurses' job satisfaction. To achieve this, they need to understand the factors that affect job satisfaction and dissatisfaction. (Admasu, et al, 2018)

Nurses' job satisfaction is a multidimensional occurrence affected by many variables. The shortage of nurses and job dissatisfaction is a worldwide phenomenon including Nigeria. Identifying satisfaction levels and associated factors among nurses working in the operating theatre enable interventional measures to be taken to improve the retention rate; it will improve nurses' work performance leading to better quality care for surgical patients. Job satisfaction is one of the most vital factors that define efficiency and productivity of human resources (Admasu, et al, 2018)

Perioperative Nursing is a comprehensive nursing practice encompassing the patient's surgical experience through the 3 phases of pre, intra and post-operative phases. Surgery, whether elective or emergent, is a stressful, complex event. Perioperative Nursing addresses the nursing roles relevant to the three phases of the surgical experience. The role of perioperative nurses has become increasingly important and represents a multifaceted challenge to today's operating room (OR) nurse (Fairchild, 2012).

A well-trained and educated perioperative nurse on the operating team is essential for good surgical outcomes. It follows that finding ways to retain trained perioperative nurses in the profession is vital for the overall success of the system. One way of achieving this goal is by the perioperative nursing team pursuing a positive work climate, one that stimulates job satisfaction among perioperative nurses. Whether or not perioperative nurses enjoy their jobs is greatly influenced by a combination of the characteristics of the environment and the job, and by personality variables. Several different definitions are used for work or organizational climate. Work climate can be seen as the underlying principles, values and norms of an organization (Meeusen, Dam, Brown-Mahoney, Van Zundert and Knape, 2011)

Work climate in this study includes the perceptions of perioperative nurses of the internal work environment, situations and circumstances in the operating theatre, with specific focus on achieving maximal potential. Studies have found a relationship between a positive work climate and responsibility, job demands, social relations, the quality of communication and the organizational identity and engagement. (Meeusen et al, 2011)

In practice, it is important to create the right work climate by providing the essential job resources that effectively buffer the negative aspects of the job and stimulate the perioperative nurse's motivation. Job resources refer to the physical, organizational and social aspects of the job that help in achieving work goals, reducing job demands and stimulating personal growth, learning and development. Motivating perioperative nurses to the utmost is about realizing their full potential and the work climate can be seen as an indication of how well the organization is realizing its full potentials. (Meeusen et al, 2011)

The attractiveness of the work climate is evaluated by how the perioperative nurses perceive their work environments and by their personalities. Any working person prefers environment characteristics that are desirable to him or her (e.g., opportunity for personal control, skill used, interpersonal contact, variety, a valued social position). The extent to which people's perception of their environment and the organizational standard match their preferences is a predictor for their job satisfaction. (Meeusen et al, 2011)

It was found that nurses ranked monetary rewards as the most influential aspect of job satisfaction when compared with other factors like managerial support, free expression and professional development. Comparing general and critical wards, it was found that most important elements of job satisfaction were organizational policies and task requirements, which were ranked least important. The relative importance of salary as a determinant of job satisfaction has been emphasized over a lengthy period of time. Two other studies indicated

that enrolled nurses were more likely to leave the profession because of lack of financial reward and poor career prospects (Martins, 2011).

Several environmental factors are associated with subjective wellbeing, such as the opportunity for personal control/also referred to as decision latitude or self-determination), the opportunity to use one's skills, externally generated goals, variety, environmental clarity/the opposite of role ambiguity), the opportunity for interpersonal contact and a valued social position. Negative subjective perceptions of these objectives work stressors have a negative influence on health and job satisfaction. (Meeusen et al, 2011)

Therefore, this study is aimed to determine the perception, predictors and level of job satisfaction among perioperative nurses in Obafemi Awolowo University Teaching Hospitals complex, Ile-Ife.

### **Statement of problem:**

Nurses are the backbone of the health care system, but in most cases, they are not well appreciated by most medical institutions (Pillay, 2009).

Over the past decades, a considerable amount of work has been published about stress and job satisfaction among operating theatre staff but less attention has been paid to the processes influencing job satisfaction among perioperative nurses. (Semachew, et al, 2017)

As with other service professionals, perioperative nurses share many occupational stressors, but they also have environmental work factors that set them apart such as proximity to suffering and death, the emotional and physical needs of patients, the pressures to perform consistently and optimally under changing conditions and expectations. . (Meeusen et al, 2011)

Perioperative nurses have to deal with fatigue, unpredictable work variables, threats of litigation, pressures regarding competency, need for sustained vigilance and isolation from their colleagues. Work environment for perioperative nurses has some unique and stressful ergonomic factors. These include noise pollution(alarms, ventilators, suction apparatus, telephones),long hours of standing while scrubbing for a case, long working hours due to unpredictable surgical procedures, theatre schedules, exposure to radiation ,exposure to infection, uncomfortable chairs, poorly designed work spaces, lack of direct daylight, visual challenges caused by darkness and use of Lasers. (Meeusen et al, 2011)

Job satisfaction has been linked to health worker motivation, stress burnout, absenteeism, intention to leave, and turnover. Many studies have shown that job satisfaction can be influenced by a wide variety of factors such as Salary, working environment, opportunities for personal and professional development, manageable workload, effective supervision, recognition, perceptible progress of patient care outcome, positive relationships with co- workers, autonomy, and contingent rewards. (Semachew et al, 2017)

Also there are speculations about high rate of turnover and exit among perioperative nurses in Obafemi Awolowo University Teaching Hospitals, Ile-Ife. Some of the perioperative nurses have resigned and migrated to developed countries for greener pastures despite the huge call allowance while others are making plans to follow suite. The extent to which these information are true, hence the study.

### **Objectives of the study**

The General Objective of this study is to explore the perception and predictors of job satisfaction among perioperative nurses in Obafemi Awolowo University Teaching Hospitals Complex (OAUTHC), Ile-Ife. However the specific objectives include:

1. To assess the perception of perioperative nurses on job satisfaction in OAUTHC, Ile-Ife.
2. To determine the level of job satisfaction among perioperative nurses in OAUTHC, Ile-Ife.
3. To identify factors responsible for job satisfaction among perioperative nurses in OAUTHC, Ile-Ife.
4. To determine ways management can enhance job satisfaction of perioperative nurses in OAUTHC, Ile-Ife.
5. To identify predictors of job satisfaction among perioperative nurses in OAUTHC, Ile- Ife.

### **Research Questions**

1. How do perioperative Nurses perceive job satisfaction in OAUTHC, Ile-Ife?
2. What is the level of job satisfaction among perioperative nurses?
3. What are factors responsible for job satisfaction among Perioperative Nurses.
4. What are ways management can enhance job satisfaction of perioperative nurses?
5. What are predictors of job satisfaction among perioperative nurses?

### **Significance of the Study**

This study would provide information about the perception of perioperative nurses on Job satisfaction and unravalled the predictors. It would also reveal how perioperative nurses perceive perioperative care and work environment in relation to job satisfaction.

Again, factors influencing job satisfaction would be identified. The study would be used as bases for competency review in the perioperative nursing which is crucial in identifying and guiding clinical and professional behaviours to uphold and preserve quality and safe perioperative nursing care.

The findings of this study would serve as a guide to operating theatre managers on how to enhance good working relationship with subordinates and ensure optimal performance. The policy makers and management would utilize this research finding in formulation of guidelines and policies on welfare and motivation of staff in the operating theatre.

Result generated from this study would help in developing a better framework for quality surgical care and best outcome of surgery.

Finally, data generated from this study would form baseline for further research studies on job satisfaction and work climate in the operating theatre for better surgical outcome.

### **Delimitation of the Study**

This study will be delimited to the Ife Hospital Unit and Wesley Guild branches of Obafemi Awolowo University Teaching Hospitals Complex Ile –Ife, Osun state.

### **Conceptual Review/framework**

Job satisfaction is defined as the extent to which an employee feels self-motivated, content & satisfied with his/her job. Job satisfaction happens when an employee feels he or she is having job stability, career growth and a comfortable work life balance. This implies that the employee is having satisfaction at job as the work meets the expectations of the individual (Wikipedia, 2020).

Job satisfaction or employee satisfaction is a measure of workers' contentedness with their job, whether or not they like the job or individual aspects or facets of jobs, such as nature of work or supervision. Job satisfaction can be measured in cognitive (evaluative), affective (or emotional), and behavioural components. Researchers have also noted that job satisfaction measures vary in the extent to which they measure feelings about the job which could be affective or cognitive job satisfaction (Kumar, 2016).

Nurses' job satisfaction is related to high performance and retention (Ellenbecker, 2008, Grissom 2009), while job dissatisfaction is a major reason for high staff turnover (Coomber and Barriball 2007, Estryn-Behar, 2010) and absenteeism (Cohen and Golan 2007, Albion 2008).

Aikenet (2012) highlight how satisfaction in the workplace can also improve patient safety and quality of care. There are a number of reasons for conducting a comprehensive review of job satisfaction. First, it can be a factor in the subjective evaluation of the characteristics of work conditions (Schjoedt 2009, Vinopal 2012).

Second, it is important for managers and researchers to understand how job satisfaction relates to organisational outcomes, such as organisational commitment (Rutherford, 2009; De Gieter, 2011), conscientiousness in extra-role behaviour (Bowling, 2010; Huang, 2012), turnover or intention to leave (Flinkman, 2010; Zeinabadi and Salehi, 2011), absenteeism (Ybema, 2010; Farquharson, 2012) and sabotage, that is any behaviour that harms an organisation or its members (Penney and Spector, 2005).

Third, job satisfaction is assumed to have major implications because it is multidisciplinary and always relevant to all professions, jobs and contexts. Finally, job satisfaction influences productivity in the workplace (Meeusen, 2011, Thompson and Phua 2012).

Investigating job satisfaction in general can help highlight factors that increase it, which in turn can improve productivity and organisational profit. This literature review is aimed therefore at identifying factors that contribute to nurses' job satisfaction. The concept of job satisfaction is widely researched in the fields of psychology, sociology and organisational behaviour for several reasons. For example, several studies suggest it is relevant to an individual's overall attitude towards life and affects his or her life as a whole (Mazerolle, 2008; Ilies, 2009).

Nurses' job satisfaction is a multidimensional occurrence affected by many variables They can be divided to intrinsic and extrinsic variables. Extrinsic factors include perceptible aspects of the work, such as benefits and salary, whereas intrinsic factors include personal and professional progress chances and recognition. (Yilmazel, 2013; Alnems, 2005 ; Kabeel & Eisa, 2017)

Currently, nurses seem to be less satisfied due to many unidentified factors, and hence, there is a constant threat of attrition (Kumar, 2013).

The nursing profession is also unable to attract adequate number of people due to shift schedule, salaries and social perception of nurses (Al-Ahmadi, 2002).

Up to our knowledge, there are limited studies and information, that staff nurses could improve their own satisfaction by cultivating their peer communication. In addition, changing attitude of nurse supervisor towards positive relation with staff nurses is crucial to increase job satisfaction (Salem, 2016; Kabeel & Eisa, 2017).

## **Factors Determining Job Satisfaction**

There are number of factors which effect job satisfaction. Value system possessed by an individual and the culture supporting the value system in the organisation can be called as an important and basic for job satisfaction (Chandan, 2010). However, some of the important factors that determine job satisfaction of the employees in the organisation are as under:

### **1. Demographic Factors**

#### **a) Occupational level**

People in higher-level jobs experience the highest levels of satisfaction. One significant reason for this is that higher-levels jobs carry most prestige and self-esteem will be enhanced to the extent that other people view that their work is important (Kondalkar, 2008). High-level jobs are satisfying for many other reasons too:

1. They offer excellent opportunities for the expression of the need for power and autonomy.
2. They reduce financial stringency of the employees.
3. They offer task diversity and job enrichment.

#### **b) Occupation Status**

Occupational Status is related to, but not identical with, job satisfaction. It has been observed that employees' are more dissatisfied in jobs that have less social status and prestige. Occupational status is always valued in terms of others opinion. It has been observed that employees who are working at the lower position seem to look for other job where they can have grater job satisfaction. (Robbins, 2009).

#### **c) Age**

Age also affects job satisfaction among the employees, young employees feel dissatisfied with their jobs because they try to get better and better jobs while the employees of advanced age feel satisfied with their jobs. The relationship between age of the employees and their satisfaction from the job is both complex and fascinating. Elderly workers are satisfied workers. Job satisfaction usually tends to be high when, people enter the work force; it plummets and then plateaus for several years (say for five to six years) up to the age of roughly thirty years, after which there will be gradual increase in satisfaction(Robbins .S, Robbin S.P, Judge, Millet & Boyle,2016)

#### **d) Family Conditions**

Family conditions of the employees affect Job Satisfaction to great extent. The employees, who are satisfied with their family conditions and atmosphere, feel more satisfied with their work.

#### **e) Number of Dependents**

The more dependents one has, the less satisfaction he has with his job. Perhaps the stress of greater financial need brings about greater dissatisfaction with one's job. The more dependence one has, the less satisfaction he has with his job. The culture of the nation as well as of the state believes in "Joint Family", so, naturally almost all the employees are having round about 3 to 4 dependents. It's true that as the members of a family are more there would be greater financial requirement and up to that extent employees are dissatisfied (Robbins & Judge, 2017).

#### **f) Time and Service on Job**

Job satisfaction is relatively high at the start, drops slowly to the fifth or eight year, then rise again with more time spent on the job. The highest satisfaction is reached after twentieth year. Employees sometimes serve as "matchmakers," bringing together different individuals and groups to promote learning, relationship-building, systemic thinking, and (ultimately) improvement. People who want to lead and influence in positive ways have an open field for doing so (Robbins et al, 2016).

### **2. Personal Factors**

In addition to these organisational determinants of job satisfaction, there are also several different personal factors that influence this important work related attitude. Firstly, several different personality variables have been linked to job satisfaction. People who are satisfied with their jobs tend to remain longer than those who are dissatisfied (Aswathappa, 2017).

Not surprisingly, the most dissatisfied employees probably do not stay long enough to ever reach the highest positions of their organisation.

Thirdly, job satisfaction is related to the extent to which people are performing jobs congruent with their interests. The better their interests, the more satisfied they are with their job. (Aswathappa, 2010).

Job satisfaction has been found to be related to one's general life satisfaction. one criterion of personality is the existence of neurotic behaviour. Neurotic tendency can lead to job dissatisfaction only when the job itself is one of a 'greater' strain. Another possible criterion of personality is general satisfaction with non-job conditions (Robbins et al, 2017).

Other personal factors includes

- a) Level of Education
- b) Intelligence
- c) Health
- d) Interests
- e) Respect
- f) Relevance
- g) Self-Identity

### **3. Economic Factors**

#### **a) Reward systems**

Organisational reward systems have traditionally either a fixed salary of hourly rate system or an incentive system. Fixed rewards can be tied directly to performance through merit pay system, whereby people get different pay raises at the end of the year depending on their overall job performance. Many organizations are experimenting with various kinds of incentive systems, which attempt to reward employees in proportion to their accomplishment. Four popular incentive systems include profit sharing, gain sharing, lump sum bonuses, and pay for knowledge (Kondalkar, 2008).

#### **b) Proper Remuneration/Pay**

Salary and wages play decisive part in the study of job satisfaction. Management has grandly over emphasized the importance of pay as a factor in job satisfaction. Most studies have found that pay ranks well below security, type of work etc. Pay system and promotion policy of the organisation must be just, unambiguous and in line with the prevalent industry or organizational norms and employee expectations (Chandan, 2010).

#### **c) Promotion Chances:**

Promotional opportunities affect job satisfaction considerably. The desire for promotion is generally strong among employees as it involves change in job content, pay, responsibility, independence, status and the like. An average employee in a typical government organisation can hope to get two or three promotions in his/her entire service, though chances of promotion are better in the private sector. It is no surprise that the employee takes promotion as the ultimate achievement in his/her career and when it is realised, he/she feels extremely satisfied. Individual must perceive promotion policy as being fair. Promotion policy and equitable rewards are multi-dimensional in nature. (Robbins et al, 2009).

#### **d) Equitable/Fair Rewards**

Employees want pay systems and promotions and policies that they perceive as being just, unambiguous, and in line with their expectations. When pay is seen as fair based on job demands, individual skill level, and community pay standards, satisfaction is likely to result. An employee seeks fair promotion policies and practices. Promotions provide opportunities for personal growth, more responsibility and increased social states (Robbins et al, 2016). Employees are more satisfied when they feel they are rewarded fairly for the work they do. Employees who are awarded fringe benefits experiences less stress (Kondalkar, 2008).

#### **e) Job Security**

An average employee will think of job security first rather than other factors to get settle in life. The employees secured in job are more satisfied in their job. But security is of less important to the better educated person, perhaps because there is not so much fear of layoff in the kind of jobs that the highly educated obtain, or the highly educated are justifiably more confident of being able to find other jobs if necessary(Ashwathappa,2010).

#### **f) Benefits**

Benefits such as housing, canteen etc are some of the personal benefits that have been ranked next to pay. But highly educated people having good pay give more importance to benefits and facilities. Hence, in a nutshell it can be summarized that job satisfaction is the result of effect of so many factors. The terms are highly personalized, as the level of satisfaction differs from time to time and situation. (Robbins et al, 2017)

### **4. Job Related Factors**

- a) Work Content
- b) Supportive Working Conditions
- c) Work group
- d) Supervision
- e) Specialization
- f) Training
- g) Size of group
- h) Nature of work
- i) Leadership Styles

### **Job Satisfaction and Associated Relationships**

#### **i. Attitudes and Job Satisfaction**

Attitude measures various aspects of work and peoples' jobs. This measure is not analogous to a job analysis, where the actual tasks and behaviours required for those tasks are delineated. Rather, attitude scales measure the perceptions of a given position. These perceptions can affect how well individuals perform in their positions (Robbins, 2009).

#### **ii. Job Satisfaction and Life Satisfaction**

The job satisfaction is strongly related to life satisfaction, or the degree to which employees feel a sense of happiness with their lives. The connection between job satisfaction and life satisfaction makes sense given how much of employee's lives are spent at work (Redmond et al, 2016).

#### **iii Job Satisfaction and Employee Turnover**

High employee turnover is considerable concern for employers because it disrupts normal operations, causes morale problems for those who stick on, and increases the cost involved in selecting and training replacements. The employer does whatever possible to minimise turnover, making the employees feel satisfied on their jobs. Unlike the relationship between satisfaction and productivity, the connection between job satisfaction to employee turnover is established beyond doubt). It has been demonstrated that workers who have relatively low levels of job satisfaction are the most likely to quit their jobs and that organisational units with the lowest average satisfaction levels tend to have the highest turnover rates. (Latham et al, 2017

#### **vi Job Satisfaction and Absenteeism**

Correlation of satisfaction to absenteeism is also proved. Workers who are dissatisfied are more likely to take "Mental Health" days, i.e., days off not due to illness or personal business. Simply stated, absenteeism is high when satisfaction is low. As in turnover, absenteeism is subject to modification by certain factors. The degree to which people feel that their jobs are important has a moderating influence on their absence. Employees who feel that their work is important tend to clock in regular attendance. Besides, it is important to remember that while high job satisfaction will not necessarily result in low absenteeism, low satisfaction is likely to bring about high absenteeism (Khan et al, 2020)

### **Measuring Job Satisfaction Level**

According to Ashwathappa ((2010), It is critical for any company to measure job satisfaction as the efficiency, productivity and loyalty of an employee depends on it. Companies can conduct surveys with questionnaires asking the employees about their feedback and understand if they are satisfied or dissatisfied with their job. Companies can ask the following questions to measure job satisfaction and can give multiple options like Satisfied, somewhat satisfied, neutral, somewhat dissatisfied, dissatisfied:

1. Are you happy with your salary/incentives?
2. Is your contribution to the company recognized with awards?
3. Do you find your workplace conditions good, hygienic and competitive?
4. Do you have a good work life balance?
5. Are you happy with organizations` policies for your career growth & training and development?

Apart from the above questions, specific open-ended questions about job satisfaction can also help in understanding employee pain-points and how the organization can improve to ensure a happy employee.

### **Empirical Review**

Continuous monitoring of jobsatisfaction may be a useful management tool to facilitate the development of an organization. Failure to do so could result in burnout amongst staff and poor quality service delivery. A number of studies have already shown that job satisfaction and burnout lead to increase turnover and nursing has been identified as being especially vulnerable to the burnout syndrome. A positive relationship between job satisfaction and organizational commitment has been reported by studies involving qualified professional (Martins, 2011).

A study conducted in a nursing department of a medical university in china found a positive correlation between job satisfaction and organizational commitment; it indicated that student nurses who were more satisfied with the nursing as a job were also more committed to health care services.

A study in university of Benin Teaching Hospital, Nigeria, showed that 56% of nurses were either very dissatisfied or dissatisfied with their jobs,9% were undecided while 36% were very satisfied or satisfied with their jobs, a strong association was also found between psychological disorder and job dissatisfaction among their group of nurses.

Also study conducted in Federal Medical Centre Yola, Nigeria by Folashade, 2011 on job satisfaction among Nurses showed that 57.5% were satisfied while 23.5% were dissatisfied. 54.2%, 51.7%, 50% and 41.7% were satisfied with job security, hours of work, delegation of work by supervisors and degree of autonomy respectively. Majority of the respondents 57.5% were satisfied with physical working conditions of the hospital

while 35.4% were satisfied, 68.8% and 22.5% were very satisfied and satisfied respectively with the physical surroundings. However major factors contributing to dissatisfaction were the availability of protective devices in which 21.7% were dissatisfied and 15.8% very dissatisfied. Majority of respondents were satisfied with their profession, with 51.7% satisfied and 22.9% very satisfied. With regard to present salary, 36.7% dissatisfied and 18.3% very dissatisfied, 26.7% and 38.3% of respondents were dissatisfied and very dissatisfied respectively regarding benefits. were very satisfied, 21.7% satisfied. Recommendation on ways hospital management can enhance job satisfaction, majority 45.4% suggested training and development, 22% recognition for good work, 23.9% prompt salary payment, and 8.7% increase in number of staff training and development.

A study conducted in private hospitals in Nigeria among operating room nurses showed that 59% of operating room nurses were dissatisfied with their job while 8.7% were satisfied. The reasons for the dissatisfaction were reported as low salary (60.3%), little opportunity for further education, inadequate facility and supplies (20.1%). Dissatisfaction with regard to salaries and benefits in this study finding seems to be a common issue that evident in several studies.

Again, study conducted by Admasu, Abdela, Temamen and Dagmawit, (2018) on job satisfaction and Associated factors among nurses working in the Operating theatre at Government Hospitals of Eastern Ethiopia showed that 8.16% of the respondents were satisfied, 39.8% moderately satisfied and 52% were dissatisfied with their job. Females were more dissatisfied 52.9% than males; highest dissatisfaction rate was in the age bracket of 31 to 40 years (47.1%). Also married respondents were more dissatisfied (58.8%) than single (41.2%). Most respondents at the educational level of BNSC were dissatisfied (60.8%). On factors influencing job satisfaction, almost all respondents (87.7%) were highly satisfied with helping others, 76.5% were significantly satisfied with their provision of good quality of patient care, recognition one receives for good work (75.5%), patient outcome (71.4%), amount of responsibilities given (70.4%).

Also study conducted by Semachew, Belachew, Tesfaye and Yohannes, 2014 among group of Nurses working in Ethiopian public hospitals on predictors of job satisfaction showed that 33.5% had a low level of job satisfaction while 59.8% were very dissatisfied with their salary. Regarding compensation for working weekends and holidays, only 4.7% of respondents were very satisfied. Majority (77.2%) of the respondents were very satisfied on the relation with nursing peers. 68.4% of the respondents said their main reason for satisfaction in their work was satisfaction helping patients/clients, 28.9% mentioned workload as major source of dissatisfaction, 19.6% stated the performance evaluation process as their major source of dissatisfaction. On Predictors of job satisfaction, only working unit, environmental condition, mutual understanding at work, professional commitment and work load were found to be the final predictors of job satisfaction. Level of job satisfaction was positively associated with mutual understanding at work and professional commitment whereas workload and working unit were found to be negatively associated.

According to study by Al magbali (2015) in Al Buraimi Hospital, Oman on factors that contribute to job satisfaction, personal factors were identified such as gender, age, level of education and working experience. Penz (2008) indicated that women are more satisfied than men in their current jobs. Klaus (2012) studied individual characteristics to predict the job satisfaction of registered nurses, result found out that those in the age category of ( 40 to 49) age group had lowest score in terms of job satisfaction and were less satisfied when working in teaching hospitals and non-magnet facilities. Nurses without BNSC or higher nursing degree were less satisfied than those with these qualifications. (American Nurses Credentialing Centre, 2005).

Bjork (2007) and Zurmehly (2008), in evaluation of Norwegian hospital nurses job satisfaction, found a strong correlation between level of education and job satisfaction. Nurses with higher education were more satisfied than those without additional education. It was found that those older than 37 years were more satisfied than younger nurses, they also found differences in relation to education, gender or family situation. Those with more than 5 years of experience are more likely to be satisfied than those with less experience. Also type of unit in which nurses' work is likely to affect their job satisfaction levels. Job related variables such as the relationship with colleagues, patients and supervisors or head of the unit as well as pay and responsibility affects job satisfaction. A good working environment and good staffing levels were linked to job satisfaction and better quality and safety of care.

In summary of the literature, job satisfaction or dissatisfaction can result from issues related to either the job or the person. Different factors have greater significance in different countries and these could be mainly due to cultural and social contexts and government policies. More recent studies reinforce the view that job satisfaction is a complex phenomenon with multi causal factors, and the literature in general suggests that these factors can be conceptualised in two categories: Personal characteristics of Nurses and Biographical factors. Most studies show varying correlations of reporting between these factors and job satisfaction, age, level of education, gender, type of unit and level of experience are all linked to job satisfaction or dissatisfaction. Overall, most studies report data on personal characteristics for descriptive purposes. Biographical variables are important and can influence nurses' job satisfaction.



Job related and Organizational factors play major role according to the previous studies conducted by other researchers. Most of the research is more focused on this category and these factors are viewed collectively. Generally job and organizational factors influence satisfaction or dissatisfaction, therefore addressing these and making changes could improve how nurses perceive their job. Despite the numerous studies on job satisfaction, nurses working conditions in each study are different, as are their reasons for satisfaction or dissatisfaction, so there is no consensus reached in this literature. Differences can be explained by the dissimilarity of nurses working conditions, and the cultural and social context, between countries. The studies that report significant relationships with nurses' job satisfaction were stated.

### 2.3 Theoretical Review/ Frame work:

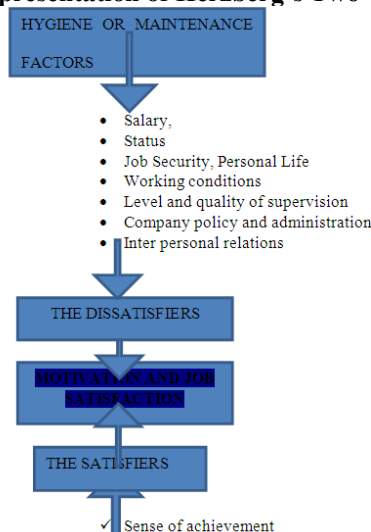
#### 2.3.1 Herzberg Two-Factor Theory of Job Satisfaction

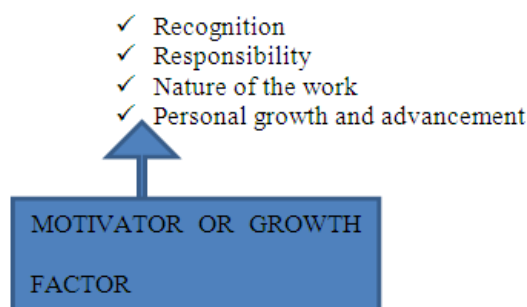
Fredrick Herzberg and his associates developed the two-factor theory in the late 1950s and early 1960, which is Herzberg's motivation- Hygiene theory.

. One set of factors are those which, if absent, cause dissatisfaction. These factors are related to job context, they are concerned with environment and extrinsic to the job itself. These factors are the 'hygiene' factors (analogous to the medical term meaning preventive and environmental) or 'maintenance' factors. They serve to prevent dissatisfaction. The other set of factors are those which, if present, serve to motivate the individual to superior effort and performance. These factors are related to job content of the work itself. They are the motivators or growth factors. The strength of these factors will affect feelings of satisfaction or no satisfaction, but not dissatisfaction. The hygiene factors can be related roughly to Maslow's lower-level needs and the motivators to Maslow's higher-level needs. Proper attentions to the hygiene factors will tend to prevent dissatisfaction, but does not by itself create a positive attitude are motivation to work. It brings motivation up to a zero state. The opposite of dissatisfaction is not satisfaction but, simply, no dissatisfaction. To motivate workers to give their best the manager must give proper attention to the motivators or growth factors. Herzberg emphasises that hygiene factor is not a 'second class citizen system'. They are as important as the motivators, but for different reasons. Hygiene factors are necessary to avoid unpleasantness at work and to deny unfair treatment. 'Management should never deny people proper treatment at work'. The motivators to what people are allowed to do and the quality of human experience at work. They are the variables which actually motivate people.

According to Herzberg, today's motivators are tomorrow's hygiene because the latter stop influencing the behaviour of persons when they get them. Accordingly, one's hygiene may be the motivators of another. Traditionally, job satisfaction and dissatisfaction were viewed as opposite ends of a single continuum. When certain things are present on a job- good pay, opportunity for growth, healthy working environment-the employee will be satisfied. When they are absent, he/she is dissatisfied. The absence of dissatisfaction is satisfaction. Herzberg's findings indicate that dissatisfaction is not simply the opposite of satisfaction or motivation. One can feel no dissatisfaction and yet not be satisfied. Satisfaction and dissatisfaction appear to be somewhat independent. They are not viewed as symmetrical items on a single scale; rather, they are viewed as attributes of different scales. The factors that cause dissatisfaction are different from those that result in satisfaction. Satisfaction is affected by motivators and dissatisfaction by hygiene factors. Herzberg, two-factor theory classifies all the work related factors into two categories

Figure 1: Representation of Herzberg's Two - Factor theory:





First category contains factors that are known as hygiene factors. These factors prevent dissatisfaction but do not motivate. Some of these factors are wages and benefits, working conditions, organisational rules and policies, cordial relations with peers and superiors, job security and so on. These factors are designed to avoid damage to efficiency or morale and are not expected to stimulate positive growth. Motivational factors on the other hand have a positive influence on morale, satisfaction, efficiency and higher productivity, these are the type of jobs one enjoys, recognition for employee input and performance, a feeling of accomplishment, increased responsibility and authority and growth and advancement with the organisation.

### **Application of Herzberg two-factor theory to the research work**

Perioperative nurses play critical role before, during and after surgical procedures. A highly knowledgeable, intelligent, skilful and experience perioperative nurses will lead to better and positive surgical outcome. But all these will be possible depending on the level of job satisfaction of the perioperative nurse. A motivated perioperative nurse will have high level of job satisfaction while non-motivated perioperative nurse may not be satisfied with his or her job but not necessarily dissatisfied as stated by Herzberg two -factor theory.

Extract from the theory showed that any issues concerning the hygiene factors such as Salary, Status, Job Security, Life Working conditions, Level and quality of supervision, organizational policy and administration, inter personal relations will lead to dissatisfaction and high level of perioperative nurses' turn over and exit rate. Also Issues affecting Motivators such as Sense of achievement, Recognition, Responsibility and nature of the work, Personal growth and advancement etc. will equally lead to non-satisfaction among perioperative nurses.

The theory showed that both the hygiene factors and motivators play important role in the ability of perioperative nurses to be either satisfied, not satisfied and dissatisfied with their job/specialty. Presence of both the hygiene and motivators and absence of problems associated with them will lead to job satisfaction among perioperative nurses.

## **II. Materials And Method**

This study adopted a cross-sectional descriptive survey design which employed a quantitative method of data gathering on the perception, predictors and level of job satisfaction among perioperative nurses in Ife Hospital Unit and Wesley Guild Hospital branches of Obafemi Awolowo University Teaching Hospitals Complex Ile- Ife. Descriptive survey design was used because the research is aimed at describing and interpreting existing relationships among variables such as Perception, predictors and Level of job satisfaction among perioperative nurses. These variables will be sampled among cross-section of perioperative nurses using questionnaire.

### **Settings of the Study**

This study will be conducted in Ife Hospital Unit and Wesley Guild Hospital, Ilesa branches of Obafemi Awolowo University Teaching Hospital Complex. The hospital, which is situated in Osun state, is so named partly because of its geographical spread (a conglomerate of six different units namely: Ife Hospital Unit, Ile –Ife; Wesley Guild Hospital, Ilesa; Dental Hospital OAU Ile- Ife, Urban Comprehensive Health Center, Eleyele Ile- Ife; Multipurpose Primary Health Centre, Ilesa and Rural Comprehensive Health Centre, Imesi- Ile), and majorly because of the complexity of the functions (primary, secondary and tertiary) it performs. Ife Hospital Unit is the administrative head of OAUTHC and the largest hospital in Ile-Ife, an ancient town in Yoruba land. Wesley Guild Hospital is the largest hospital in Ilesa, while Ilesa is referred to as the largest town and the capital of Ijesa kingdom. The two hospitals perform many non-invasive, semi invasive and invasive surgical procedures and also serve as a referral centres for all surgical cases from the hospitals in the adjacent Oyo, Ondo, Ogun, Lagos and Kwara states. This wide patronage enjoyed by the two hospital units, coupled with

having numerous operating theatres and sizeable number of perioperative nurses working in the various operating theatres informed the choice of setting for this study

### **Target Population**

All the Perioperative Nurses working in I.H.U and W.G.H Ilesa were the target of this study.

### **Determination of Sample Size**

The sample size will be calculated using Taro Yamane`s formulae;

$$n = \frac{N}{1+N(e)^2}$$

Where n is the desired sample size,

N is the total population (population of perioperative nurses in both I.H.U & W.G.H Ilesa, which is 71.

e is the margin of error based on the research, which is 0.05

$$n = \frac{71}{1+71(0.05)^2}$$

$$= 60.297$$

Approximately = 60

### **Sampling Technique**

Convenient non probability sampling technique was used to select a total of 60 respondents for the study.

### **Instrument for Data Collection**

A semi-structured, self-administered questionnaire was used as the instrument for data collection. The questionnaire contained open and close-ended questions comprising of five sections. Section A explored the respondents' socio-demographic data, Section B was designed using a 4-point likert scale with response format ranging from strongly agree to strongly disagree to assess the perception about Job satisfaction and Section C was the McCloskey & Mueller Satisfaction Scale(MMSS) which has a response option from very dissatisfied(1) to very satisfied(4), eliminating the neutral response option to encourage respondents to make a decision regarding their thoughts and feelings as opposed to indicating neutral or no idea. Eight (8) domains such as satisfaction with extrinsic rewards, work schedule, balance of family, interaction opportunities, professional opportunities, work environment/condition, praise/recognition, control & responsibility were assessed with 32 items. Items were developed from previous study with Cronbach`s alpha of 0.95 with coefficient of 0.90 to identify level of job satisfaction, factors influencing job satisfaction and predictors of job satisfaction respectively. Section D contained open ended questions.

### **Validity of the Instrument**

The instrument was validated by the researcher`s supervisor. Both face and content validity was assessed and confirmed by the supervisor and research analyst. It was concluded that the instrument was valid to get all the necessary data.

### **Reliability of the Instrument**

The reliability of the instrument was also tested through test of stability, using test and re-test method. The same instrument was administered to some group of Perioperative nurses in Federal Teaching Hospital Ido Ekiti, Ekiti State and was retrieved and adjudged to maintain the degree of consistency and coefficient of 0.90.

### **Method of data Collection**

The researcher visited all the theatres in both I.H.U and W.G.H Ilesa on different days to inform the officers in -charge of the theatres. However, due to the prevailing situation of Covid 19 lockdown, the instrument was converted to Google document and sent virtually to the respondents. Monkey survey was used to collect online data after the questionnaire was reproduced electronically for easy distribution to the respondents. The respondents filled and sent the questionnaires without interference or coercion. All the responses from completed questionnaires were retrieved and collated for further analyses.

### **Method of Data Analysis**

The collated data were captured using SPSS 20.0 version. Data was checked for completeness and accuracy, sorted, categorized and summarized. Both Descriptive and inferential statistical techniques were employed and it was presented on Frequency & percentage tables, bar and pie charts.

### **Ethical Consideration and Permission to Conduct the Study**

The researcher sought for Ethical Approval by presenting a letter of permission to collect data which was written, signed and stamped by the school authority to the Chairman of Research and ethics committee of OAUTHC for approval prior to visiting the theatres for distribution of the questionnaires .Permission of the

officers-in-charge of the various theatres and suites was also sought and informed consent of the respondents gained as well. Anonymity and confidentiality of information supplied by the respondents was maintained. The respondents were not coerced or influenced to fill the questionnaires. They were informed of their freedom to withdraw from the research if they so wish and the researcher ensured that all manuscripts for typing were handled with utmost confidentiality

### III. Results

The demographic variables of the respondents which include age of the respondents, sex, marital status, religion, ethnicity and educational level were collated, analysed and presented in Table 1

**Table 1:** Statistical Distribution of the Demographic variables of the Respondents.

Variables	Responses	Frequency (n=60)	Percentage (%)
Age	20 – 29 years	11	18.3
	30 – 39 years	23	38.3
	40 – 49 years	15	25
	50 years and above	11	18.3
Gender	Male	22	36.7
	Female	38	63.3
Marital status	Single	11	18.3
	Married	46	76.7
	Widow	3	5.0
	Divorced	-	-
Religion	Christianity	51	85
	Islam	9	15
	Traditionalist	0	
Ethnicity	Yoruba	50	83.3
	Igbo	9	15
	Hausa	1	1.7
Highest level of Education	RPON	15	25
	BNSC	39	65
	MSC	6	10
Designation/Rank	NO 11	15	25
	NO 1	12	20
	SNO	8	13.3
	ACNO	5	8.3
	CNO	5	8.3
	ADNS	14	23.3
	DDNS	1	1.7
Specialty	Endoscopy	8	13.3
	General Surgery	5	8.3
	Cardiothoracic	2	3.3
	Orthopaedic	10	16.7
	Ophthalmic	3	5
	O &G	15	25
	Neurosurgery	1	1.7
	Plastic surgery	1	1.7
Years of experience	Non specialist	15	25
	1-5 Years	24	40
	6-10 years	12	20
	11-20 years	15	25
>20 years	9	15	

Table 1 shows the demographic variables of the respondents with 38.3% of the respondents which is the highest within the age range of 30-39 years, 25% within 40-49 years and 18.3% for age range of 20-29 years and 50years and above respectively. Also more than half of all the respondents are female (63.3%) while 36.7% are male. Majority of the respondents (76.7%) are married, Majority (85%) are Christians, and majority (83.3%) are from Yoruba ethnic group. Also majority of the respondents (65%) have their highest educational qualification as BNSC. Those within the rank of ADNS form the highest number (23.3%). Finally, the highest number of the respondents (40%) have 1-5 years of experience, 20% have between 6-10 years, 25% have between 11-20 years while 15% have >20 years of experience respectively.

#### 4.2 Research Question One: How do perioperative Nurses perceive job satisfaction in OAUTHC, Ile-Ife?

In order to answer this research question, data collected on the perception of perioperative nurses about job satisfaction within the study area were collated and subjected to descriptive analysis and the result is presented in Fig 2.

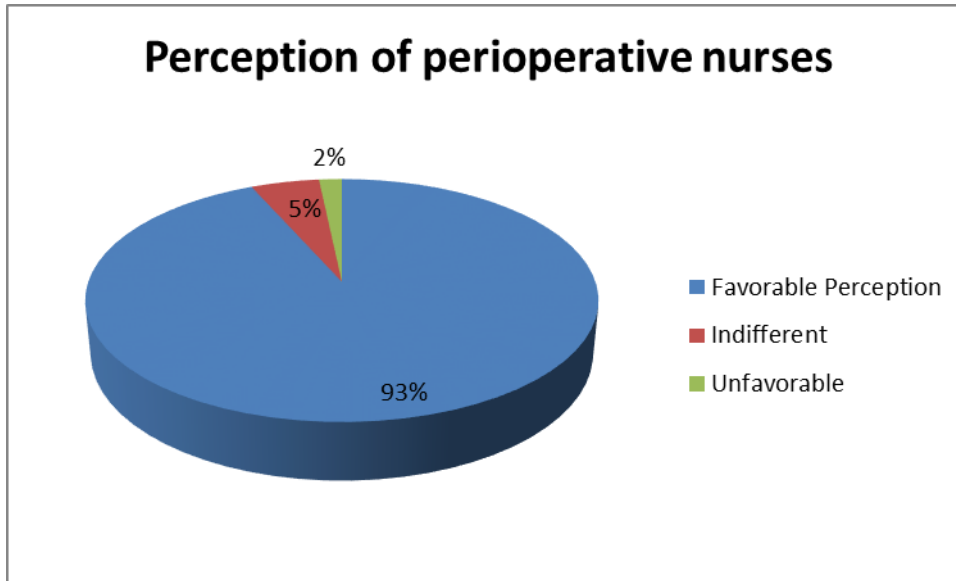


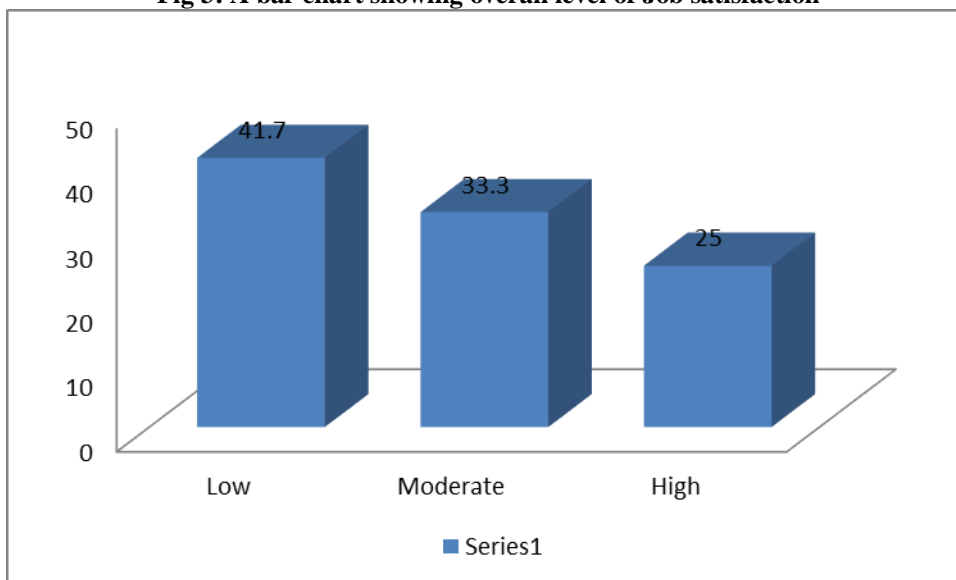
Fig 2

**Figure 2:** Pie chart showing the perception of perioperative nurses about job satisfaction in OAUTHC. It can be deduced from the pie chart above that the perception of perioperative nurses in Obafemi Awolowo University Teaching Hospitals Complex, Ile-Ife about Job satisfaction is favourable.

**4.3 Research Question Two:** What is the level of job satisfaction among perioperative nurses in Obafemi Awolowo University Teaching Hospitals complex, Ile-Ife?

In order to answer this research question, data collected on the level of job satisfaction among perioperative nurses within the study area were collated and subjected to descriptive analysis and the result is presented in Fig 3. Data-driven classification system was used to classify the job satisfaction level using the 28 items into low (overall score between 1 to 11), moderate (overall score between 12 to 17) and high (overall score between 18 to 28).

Fig 3: A bar chart showing overall level of Job satisfaction



The bar chart in fig 3 showed that the level of job satisfaction among perioperative nurses in Obafemi Awolowo University Teaching Hospitals Complex, Ile-Ife is low.

**Table 2:** Statistical distribution of mean score and standard deviation for factors responsible for job satisfaction among perioperative nurses in OAUTHC, Ile-Ife

Variables	VD	D	S	VS	Mean	Standard deviation
	Freq (%)	Freq (%)	Freq (%)	Freq (%)		
Rate at which I am promoted, my health and life insurance	25(41.7)	26(43.3)	8(13.3)	1(1.7)	1.75	.751
Patient care outcomes	1(1.7)	5(8.3)	40(66.7)	14(23.3)	3.12	.613
Opportunities for advancement, career growth and development	3(5)	25(41.7)	30(50)	2(3.3)	2.52	.651
Perioperative care and services	4(6.7)	14(23.3)	31(51.7)	11(18.3)	2.82	.813
Opportunities for further education/degree or postgraduate study in nursing	4(6.7)	28(46.7)	26(43.3)	2(3.3)	2.43	.673s
Opportunities for on-the- job training and other trainings	6(10)	26(43.3)	26(43.3)	2(3.3)	2.40	.718
Opportunities to participate in nursing research, paper writing and publishing articles	12(20)	24(40)	23(38.3)	1(1.7)	2.22	.783
Recognition for good work from unit, sectional heads and superiors	6(10)	11(18.3)	39(65)	4(6.7)	2.68	.748
Consideration given to opinion and suggestions for change in the work setting or office practice	10(16.7)	25(41.7)	23(38.3)	2(3.3)	2.28	.783
Encouragement and positive feedback from heads and superiors	4(6.7)	11(18.3)	35(58.3)	10(16.7)	2.85	.777
The amount of responsibilities given as a perioperative nurse working in operating theatre	6(10)	13(21.7)	36(60)	5(8.3)	2.67	.774
Flexibility in scheduling working hours	16(26.7)	26(43.3)	16(26.7)	2(3.3)	2.07	.821
Annual, sick and maternity leave	18(30)	28(46.7)	12(20)	2(3.3)	1.97	.802
Flexibility in scheduling weekend calls and off	13(21.7)	23(38.3)	20(33.3)	4(6.7)	2.25	.876
Satisfaction in work, call duty schedules and rotation	6(10)	30(50)	17(28.3)	7(11.7)	2.42	.829
Satisfaction with good work life balance	5(8.3)	32(53.3)	19(31.7)	4(6.7)	2.37	.736
Workload and staff strength in the operating theatre	20(33.3)	29(48.3)	10(16.7)	1(1.7)	1.87	.747
Satisfaction with present salary and all other allowances	18(30)	30(50)	9(15)	3(5)	1.95	.811
Satisfaction with take home pay as compare with similar position in other healthcare facilities	16(26.7)	25(41.7)	14(23.3)	5(8.3)	2.13	.911
Good relationship, cooperation and interaction with colleagues(Seniors and Juniors)	2(3.3)	8(13.3)	38(63.3)	12(20)	3.00	.689
Opportunities for social contact with colleagues after work	13(21.7)	26(43.3)	17(28.3)	4(6.7)	2.20	.860
Relationship, cooperation and Interaction with Surgeons, Anaesthetist and other health personnel working in operating theatre	1(1.7)	9(15)	41(68.3)	9(15)	2.97	.610
Functioning facilities like lights, air conditioner and other gadgets/device	9(15)	28(46.7)	22(36.7)	1(1.7)	2.25	.728
Availability of disposables, PPE, surgical equipment, supplies and other items	23(38.3)	28(46.7)	9(15)	-(-)	1.77	.698
Physical working place and surroundings, design, landscaping and painting	8(13.3)	25(41.7)	23(38.3)	4(6.7)	2.38	.804
Control over conditions in the working unit/suite	3(5)	23(38.3)	32(53.3)	2(3.3)	2.55	.649
Public awareness about the role of perioperative nurses.	5(8.3)	35(58.3)	17(28.3)	3(5)	2.30	.696
Status as a perioperative nurse and feelings about the specialty and job.	3(5)	5(8.3)	33(55)	19(31.7)	3.13	.769

**4.4 Research Question Three:** What are the factors responsible for job satisfaction among perioperative nurses in OAUTHC, Ile-Ife?

In order to answer this research question, data collected on factors responsible for job satisfaction among perioperative nurses within the study area were subjected to descriptive analysis and the result is presented in Table 2 above.

Result in Table 2 shows that the factors responsible for job satisfaction are good relationship, cooperation and interaction with colleagues (Seniors and Juniors) 3.00(SD=0.689), relationship, cooperation and interaction with surgeons, anaesthetist and other health personnel working in operating theatre 2.97(SD=0.610), perioperative care and services 2.82(SD=0.813) Patient care outcomes 3.12(SD=0.613), encouragement and positive feedback from heads and superiors 2.85(SD=0.777), status as a perioperative nurse and feelings about the job and specialty 3.13(SD=0.769) with higher mean score. While the factors responsible for job dissatisfaction are rate at which they were promoted, health and life insurance 1.75(SD= 0.715), availability of disposables, PPE, surgical equipment, supplies and other items 1.77(SD=0.698), workload and staff strength in the operating theatre 1.87(SD=0.747), present salary and all other allowances 1.95(SD=0.811), annual, sick and maternity leave 1.97 (SD=0.802) respectively.

**4.5 Research Question Four:** What are ways management can enhance job satisfaction of perioperative nurses in OAUTHC, Ile-Ife?

In order to answer this research question, data collected on ways to enhance job satisfaction of perioperative nurses within the study area were also subjected to descriptive analysis and the result is presented in Table 3.

**Table 3:** Descriptive analysis of ways management of OAUTHC can enhance job satisfaction of perioperative nurses

Variables	Frequency(f)	Percentage (%)
Employing more perioperative nurses to ease workload	15	25
Improving facilities	15	25
Improved staff welfare such as pay package, remuneration, incentives, promotion, motivation and recognition of achievement	26	43.3
Supplying adequate materials and equipment	26	43.3
Training of staff and sponsorship for programs	8	13.3

Result in Table 3 shows staff welfare such as pay package, remuneration, incentives, promotion, motivation and recognition of achievement at 43.3%. Also 43.3% supported supplying adequate materials and equipment, while 25% supported employing more perioperative nurses to ease workload and improvement in facilities. Only 13.3% supported training of staff and sponsorship.

**4.6 Research Question Five:** What are predictors of job satisfaction among perioperative nurses in Obafemi Awolowo University Teaching Hospitals complex, Ile-Ife?

In order to answer this research question, data collected on level of job satisfaction and predictor variables (factors) were subjected to multiple regression analysis, to determine variables that are strong predictors of job satisfaction and the results were presented in Table 4, 5 & 6 respectively.

**Table 4:** Model summary result of multiple regression analysis of the relationship between all the ten predictor variables and level of job satisfaction among perioperative nurses in OAUTHC, Ile-Ife

Model Summary									
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.834 <sup>a</sup>	.695	.633	.48864	.695	11.155	10	49	.000

**Table 5:** ANOVA result of multiple regression analysis of the relationship between all the ten predictor variables and level of job satisfaction among perioperative nurses in OAUTHC, Ile-Ife.

ANOVA <sup>a</sup>						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	26.634	10	2.663	11.155	.000 <sup>b</sup>
	Residual	11.699	49	.239		
	Total	38.333	59			

(F=11.155, P<0.05)



Result in Table 10 & 11 shows that all the Ten predictor variables statistically significantly predicted job satisfaction and added statistically significantly to the prediction,  $P < 0.05$ .  $F(10,49) = 11.155$ ,  $P < 0.0005$ ,  $R^2 = 0.695$

**Table 6:** Coefficients result of multivariable linear regression predicting job satisfaction among perioperative nurses working in Obafemi Awolowo University Teaching Hospitals Complex, Ile-Ife.

Model		Coefficients <sup>a</sup>						
		Unstandardized Coefficients		Standardized Coefficients	T	Sig.	95.0% Confidence Interval for B	
		B	Std. Error	Beta			Lower Bound	Upper Bound
1	(Constant)	-1.299	.383		-3.388	.001	-2.070	-.529
	Consideration given to my opinion and suggestions for change in the work setting or office practice	.305	.126	.296	2.419	.019	.052	.559
	Satisfaction in my work, call duty schedules and rotation	.178	.098	.183	1.814	.076	-.019	.376
	Satisfaction with good work life balance	.231	.113	.211	2.037	.047	.003	.459
	Satisfaction with my present salary and all other allowances	.025	.115	.026	.220	.827	-.207	.257
	Good relationship, cooperation and interaction with my colleagues (Seniors and Juniors)	.018	.128	.015	.137	.892	-.240	.275
	Relationship, cooperation and interaction with Surgeons, Anaesthetist and other health personnel working in operating theatre	.046	.133	.035	.348	.729	-.221	.314
	Functioning facilities like lights, air conditioners and other gadgets/devices	.197	.110	.178	1.783	.081	-.025	.419
	Availability of disposables, PPE, surgical equipment, supplies and other items	.086	.114	.075	.752	.455	-.144	.316
	Public awareness about the role of perioperative nurses	.089	.123	.07	.727	.471	-.158	.337
	My status as a perioperative nurse and my feelings about the job and specialty	.133	.107	.127	1.239	.221	-.083	.349

a. Dependent Variable: Satisfaction

The outcome shows that ten of the variables were statistically significant with P-value less than 0.05 as shown on ANOVA Table 5. Finally all the ten predictor variables were subjected further to multiple regressions, only “consideration given to my opinion and suggestions for change in the work setting or office practice” and “satisfaction with good work life balance” was found to be the final predictors of job satisfaction. The overall model was significant ( $F = 11.155$ ,  $P < 0.001$ ) and the value of the adjusted  $R^2$  was 0.633. When the variance explained by all other variables in the model was controlled, consideration given to my opinion and suggestions for change in the work setting or office practice ( $\beta = 0.305$ ,  $P = 0.019 < 0.05$ ) and satisfaction with good work life balance ( $\beta = 0.231$ ,  $P = 0.047 < 0.05$ ) showed significant and positive relationship with overall level of job satisfaction. The rest of the variables were not significantly associated with job satisfaction (Table 6). The model explains 63.3% of the variance in the outcome variable. A unit increase in consideration given to opinion and suggestion for change in the work setting or office practice would result in the overall job satisfaction level score increasing by 0.305 units. A unit increase in good work life balance score would result in overall job satisfaction level score increasing by 0.231 units.

#### IV. Discussion

The result from the study shows that 93% of perioperative nurses have favourable perception towards job satisfaction. 60% of perioperative nurses strongly agree that job satisfaction is the collection of feelings and belief they have with their job. 73.3% strongly agree that it is the extent to which perioperative nurses are happy with their job. This finding corroborated with the assertion by Yilmazel 2013, Kabeel & Eisa 2017 that job satisfaction is affected by extrinsic factors such as perceptible aspects of work and intrinsic factors such as personal and professional progress, chances and recognitions.

Also the result shows that 56.7% strongly agree that absenteeism, exit rate and shortage of perioperative nurses depend on job satisfaction. These findings corroborated with study by Khan et al, 2020 which shows correlation of satisfaction to absenteeism and that absenteeism is high when job satisfaction is low.

In addition, a finding from the study shows that close to half of perioperative nurses (41.7%) have low level of job satisfaction. This is similar to study done by Adamsu et al in 2018 among nurses working in operating theatre at government hospital Ethiopia which shows that 52% were dissatisfied with their job. Also this is similar to study done by Semachew et al 2014 among nurses working in Ethiopia public hospitals which shows that 33.5% had a low level of job satisfaction while 59.8% were very dissatisfied with their job and salary. This is the same for two separate studies done in Nigeria at University of Benin Teaching Hospital and



private hospitals in which 56% were very dissatisfied or dissatisfied and 59% dissatisfied with their job respectively.

Again findings from the study identified reasons perioperative nurses were dissatisfied to include shortage and inadequate equipment (18.3%), shortage of staff (16.7%) workload (15%) poor remuneration and incentives (13.3%). This is in contrast with study conducted in private hospitals in Nigeria among nurses in which reasons for dissatisfaction were low salary (60.3%). Dissatisfaction in salaries and benefits seems to be common issue evident in several studies. Study by Semachew et al 2014 shows that one of the main reasons for dissatisfaction is workload (28.9%).

On factors influencing job satisfaction, factor related to hospital management and policies has 66.7% and 23.3% satisfied and very satisfied with patient care outcomes, recognition for good work from unit heads and superiors has 65% satisfied and amount of responsibilities given to perioperative nurses, 60% were satisfied. This is similar to study conducted by Admasu et al in 2018 on job satisfaction and associated factors among operating room nurses in Ethiopian government hospital in which 76.5% were significantly satisfied with provision of good quality of patient care, recognition received for good work (75.5%), patient care outcome (71.4%), and amount of responsibilities given (70.4%)

On factors related to work relationship, 63.3% and 20% were satisfied and very satisfied with good relationship, cooperation and interaction with colleagues. This corroborated study done by Semachew et al 2014 on job satisfaction among nurses in Ethiopian public hospitals in which 77.2% were satisfied on relation with nursing peers.

On factors related to hospital facilities and equipment, 46.7% dissatisfied and 15% very dissatisfied with functioning facilities. 41.7% and 13% were dissatisfied and very dissatisfied with physical working place, surroundings, designs, landscaping and painting. This is contrary with the study conducted by Folashade 2011 in Federal medical centre Yola, Nigeria on job satisfaction among nurses in which 57.5% and 35.4% were satisfied and very satisfied with physical working conditions of the hospital. Also 68.8% and 22.5% were very satisfied and satisfied respectively with physical surroundings.

On factors related to image and feelings about the specialty, 55% and 31.7% were satisfied and very satisfied respectively with status as a perioperative nurse and feelings about the specialty and job. This is in line with studies by Folashade 2011 in which majority of nurses 51.7% and 22.9% were satisfied and very satisfied with their profession.

On factors related to pay and other monetary benefits, 50% and 30% were dissatisfied and very dissatisfied with the present salary and all other allowances. This is similar to study conducted by Semachew et al 2014 in which 59.8% of nurses were very dissatisfied with their salary.

### **Implications to nursing:**

The findings of this study have high implications on performance, motivation and general working condition of nurses especially perioperative nurses, working in operating theatre in Nigerian hospitals. To solve the issue of job dissatisfaction affecting nurses, there is need to conduct proper assessment of work climate and environment, level of motivation of nurses to duties through job satisfaction survey. The study revealed that perioperative nurses had favourable perception towards job satisfaction but their level of job satisfaction is relatively low. There is need for management of healthcare institution to look into issue of job satisfaction of nurses as the role of nurses are very vital in the hospital and will lead to better patient care and outcome. Also there is need to identify all the causes of job dissatisfaction and ways in which job satisfaction of nurses can be enhanced in order to engender maximum productivity of nurses.

### **5.5 Limitations of the study:**

The information gained from participants is based upon their subjective perceptions, and it is possible that they either over- or underreported their level of satisfaction. Therefore the conclusions about causes of job dissatisfaction and associated factors cannot be drawn. Secondly, level of job satisfaction of nurses was measured through self-reports which is subject to a number of biases and did not consider efforts of hospital management towards enhancing job satisfaction. Thirdly, transient mood states and personality traits can interfere with outcome measures because they interact with perceptions of one's own work approach, work disposition and environment.

Again the study utilized respondents from both Ife hospital unit and Ilesa but not in equal proportion as the number of perioperative nurses in Ife is more than Ilesa and this could influence the outcome. In addition, the study was restricted to a particular tertiary healthcare institution in a particular geopolitical zone and geographical location with majority of the respondents from the same ethnic group. While trying to avoid interference, the results may be peculiar to the institution, the area and the people in the area, which limits the extent to which the study could be generalized.

Finally due to lockdown in movement as a result effect of covid 19 virus, the researcher could not visit the perioperative nurses at the setting prior to administration of questionnaire. The questionnaire was made virtually and monkey survey was used to collect data from the respondents.

## **5.6 Summary:**

Job satisfaction is the attitude, feelings and beliefs people have about their work and different aspects of their job. It is one important factor that determines efficiency and productivity of human resources. Nurses' job satisfaction is a multidimensional occurrence affected by many variables. The aim of this study is to determine the perception, predictors, factors and level of job satisfaction among perioperative nurses in Obafemi Awolowo University Teaching Hospitals Complex, Ile-Ife. Also to identify reasons for job dissatisfaction and ways to enhance job satisfaction among perioperative nurse with the view to improve it.

Research questions were raised based on objectives stated which gave direction to this study. How do perioperative nurses perceive job satisfaction. What is the level of job satisfaction among perioperative nurses. What are factors responsible for job satisfaction of perioperative nurses. What are ways management can enhance job satisfaction of perioperative nurses. What are predictors of job satisfaction among perioperative nurses.

This study adopted cross-sectional descriptive survey research design. The population for the study comprised all perioperative nurses in Ife Hospital Unit and Wesley Guild Hospital of Obafemi Awolowo University Teaching Hospitals Complex, Ile-Ife. The sample consisted of 60 perioperative nurses calculated using Taro Yamane formula for sample size determination. The respondents were selected using convenient non probability sampling technique. Instrument used for data collection was semi-structured, self-administered questionnaire, titled Perception, Predictors and Level of job satisfaction Questionnaire (PPLJSQ). The questionnaire was constructed virtually and involves both open and close ended questions. Monkey survey was used to collect data from respondents. Data generated was retrieved, collated and analysed using SPSS version 20. Frequency and percentage counts, mean and standard deviation, descriptive analysis, and multivariable regression analysis were done.

Results showed that the perception of perioperative nurses about job satisfaction was favourable (93%), level of job satisfaction was relatively low with 41.7% dissatisfied. The factor responsible for job satisfaction are satisfaction with status as a perioperative nurse and feelings about the job and specialty 3.13(SD=0.769), Patient care outcomes 3.12(SD=0.613), Satisfaction in Good relationship, cooperation and interaction with colleagues (seniors and juniors) 3.00(SD=0.689). The result further showed that the predictors of job satisfaction were consideration given to opinion and suggestions for change in the work setting or office ( $\beta=0.305$ ,  $P=0.019<0.05$ ) and satisfaction with good work life balance ( $\beta=0.231$ ,  $P=0.047<0.05$ ) showed significant and positive relationship with overall level of job satisfaction.

The study concluded that majority of the perioperative nurses have a favourable perception about job satisfaction but close to half of them had a low level of job satisfaction. Level of job satisfaction was positively associated with consideration given to opinion and suggestions for change in the work setting and satisfaction with good work life balance. Enhancing and maintaining higher level of job satisfaction among perioperative nurses is vital to minimize turnover and exit rate and ensure delivery of quality surgical care.

## **V. Conclusion:**

The study concluded that perception of perioperative nurses about job satisfaction was favourable but close to half of perioperative nurses are dissatisfied. Some of the reasons for dissatisfaction were workload, Shortage and inadequate equipment and materials, poor facilities, poor remuneration and incentive, shortage of staff and poor organizational structure. Level of job satisfaction was positively associated with consideration given to opinion and suggestions for change in the work setting or office practice and good work life balance. Fostering and maintaining higher level of job satisfaction among perioperative nurses is vital to minimize turnover and exit rate and ensure delivery of quality surgical care.

## **VI. Recommendations:**

Based on the findings of this study, the following recommendations were considered relevant:

- There is need for management of healthcare institutions to conduct periodic review of its programs and activities to incorporate programs that enhance job satisfaction of nurses.
- Management should design a policy framework on how to meet the need of workers (perioperative nurses) in the institution.
- There is need for the head of the theatre to carryout periodic review of performance of perioperative nurses to ascertain their level of job satisfaction.
- There is need for management to place more emphasis on staff welfare and job satisfaction.

### Suggestions for further studies:

It is difficult to isolate the effect of personality trait, the work environment and work climate from job satisfaction of perioperative nurses. The total attitudinal scores of perioperative nurses for work dispositions need further study on individual basis. The investigation on factors responsible for job satisfaction as done in this study might obscure some salient information such as individual differences, management styles and differences, which might be useful in advancing appropriate interventions. This may be considered a fruitful area of further research.

There is a speculation that level of job satisfaction of perioperative nurses could lead to improved quality surgical outcomes. This could be a good area of further research.

The target population could be extended to all operating theatre staff. This is also a good area of further study. Effect of job satisfaction on turnover and exit rate of perioperative nurses is yet to be researched. A comparative study of level of job satisfaction of perioperative nurses who work in government hospital and private hospital is yet to be researched. This study can further be extended to all the nurses in the hospital. Hence this study becomes a veritable background for further studies.

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