

Effect of Individual Attributes on Job Satisfaction of Health Care Workers in Murang'a County Referral Hospital - Kenya

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Abstract: Job satisfaction among the health care workers has been shown to influence the quality of health care services they provide to patients at health facilities. Kenya is among countries in the sub Saharan Africa with underlying challenges in human resources for health within the public sector. This is characterized by frequent strikes that signal low levels of satisfaction which in turn affect the quality of service delivery. The purpose of the study was to examine the effect of individual attributes among health care workers on their job satisfaction in one of the largest public hospitals in Central Kenya – Murang'a County Referral Hospital. The study was limited to six individual attributes namely gender, their age, their highest level of education, length of service, marital status, and religion. A target population of 301 health care workers working at the hospital was considered out of which a sample size of 172 was selected. Chi square test was used to examine the association of individual attributes and job satisfaction. Results showed a significant association between age and length of service with job satisfaction while no significant association to job satisfaction was observed on gender, highest level of education, marital status and religion. In conclusion, the study showed that though individual attributes have an overall effect on job satisfaction among health care workers, some attributes are more significant than others.

Keywords: Human Resource Management, Job Satisfaction, Health Care Worker

1. Introduction

Quality human resource management has a positive and significant influence on organization, productivity and reliable service provision on health services. Moreover, the management of human capital is deemed complete when there is organizational development, capacity development and conducive environment for industrial relations and when a health facility is void of the three, there are high chances of attrition due to employee's dissatisfaction [1].

Many studies have proved that provision of quality health services is pegged on an interrelated environment comprised of social, material, financial and human resources [4, 21]. Although, all these are interrelated, satisfaction of the workforce supersedes all and its absence may trigger detrimental effect on customer service and quality. Some studies have documented significant positive contribution of job satisfaction on quality of medical care

accorded to all health services seekers in all cadres of health facilities [1, 5].

Global evidence suggests that the health sector continues to face challenges originating from introduction of both general health insurance and advanced medical technology [1]. Owing to dynamic and uncontrolled changes in the health sector, there is need for more preparedness in order to maintain motivational levels among workers in the health sector. Since the resources allocated in the health sector are in many instances scarce, there is need to plan accordingly and optimize the available resources, more so when the demand for quality care exceeds the capacity of health facilities [21]. Job satisfaction is perceived to be major ingredient of organization performance and its absence has been shown to trigger attrition within a health facility. Dissatisfied employees who remain in an organization mostly engage on activities such as theft, spreading of malicious rumors and sabotaging medical equipment within a health facility. Such dissatisfaction manifests through

heavy workloads, lack of leadership, uncontrolled working periods, incoherent career development, low pay, limited access to professional development resources and high staff turnover [10].

1.1. Statement of the Problem

Kenya has progressively increased its allocation for public health expenditures which has seen an increase in the number of health workers in the public sector. But despite the increase in the number of health workers, frequent strikes within the workforce point to underlying challenges which signal low levels of satisfaction in their work affecting the quality of service delivery [32]. Increase in the number of health care workers is guided by staffing norms established by the Ministry of Health. The norms define staffing needs for various tiers of health facilities in absolute terms without paying a close attention to the determinants job satisfaction. An increase in absolute number of health workers may not necessarily translate to increased quality of service delivery if influencers of job satisfaction are not attended to. This study explored the effect of individual attributes on job satisfaction among health workers in a public health setting.

1.2. Literature Review

Job satisfaction can be defined as a sense of success or achievements by employees as they perform their duties and it is believed to be linked to performance or productivity [7]. An investigation of the relationship between satisfaction of doctors teaching in hospitals and their demographic characteristics showed a positive association of satisfaction and some demographic characteristics though there was no significant association between experience, designation and marital status with satisfaction on the job. [21]

A study investigating the nexus between personality types of teachers and their satisfaction in their job revealed that 70% of the teachers were extroverts and most of them reported satisfaction with their jobs but there was a significant difference in their preference for competence, aggressiveness in the teaching profession, ability to control anger and possibilities of concealing their feelings. [2]

A comparative analysis was carried out amongst doctors drawn from private and public health facilities in Bangladesh to examine the effect of burnout and stress in job satisfaction. The study revealed that there were no major differences between public and private health care providers in combined work characteristics. Amongst the predictors of job

satisfaction, organizational structure had the highest predicting power and those who were in private facilities were highly supported. The study concluded on the need to align health systems with unique needs which would enhance job satisfaction, lower the attrition rates and minimize possibilities of burnout. [17]

A Kenyan perspective on the association between the working environment and employee satisfaction showed that there were high levels of employee's dissatisfaction which was attributed to remuneration, working conditions, freedom of working methods, weak health care systems and unclear career development paths. The study adopted the exploratory research design and a sample of 832 respondents were drawn using simple and cluster sampling. Structured questionnaire with 13 items on working atmosphere and 10 items on job satisfaction were customized for the study. [6]

Results of an investigative study on the association between stress and satisfaction of work among health care professionals in Saudi Arabia showed that the locals had a higher satisfaction despite having higher level of stress compared with the foreigners. The study adopted cross sectional survey design and it drew respondents from physicians, residents, nurses, and radiologists. [18]

A study investigating the nexus between job characteristics and performance of nurses in Moi Teaching and Referral Hospital showed that job satisfaction was affected by autonomy, identity of tasks and their performance. The study adopted exploratory research design and 320 nurses were selected using simple random. [12]

Quite a number of studies have been done on employee job satisfaction within the health setting in Kenya with skewedness towards specific cadres such as nurses or doctors. Few studies have adopted the entire cadres of staff in their design. To address this gap, this study sought to include all the cadres of health workers in a public hospital and examine the effect that individual attributes have on their job satisfaction.

1.3. Conceptual Framework

In this study, individual attributes were operationalized along age, gender, highest level of education, length of service, marital status, and religion while job satisfaction was operationalized as attendance to duties and departmental meetings to point to motivation and commitment in their work. The conceptual framework is as shown in figure 1.

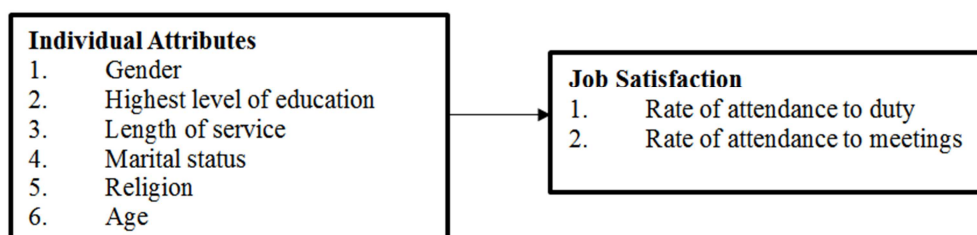


Figure 1. Conceptual Framework.

2. Research Methodology

The researcher adopted a descriptive research design. The target population was composed of 301 medical Health Care workers (HCWs) working in various departments of Murang'a County Referral Hospital (MCRH) as at December

2020. MCRH is among the largest public hospital in Central Kenya. A sample of 172 from the population was drawn using simple random sampling and then stratified into different cadres of HCWs using Yamane formula, where $n = \frac{N}{1 + N(e)^2}$. The sample was distributed as follows:

Table 1. Sample size.

	Cadre	Percentage	Numbers
1	Consultants	5.8	10
2	Medical Officers	3.5	6
3	Dentists	1.2	2
4	Community Oral Health Officers	1.7	3
5	Pharmacist	1.7	3
6	Pharmaceutical Technologists	1.2	2
7	Registered Clinical Officers	8.7	15
8	Nurses	50.0	86
9	Medical Laboratory Officers	7.0	12
10	Radiographers	2.3	4
11	Physiotherapists	1.7	3
12	Health Records & Information Management Officers	2.9	5
13	Occupational Therapists	0.6	1
14	Orthopedic Technologists	1.2	2
15	Orthopedic Trauma Technicians	2.3	4
16	Medical Engineers	0.6	1
17	Medical Engineering Technologists	2.3	4
18	Nutrition & Dietetics Officers	1.2	2
19	Nutrition & Dietetics Technologists	1.2	2
20	Medical Social Workers	1.2	2
21	Morgue Attendants	1.7	3
	Total	100	172

Table 2. Individual Characteristics.

Individual attributes	N	%
Gender	Male	56
	Female	109
Age	Below 30 years	54
	Between 31 to 40 years	68
	Between 41 to 50 years	31
	Between 51 to 60 years	12
	0 to 4 years	95
	5-9 years	10
Period working in Murang'a County Referral Hospital	10-14 years	40
	15-19 years	15
	20-24 years	1
	25- 29 years	3
	Over 30 years	1
	Diploma	94
Highest level of education	Bachelor's degree	49
	Post graduate	21
	Certificate	1
Marital status	Single	57
	Married	92
	Separated/divorced	9
	Widowed	7
	Catholic	113
Religion	Protestant	30
	Muslim	18
	Hindu	4

Source: Research Data (2021).

A questionnaire as a primary data collection tool was administered to the study participants achieving a response rate of 96%. The data was entered on SPSS for analysis and

the results were presented using frequencies and percentage. Further, chi square test was used to examine the effect of individual attributes on job satisfaction of HCWs in MCRH.

3. Results and Discussion

The study objective was to examine whether individual attributes have an effect on job satisfaction among health workers in the hospital. Information sought on individual attributes among the study participants included gender, age, length of service in the hospital, highest level of education, marital status and religion.

Findings in Table 3, indicates that majority 66.1% (n=109) were female and 33.9% (n= 56) were male. Regarding age distribution, 41.2% (n= 68) aged between 31 to 40 years, 32.7% (n= 54) were below 30 years, 18.8% (n= 31) were between 41 to 50 years. From the findings it can be deduced that MCRH had youthful population and there is need to manage and capitalize on this population which is considered as ambitious, full of passion and purpose [33].

Examination on the period in current qualifications, 46.1% were between 0 to 4 years, followed 29.7% with 10 to 14 years and 12.7% in 15 to 19 years. There is need for focused training in respective facilities since most of employees have served in the current position for at least four years.

Further, 57.6% had worked in MCRH for a period of 0 to 4 years, 24.2% had worked for 10 to 14 years, and 9.1% had

worked for 15 to 19 years. There is need for development of training programs for employees working in MCRH since majority had been in the facility for at least four years. Regarding highest level of education majority 57% had diploma qualifications, 29.7% had bachelor's degree and 12.7% had post graduate qualifications. There is need for development of career development programs in the health facilities so as to equip employees with requisite skills that would increase their job satisfaction since evidence suggests that employees have become more conscious to career development [34].

Further, the findings indicate that 55.8% were married, 34.5% were single and 5.5% were either separated or divorced. Concerning religious affiliations 68.5% were Catholic, 18.2% were Protestant and 10.9% were Muslims. A balance between work and life has been shown to create positive impact on employee productivity [35] and there is need for development of work life programs in MCRH that promote family values.

The study sought to examine whether individual attributes have effect on job satisfaction. To achieve it, Chi square test for association was applied to examine the effect of gender, age, period in current work station, highest level of education, marital status, and religion on job satisfaction.

Table 3. Chi Square Test on Gender and Rating on Job Satisfaction.

Gender		Rating on Job Satisfaction				Total
		1 – 20%	21 - 40%	41 – 60%	61 – 80%	
Male	F	1	7	12	36	56
	%	2%	13%	21%	64%	100%
Female	F	2	7	24	76	109
	%	2%	6%	22%	70%	100%
Total	F	3	14	36	112	165
	%	2%	9%	22%	68%	100%

$$\chi^2=1.778, \text{ d.f.} = 3 \text{ p value} = 0.62$$

Source: Research Data (2021).

3.1. Chi Square Test on Gender and Rating on Job Satisfaction

Results for the study in Table 3 above indicate that gender has no significant relationship with job satisfaction ($\chi^2=1.778$, d.f. = 3 p value = 0.620). Majority 64% of males attended to their duties (61-80%) compared to 70% female. The findings show

that being a male or female HCW doesn't have an angle on the level of job satisfaction and jobs should be open to all gender. Majority of studies on the influence of gender on job satisfaction have been contradictory with some finding that men are more satisfaction than women and others finding out that women are more satisfied than men [38]. This study however shows no significant association between gender and job satisfaction.

Table 4. Chi Square Test on Age and Rating on Job Satisfaction.

Age		Rating on Job Satisfaction				Total
		1 – 20%	21 - 40%	41 – 60%	61 – 80%	
Below 30 years	F	0	6	11	37	54
	%	0%	11%	20%	69%	100%
Between 31 to 40 years	F	0	7	18	43	68
	%	0%	10%	27%	63%	100%
Between 41 to 50 years	F	1	0	6	24	31
	%	3%	0%	19%	77%	100%
Between 51 to 60 years	F	2	1	1	8	12
	%	17%	8%	8%	67%	100%
Total	F	3	14	36	112	165
	%	2%	9%	22%	68%	100%

$$\chi^2=22.89, \text{ d.f.} = 9, \text{ p value} = 0.006$$

Source: Research Data (2021).

3.2. Chi Square Test on Age and Rating on Job Satisfaction

Results as indicated in table 4 above show that there was a significant effect of age on rating on job satisfaction ($\chi^2=22.89$, d.f = 9, p value = 0.006). An increase in age increased the level of job satisfaction among employees in MCRH. Majority 68% of the employees attended to their responsibilities 61-80% of times. Further, 69% of those aged below 30 years, 63% aged between 31 to 40 years and 77% who aged between 41 to 50 years were satisfied with their jobs. Though some previous research assessing the

relationship between age and job satisfaction has provided mixed results [19], there exists studies that suggest age to be positively associated with job satisfaction [35]. This study found out that job satisfaction is affected by the age with those in the range of 41-40 years being more satisfied in comparison with younger HCWs despite this category of workers being shown to be ambitious previous studies [33]. The hospital should consider mentorship programs from the much older professionals for younger professionals in course of their duty in order to improve job satisfaction.

Table 5. Chi Square Test on Length of Service and Rating on Job Satisfaction.

Period in current facility		Rating on Job Satisfaction				Total
		1 – 20%	21 - 40%	41 – 60%	61 – 80%	
0 to 4 years	F	0	10	21	64	95
	%	0%	11%	22%	67%	100%
5-9 years	F	0	2	1	7	10
	%	0%	20%	10%	70%	100%
10-14 years	F	2	1	11	26	40
	%	5%	3%	28%	65%	100%
15-19 years	F	0	1	3	11	15
	%	0%	7%	20%	73%	100%
20-24 years	F	0	0	0	1	1
	%	0%	0%	0%	100%	100%
25- 29 years	F	0	0	0	3	3
	%	0%	0%	0%	100%	100%
Over 30 years	F	1	0	0	0	1
	%	100%	0%	0%	0%	100%
Total	F	3	14	36	112	165
	%	2%	9%	22%	68%	100%

$\chi^2=65.462$, d.f = 18, p value < 0.001

Source: Research Data (2021).

3.3. Chi Square Test on Length of Service and Rating on Job Satisfaction

Results in Table 5 above indicates that there is a significant association between period of work/length of service in the current facility and job satisfaction ($\chi^2=65.462$, d.f = 18, p value < 0.001). An increase in period of service at MCRH

was observed to increase the level of job satisfaction among HCWs. Some previous studies have shown and used the length of service or tenure to predict job satisfaction [21]. As a way of retaining a pool of satisfied HCWs, MCRH should promote longevity of service by aligning benefits to length of service and rewarding long serving HCWs.

Table 6. Chi Square Test on Level of Education and Rating on Job Satisfaction.

Level of education		Rating on Job Satisfaction				Total
		1 – 20%	21 - 40%	41 – 60%	61 – 80%	
Diploma	F	2	9	24	59	94
	%	2%	10%	26%	63%	100%
Bachelor's degree	F	1	4	11	33	49
	%	2%	8%	22%	67%	100%
Post graduate	F	0	1	1	19	21
	%	0%	5%	5%	91%	100%
Certificate	F	0	0	0	1	1
	%	0%	0%	0%	100%	100%
Total	F	3	14	36	112	165
	%	2%	9%	22%	68%	100%

$\chi^2=6.746$, d.f = 9, p value = 0.664

Source: Research Data (2021).

3.4. Chi Square Test on Level of Education and Rating on Job Satisfaction

Regarding the link of level of education on job satisfaction, study findings in Table 8 show that there is no significant effect of level of education on job satisfaction ($\chi^2=6.746$, d.f = 9, p value = 0.664). A close check indicates that there was only one certificate holder who attended duties throughout. Those with post graduate qualifications attended their duties between 61 to 80%, while 67% and 63% of bachelors and diploma holders recorded similar attendance. Despite the

level of education having no significant effect on job satisfaction, the findings indicate that those higher post graduate qualifications attended to their duties more often than those with lower qualifications. It could however be that HCWs with lower qualifications attend to patients more often than those with higher qualifications who would be attending to management meetings. The findings of this study are consistent with previous studies that argue for a case of ambiguity causal relationship between the level of education and job satisfaction [39].

Table 7. Chi Square on Marital Status and Rating on Job Satisfaction.

Marital status		Rating on Job Satisfaction				Total
		1 – 20%	21 - 40%	41 – 60%	61 – 80%	
Single	F	0	5	14	38	57
	%	0%	9%	25%	67%	100%
Married	F	2	8	20	62	92
	%	2%	9%	22%	67%	100%
Separated/divorced	F	1	1	1	6	9
	%	11%	11%	11%	67%	100%
Widowed	F	0	0	1	6	7
	%	0%	0%	14%	86%	100%
Total	F	3	14	36	112	165
	%	2%	9%	22%	68%	100%

$\chi^2=7.377$, d.f = 9, p value = 0.598

Source: Research Data (2021).

3.5. Chi Square Test on Marital Status and Rating on Job Satisfaction

Results on examination on the effect of marital status on job satisfaction in Table 7 indicate that there is no significant effect of marital status on job satisfaction in MCRH ($\chi^2=6.746$, d.f = 9, p value = 0.664). Further, 67% of single, married and separated/divorced HCWs attended 61-80% of their duties as compared to 86% of widowed HCWs. Though

majority of the study participants were married (56%), marital status has been shown not to have a significant effect on the satisfaction and MCRH should encourage a pool of HWCs from across all family set ups. Previous studies have shown mixed results on the effect of marital status on job satisfaction. Married teachers were found to be more satisfied in their job than their unmarried counterparts [35]. On the other hand, marital status was found not to have an influence on job satisfaction among miners. [39]

Table 8. Chi Square on Religion and Rating on Job Satisfaction.

Religion		Rating on Job Satisfaction				Total
		1 – 20%	21 - 40%	41 – 60%	61 – 80%	
Catholic	F	1	9	24	79	113
	%	1%	8%	21%	70%	100%
Protestant	F	0	2	7	21	30
	%	0%	7%	23%	70%	100%
Muslim	F	2	3	4	9	18
	%	11%	17%	22%	50%	100%
Hindu	F	0	0	1	3	4
	%	0%	0%	25%	75%	100%
Total	F	3	14	36	112	165
	%	2%	9%	22%	68%	100%

$\chi^2=12.656$, d.f = 9, p value = 0.179

Source: Research Data (2021).

3.6. Chi Square on Religion and Rating on Job Satisfaction

Results on examination of the effect of religion on job satisfaction in Table 8 indicates that it's not significant ($\chi^2=12.656$, d.f = 9, p value = 0.179). Further, 75% of Hindu

and 70% of Catholics recorded 61 to 80% of job attendance. The study found out that affiliation to any religion by the HCWs doesn't have a significant effect on job satisfaction. These findings are somewhat contradictory to some previous research which show a significant relationship between

religion and job satisfaction [40]. MCRH should encourage religious tolerance among the HCWs as part of its human resource practices.

4. Conclusion

In conclusion, the study found out that though individual attributes of health care workers have an effect on their job satisfaction, some attributes have a more significant effect than others. Specifically, age and the length of service had a significant effect while gender, highest level of education, marital status and religion had no significant effect on satisfaction.

5. Recommendations

The study found out that HCW's age and their length of service MCRH have a significant effect on satisfaction while their gender, level of education, marital status and religion were not found to be significantly associated with their satisfaction. The findings present an opportunity for MCRH to optimize productivity of the current staffing establishment of HCWs by paying attention to age and length of service as significant determinants of job satisfaction. MCRH should adopt human resource practices that promote longevity at the hospital as well as retaining the HCWs in a work station long enough to gain much needed experience that yield's to job satisfaction.

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