

**UNIVERSITY OF KWAZULU-NATAL**

**EXPLORING THE FACTORS THAT CONTRIBUTE TO JOB SATISFACTION  
AMONG REGISTERED NURSES AT KING FAISAL HOSPITAL, KIGALI-  
RWANDA**

**AURELIE NKOMEJE**

**2008**

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AMONG REGISTERED NURSES AT KING FAISAL HOSPITAL, KIGALI-  
RWANDA**

**Aurelie NKOMEJE**

**Dissertation submitted in partial fulfillment of the requirements for the  
degree of Masters in Nursing (Nursing Management), School of Nursing**

**Faculty of Health Sciences**

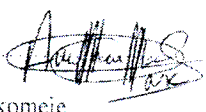
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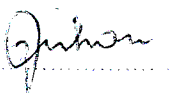
**Year: 2008**

## DECLARATION

I Aurélie Nkomeje declare that this research entitled "Exploring the factors that contribute to job satisfaction among registered nurses at King Faisal Hospital, Kigali-Rwanda" is my own original work and it has not been submitted for any degree or examination in any other university. All the resources that I have used or quoted have been indicated and acknowledge by a complete reference.

Signature   
Aurélie Nkomeje

Date 31/03/09

Signature   
Ms Zethu Z. Nkosi

Date 31/03/2009

## **DEDICATION**

This study is dedicated to my husband Rutagengwa Jean-Paul for his love and support throughout my study, and my four daughters for their understanding and patience and for allowing me space time to fulfill my dreams.

This study is also dedicated to all those who have supported me to fulfill this work and all nurses at KFH, Kigali-Rwanda who were involved in this study.

## **ACKNOWLEDGEMENTS**

I would like to acknowledge the following people who helped me through my study:

- God Almighty, for his unfailing love and for being with me throughout my studies.
- The Government of Rwanda and CTB/BTC, who supported me financially through my study.
- Ms Zethu, Z. Nkosi my supervisor, I was privileged to work with you; the experience with you in research is an intellectual enrichment. I thank you for the support and guidance in the initial stage of the research proposal until the end of this research project.
- All Rwandan colleague students at UKZN, Howard campus for their assistance, support and encouragement.
- The authority of KFH, for giving me the permission and opportunity to conduct this study.
- All those nurses who willingly participated in this study for their input, without them the study would have never materialized or take over.
- My husband Rutagengwa Jean-Paul for his love and support throughout my study.
- My daughters Uwase, Umutoni, Uwe and Ineza for their understanding and allowing me to fulfill my dreams.
- My parents and family for their support and encouragement.
- All those who helped me believe in my self and my capabilities.

## **ABSTRACT**

**AIM:** The aim of the study is to explore the factors that contribute to job satisfaction among registered nurses at KFH and to determine factors associated with job dissatisfaction among registered nurses at KFH.

**METHODOLOGY:** A quantitative, descriptive, exploratory study was conducted to explore the factors that contribute to job satisfaction among Registered nurses at King Faisal Hospital. A non probability convenience sampling technique was used to include all the available registered nurses doing bedside nursing in the study. A criterion for inclusion into the study was to be a registered nurse working in the area for at least 6 months full time employment. Data was obtained through a questionnaire survey using Job Satisfaction Survey (JSS), to assess factors influencing job satisfaction among nurses at KFH, Kigali-Rwanda. Data were analysed by SPSS 15.0 for Windows.

**FINDINGS:** The findings of this investigation was that the factors, namely; supervision, co-workers, nature of work and communication were factors that contributed to a greater job satisfaction of registered nurses (45.5%); while factors such as pay, promotion, fringe benefit, contingent reward and operation procedures, were factors that caused moderate job satisfaction (55.5%). Simultaneously, the research found that these results also indicated, to some degree, that these factors are contributing to job dissatisfaction, albeit small.

The study recommends strategies that management can utilise by improving income (salary, benefits and rewards), job promotion and working conditions may increase RNs' job satisfaction and therefore improve the overall well being of nursing personnel and quality of health services. These strategies may be used as a tool to keep employees satisfied and motivated in their jobs. It also recommends ways by which management can reduce job dissatisfaction amongst employees by improving and simplifying the hospital policy and administrative matters.

**CONCLUSION:** The results of this study revealed that registered nurses are moderately satisfied with their job. The nurse administrators will know that they need to do more to improve nurses' job satisfaction since registered nurses are only moderately satisfied.

## TABLE OF CONTENTS

Content	Page
DECLARATION.....	i
DEDICATION.....	ii
ACKNOWLEDGEMENTS.....	iii
ABSTRACT.....	iv
TABLE OF CONTENTS.....	v
LIST OF FIGURES.....	ix
LIST OF TABLES.....	xi
ABBREVIATIONS.....	xiii
ANNEXURES.....	xiv

## CHAPTER ONE

1. INTRODUCTION.....	1
1.1 Background of the study.....	1
1.2 Statement of the Problem.....	6
1.3 Purpose of the study.....	7
1.4 Research Objectives.....	7
1.5 Research Questions.....	7
1.6 The significance of the Study.....	8
1.7 Operational definitions.....	8
1.8 Theoretical framework.....	9

## CHAPTER TWO

2. LITERATURE REVIEW.....	13
2.1 Introduction.....	13
2.2 Job satisfaction.....	13
2.2.1 Job dissatisfaction.....	16
2. 2.2 Leadership, job satisfaction & nurses' commitment.....	17

2.2.3 Organizational commitment.....	19
2.2.4 Professional commitment.....	20
2.3 Contributing factors to job satisfaction.....	20
2.3.1 The work itself.....	20
2.3.2 Remuneration/pay.....	21
2.3.3 Supervision.....	22
2.3.4 Promotion opportunities.....	23
2.3.5 Co-workers.....	23
2.3.6 Job status.....	24
2.3.7 Job level.....	24
2.4 The consequences of job satisfaction.....	25
2.4.1 Productivity.....	25
2.4.2 Physical and psychological effects.....	26
2.4.3 Absenteeism.....	26
2.4.4 Turnover.....	27
2.5 Importance of job satisfaction.....	27
2.6 Conclusion.....	29

### **CHAPTER THREE**

<b>3. METHODOLOGY.....</b>	<b>30</b>
3.1 Introduction.....	30
3.2 Setting.....	30
3.3 Research design.....	31
3.4 Study population.....	32
3.5 Sample.....	32
3.6 Sampling procedure.....	32
3.7 Data collection tool and procedure.....	33
3.7.1 Data collection tool.....	33
3.7.2 Data collection procedure.....	33
3.8 Validity and Reliability of the instrument.....	34
3.8.1 Validity.....	34

3.8.2 Reliability.....	35
3.9 Ethical considerations.....	37
3.10 Pilot study.....	38
3.11 Data management.....	38
3.12 Data analysis.....	38
<b>CHAPTER FOUR</b>	
4. Findings.....	39
4.1 Introduction.....	39
4.2 Individual characteristics.....	39
4.3 Job characteristics.....	42
<b>CHAPTER FIVE</b>	
<b>DISCUSSION OF FINDINGS, RECOMMENTATION, AND CONCLUSION</b>	
5.1 Introduction.....	73
5.2 Key findings.....	73
5.2.1 Age.....	74
5.2.2 Gender.....	74
5.2.3 Marital status.....	75
5.2.4 Length of experience.....	75
5.2.5 Pay.....	76
5.2.6 Promotion.....	77
5.2.7 Supervision.....	78
5.2.8 Fringe benefits.....	79
5.2.9 Contingent rewards.....	80
5.2.10 Co-workers.....	81
5.2.11 Nature of work and Operation conditions.....	82
5.2.12 Communication.....	82
5.3 Summary of Conclusion.....	83
5.4 Recommandations.....	83
5.5 Limitations.....	86

<b>5.6 Final Conclusion.....</b>	<b>87</b>
<b>References.....</b>	<b>88</b>
<b>Appendices.....</b>	<b>105</b>

## LIST OF FIGURES

<b>Figure no</b>	<b>Description .....</b>	<b>Page</b>
<b>Figure 1</b>	<b>Concept framework.....</b>	<b>12</b>
<b>Figure 2</b>	<b>Age distribution .....</b>	<b>40</b>
<b>Figure 3</b>	<b>Gender distributions.....</b>	<b>40</b>
<b>Figure 4</b>	<b>Marital status.....</b>	<b>41</b>
<b>Figure 5</b>	<b>Level of education.....</b>	<b>41</b>
<b>Figure 6</b>	<b>Length of experience .....</b>	<b>42</b>
<b>Figure 7</b>	<b>I feel I am being paid a fair amount for the work I do.....</b>	<b>43</b>
<b>Figure 8</b>	<b>I am satisfied with my chances for promotion.....</b>	<b>46</b>
<b>Figure 9</b>	<b>My supervisor is unfair to me.....</b>	<b>47</b>
<b>Figure 10</b>	<b>Supervisor shows little interest in the feelings of subordinates.....</b>	<b>48</b>
<b>Figure 11</b>	<b>The benefits we receive are as good as most other hospitals .....</b>	<b>50</b>
<b>Figure 12</b>	<b>There are benefits we do not have which we should have.....</b>	<b>51</b>
<b>Figure 13</b>	<b>When I do a good job, I receive the recognition for it that I should receive.....</b>	<b>52</b>
<b>Figure 14</b>	<b>I don't feel my efforts are rewarded the way they should be. ....</b>	<b>53</b>
<b>Figure 15</b>	<b>Many of our rules and procedures make doing job difficult.....</b>	<b>54</b>
<b>Figure 16</b>	<b>I have too much to do at work.....</b>	<b>55</b>
<b>Figure 17</b>	<b>I have too much paper work.....</b>	<b>56</b>
<b>Figure 18</b>	<b>I enjoy my co-workers .....</b>	<b>58</b>

<b>Figure 19</b>	<b>I like doing the things I do at work.....</b>	<b>60</b>
<b>Figure 20</b>	<b>The goals of this hospital are not clear to me.....</b>	<b>62</b>

## LIST OF TABLES

<b>Table no</b>	<b>Description.....</b>	<b>Page</b>
<b>Table 1</b>	<b>Internal consistency reliabilities.....</b>	<b>36</b>
<b>Table 2</b>	<b>Content validity.....</b>	<b>37</b>
<b>Table 3</b>	<b>Age category and gender .....</b>	<b>40</b>
<b>Table 4</b>	<b>Raises are too few and far between.....</b>	<b>44</b>
<b>Table 5</b>	<b>I feel unappreciated by the hospital when I think about what they pay me.....</b>	<b>45</b>
<b>Table 6</b>	<b>I feel satisfied with my chances for salary increases.....</b>	<b>45</b>
<b>Table 7</b>	<b>There is little chance for promotion on my job.....</b>	<b>46</b>
<b>Table 8</b>	<b>Those who do well on the job stand a fair chance of being promoted.....</b>	<b>46</b>
<b>Table 9</b>	<b>People get ahead as fast here as they do in other places.....</b>	<b>47</b>
<b>Table 10</b>	<b>My supervisor is quite competent in doing his/her job.....</b>	<b>48</b>
<b>Table 11</b>	<b>I like my immediate supervisor.....</b>	<b>50</b>
<b>Table 12</b>	<b>I am not satisfied with the benefits I receive.....</b>	<b>50</b>
<b>Table 13</b>	<b>The benefit package we have is equitable.....</b>	<b>51</b>
<b>Table 14</b>	<b>I do not feel that the work I do is appreciated.....</b>	<b>53</b>
<b>Table 15</b>	<b>There are few rewards for those who work here.....</b>	<b>54</b>
<b>Table 16</b>	<b>My efforts to do a good job are seldom blocked by red tape.....</b>	<b>56</b>
<b>Table 17</b>	<b>I like the people I work with.....</b>	<b>58</b>
<b>Table 18</b>	<b>I find I have to work harder at my job because of the Incompetence of people I work with.....</b>	<b>58</b>
<b>Table 19</b>	<b>My job is enjoyable.....</b>	<b>59</b>
<b>Table 20</b>	<b>I sometimes feel my job meaningless.....</b>	<b>60</b>

<b>Table 21</b>	<b>I feel a sense of pride in doing my job.....</b>	<b>61</b>
<b>Table 22</b>	<b>There is too much bickering and fighting at work.....</b>	<b>62</b>
<b>Table 23</b>	<b>Communications seem good within this hospital.....</b>	<b>62</b>
<b>Table 24</b>	<b>I often feel that I do not know what is going on with the hospital.....</b>	<b>64</b>
<b>Table 25</b>	<b>Work assignments are not fully explained.....</b>	<b>64</b>
<b>Table 26</b>	<b>Age category with salary increase .....</b>	<b>65</b>
<b>Table 27</b>	<b>Age category with promotion.....</b>	<b>65</b>
<b>Table 28</b>	<b>Age category with work overload.....</b>	<b>66</b>
<b>Table 29</b>	<b>Length of experience and sense of pride in doing job.....</b>	<b>66</b>
<b>Table 30</b>	<b>Length of experience and promotion.....</b>	<b>67</b>
<b>Table 31</b>	<b>Gender and promotion .....</b>	<b>67</b>
<b>Table 32</b>	<b>Gender and benefits.....</b>	<b>68</b>
<b>Table 33</b>	<b>Marital status and chances for salary increases.....</b>	<b>69</b>
<b>Table 34</b>	<b>Marital status and I like my immediate supervisor.....</b>	<b>69</b>
<b>Table 35</b>	<b>Marital status and I have too much to do at work.....</b>	<b>70</b>
<b>Table 36</b>	<b>Subscale score.....</b>	<b>72</b>

## **LIST OF ABBREVIATIONS**

**RNs: Registered Nurses**

**KFH: King Faisal Hospital**

**JSS: Job Satisfaction survey**

**HCWs: Health Care Workers**

**ANA: American Nurses Association**

**SPSS: Statistical Package for Social Sciences**

**BTC: Belgian Technical cooperation**

# **CHAPTER 1**

## **INTRODUCTION**

### **1.1 Background of the Study**

Kettle (2002) defines job satisfaction as the way in which people feel about their jobs, with all their different aspects. It is the extent to which people like (are satisfied by) or dislike (are dissatisfied with) their jobs. Job satisfaction among nurses is a multifaceted concept affected by intrinsic and extrinsic factors. The majority of researchers, who have published studies exploring nurses' perceptions of job satisfaction, examined those factors within organisations or health care institutions, where registered nurses (RNs) are employed (Garon & Ringl, 2004).

Factors such as nurses' workload, nurse-physician relationships, salaries and benefits, opportunities for advancement, autonomy in the workplace, nursing leadership and task requirements, have been found to influence nurses' perception of job satisfaction (Aiken, Clarke & Sloane, 2002; Flanagan & Flanagan, 2002; Hayhurst, Saylor, & Stuenkel, 2005; Ulrich, Buerhaus, Donelan, Norman, & Dittus, 2005).

Strategies designed by the researchers and implemented within the organisations, such as enhanced working conditions, improved salary and benefits, new patient care delivery systems, and redesigned staffing or shift patterns have also been found to influence RNs' perception of job satisfaction (Allen & Vitale-Nolen, 2005; Hoffman, 2003; Lundgren & Segesten, 2005).

An increase in job satisfaction among nurses has been shown to result in increased commitment to the organisations and health care institutions, improved job retention rates, better quality of life, and enhanced patient health-related outcomes (Aiken et al., 2002; Cimete, Gencalp, & Keskin, 2003; Lee, Hwang, Kim & Daly, 2004; Strachota, Normandin, O'Brien, Clary, & Krukow, 2003).

Employee retention, worker productivity, and performance quality are all heavily influenced by job satisfaction. Lack of job satisfaction can lead to poor motivation amongst workers, stress, absenteeism, and a high turnover of labour. One of the major challenges facing health care organisations is to identify the factors which contribute to job satisfaction and maximise their contribution in order to implement an effective plan for nurse retention. This is an essential part of the elimination of high turnover rates, which create a dwindling workforce and result in more being demanded from the remaining nurses (Archibald, 2006).

In many cases nurses have reason to be dissatisfied with their conditions of work, as well as with the attitudes and behaviour of nurse-managers. They may have limited opportunities for professional growth, advancement and achievement; and may be oppressed by over-rigid organisational hierarchies that deprive them of the opportunity to exercise their judgement. They may also suffer from a lack of job status and power (Baker, 2006).

Nurses low levels of job satisfaction may reveal anger regarding the lack of recognition and lack of respect that they receive in their professional lives (Matthews, Johnstone & Laschinger, 2006). They may become embittered to the extent that they leave their employment and profession in

numbers, which damage the profession and the working conditions of their colleagues. An unpleasant relationship in the workplace is likely to be an indication to start looking for a new job. When nurses are satisfied with their jobs, they are more likely to remain, despite the stresses associated with the task (Matthews, Johnstone, & Laschinger (2006).

Job satisfaction for nurses embraces issues such as staffing levels, inclusion in decision making, administrative support, career opportunities, salary and benefits, and working conditions (Peter, 2001). In a meta-analysis of job satisfaction and turnover rates among nurses, Irvine and Evans (1995) found a consistent relationship between job dissatisfaction and employee turnover.

Individual factors, although investigated in only a few studies, have been found to have an effect on RNs' perception of job satisfaction (Judkins & Rind, 2005; Larrabee, Janney, & Ostrow, 2003; McNeese-Smith, 1999; Yarkin, Azoury, & Doumit 2003). These factors may include RNs' attitudes, psychological empowerment and hardiness, and personal characteristics like marital status, age, length of nursing experience, and cultural background.

Kettle (2002) argued that the variables that influence job satisfaction include:

- demographic variables (age, sex, intelligence, education, experience, and position in the hierarchy);
- job characteristics (status, autonomy, repetitiveness, tasks, job outcomes, and pay); and
- organisational environment factors (type of unit, nursing care delivery model, degree of professionalisation, organisational climate, supervision, and interpersonal relationships).

Sullivan-Havens & Aiken (1999) suggest that job satisfaction in RNs must be of great concern to the health organisation because when professional nurses leave the profession or place of work,

some degree of job dissatisfaction is often implied. These authors further argue that nurses represent the majority of workers in most health care settings, and replacement of professional nurses is costly and time consuming.

Hoffman, (2003) suggests that job satisfaction is an extensively researched topic because most individuals spend a large part of their lives at work, and understanding the factors that contribute to job satisfaction is important to improving the overall well-being of individuals in this aspect of their lives. Another reason suggested by Hoffman for investigating job satisfaction lies in the assumption that increasing job satisfaction will increase productivity and, ultimately, organisational profit.

In spite of the great volume of material on job satisfaction, it would seem that dissatisfaction with work has reached critical levels throughout society and that the nursing profession is no exception to this growing trend. In fact, job dissatisfaction is higher among nurses, as compared with other types of workers in health care settings (Health Care Advisory Board 2001 & Parsons et al. 2003). In a study that included five countries, Aiken et al. (2001) found that with the exception of Germany, a high proportion of registered nurses were dissatisfied with their jobs. More than 40% of nurses working in hospitals in the USA were dissatisfied with their jobs. Compared with other groups of workers in the USA, job dissatisfaction was higher among nurses (Aiken et al. 2001).

In a study conducted in South Africa (Limpopo) by Pieterse (2005), the literature shows that extrinsic factors (58%), such as working conditions, supervision, management styles, and salary

negatively affect the job satisfaction of employees. Most of the respondents were dissatisfied with their interaction with their supervisors. They were also clearly dissatisfied with their remuneration and unhappy with the working conditions in the hospital. They indicated that the organisational climate was not conducive to generate high levels of job satisfaction. These extrinsic factors will continue to contribute to job dissatisfaction unless management actively intervenes to address these issues (Pietersen, 2005). Similar views were expressed by King & McInerney (2006) in a study that was conducted among registered nurses in the Durban Metropolitan area (South Africa). Resignation was related to their physical working conditions and environment, and included the following: unsupportive management structures, autocratic and dehumanising management styles, negative stereotyping of nurses and nursing profession and lack of autonomy in the workplace. The findings of this study indicated that the RNs were dissatisfied with their hospital workplace experiences, physical conditions and environment (King & McInerney, 2006).

According to Curtis (2007), job dissatisfaction may result either from the individual's temperament and responses, or from the adverse conditions under which she/he works. It is incumbent upon healthcare administrators and nursing-managers to assess their organisations in order to identify the source of the problem (Curtis, 2007). One of the major challenges facing the health care organisation is to identify those factors which contribute to job satisfaction and to use them to implement an effective plan for nurse retention (Archibald, 2006).

## **1.2 Statement of the Problem**

From the above discussion, it is evident that job satisfaction among nurses has a great impact on patient outcomes, as well as on the organisation. Healthcare administrators have noted a growing shortage of nurses due to resignation, and thus the management is compelled continuously to recruit new nurses.

King Faisal Hospital, Kigali (KFH) accepts both private and state-supported patients. The management of KFH, in collaboration with the Ministry of Health, is introducing retention strategies such as increases in salary for nurses, so that they receive more than other nurses in Rwanda, as well as in-service training programmes for nurses. Overtime allowances are paid, and the hospital is involved in an accreditation process with the Council of Healthcare Services Association of South Africa (COHSASA). This will require it to provide a safe working environment for staff and improvements in healthcare at KFH. All these strategies are aimed at increasing staff morale, improving working conditions and retaining nurses.

Despite these retention strategies, there is still a high turnover of nurses at KFH. Over a three year period from 2005 to 2007, 18 RNs have left KFH to work in other public or private hospitals; this may be evidence of job dissatisfaction. In 2005, out of 126 nurses working at KFH, 8 resigned; in 2006, out of a total number of 167 nurses, 4 resigned and in 2007, out of 200 nurses 6 resigned. Currently, there are a total of 185 nurses (KFH statistics records, 2008). If this trend continues, the quality of healthcare services at KFH may be compromised.

By understanding the factor influencing job satisfaction and its effect, better management approaches can be established. As a result, the quality of care might be improved when provided by staff nurses who have low level of job satisfaction. Also reducing the low level of job satisfaction might help to retain staff and thus alleviate the nurses' turnover.

There has been no study carried out so far to explore the job satisfaction among nurses at KFH. This has served as an impetus for the researcher to conduct this study to explore the level of job satisfaction among nurses at KFH.

### **1.3 Purpose of the Study**

The purpose of this study was to explore the factors that contribute to job satisfaction among RNs at KFH and to determine the factors associated with job dissatisfaction among RNs at KFH.

### **1.4 Research Objectives**

1.4.1 To explore the factors that contributes to job satisfaction among RNs at KFH.

1.4.2 To determine factors associated with job dissatisfaction among RNs at KFH.

### **1.5 Research Questions**

1.5.1 What are the factors that contribute to job satisfaction among RNs at KFH?

1.5.1.1 What are the intrinsic factors that related to job satisfaction among RNs at KFH?

1.5.1.2 What are the extrinsic factors that related to job satisfaction among RNs at KFH?

1.5.3 What are the factors associated with job dissatisfaction among RNs at KFH?

## **1.6 The Significance of the Study**

This study will explore the factors associated with job satisfaction among RNs at KFH. In practice, findings from this study might provide nurse managers with information regarding specific influences on job satisfaction related to work turnover and employee retention. This might help management and policy makers to develop and implement strategies to retain RNs and improve their level of job satisfaction. Findings from this study will also provide baseline data that might be used for further investigations into studies of a similar nature.

## **1.7 Operational definitions**

### **1.7.1 Job Satisfaction**

Job Satisfaction is defined as the extent to which nurses enjoy their jobs and perceive themselves as useful in their work (Whitley & Putzier, 1994).

### **1.7.2 Job Dissatisfaction**

It is the extent to which people dislike (dissatisfaction) their jobs (Spector 1997).

### **1.7.3 Turnover**

This term means the loss of an employee or employees due to transfer, dismissal or resignation (Huber, 2006). In this study, turnover refers to nursing personnel who resign or leave the workplace for other reasons.

### **1.7.4 Registered Nurse**

Registered Nurse is a person who holds at least an associate degree or its equivalent, licensed to practice without any supervision from any other Nurse, and who respects his/her responsibilities and assumes accountability (Rwanda Nursing Council, 2008).

## **1.8 Theoretical Framework**

### **Introduction**

Frederic Herzberg's motivation theory will be a shaping influence on this study, in order to determine the factors which influence job satisfaction among registered nurses at KFH.

Within his work, Herzberg uses some of his terms interchangeably. An example of this is his use of the terms 'motivators' and 'satisfiers', both of which refer to factors intrinsic to, or necessarily attached to a particular kind of work. Another pair of interchangeable terms is extrinsic or unnecessarily attached to the work: 'hygiene factors' or 'dissatisfiers' (See Figure 1).

### **The two-factor theory**

Herzberg conducted an examination of factors that influence work motivation (Owens, 2004). The result was the development of a two-factor theory which divided the factors that impacted upon employee motivation into two distinct groups: motivator factors and hygiene factors. **The motivators** include: achievement, advancement, growth, responsibility and recognition, nature of work (work itself), promotion opportunity & communication. **The hygiene factors** include issues such as working conditions, supervision, pay and security, supervision, operation procedures, co-workers, benefit, reward.

According to the two-factor theory, the presence of these hygiene factors in the workplace did not impact upon the level of job satisfaction experienced by individuals, but their absence tended to decrease job satisfaction. The motivators in contrast are the keys to job satisfaction and motivation.

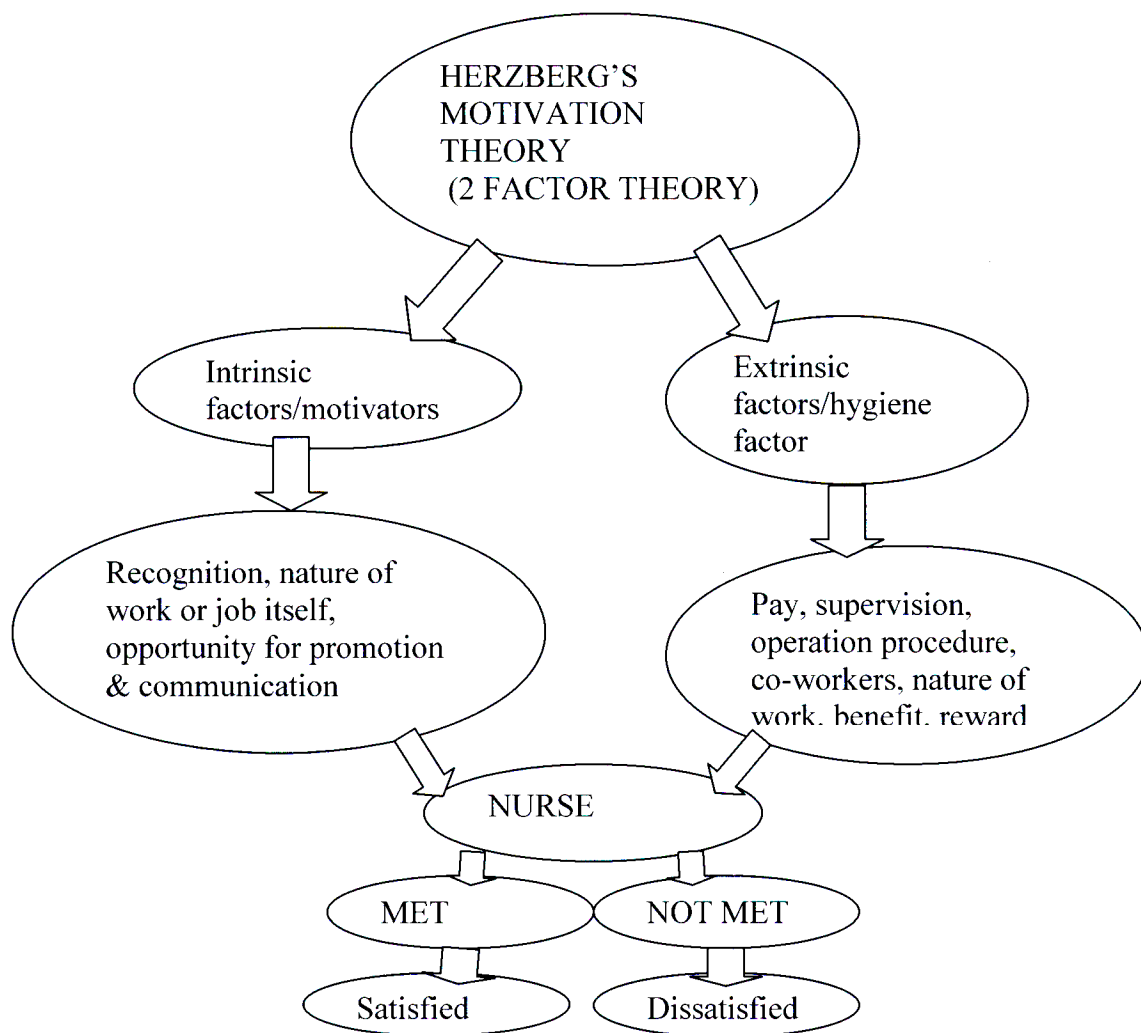
According to Booyens (1998) Herzberg's two-factor theory relates to both work motivation and job satisfaction since it assumes that conditions which enhance job satisfaction act to heighten motivation. The two-factor theory proposes that human beings have two basic sets of needs regarding work: intrinsic needs and extrinsic needs. The factors which make a job satisfying are different from those that make it dissatisfying. Offering nurses more pay (a hygiene or extrinsic factor), for example, does not replace their need to do fulfilling work (a motivator).

Herzberg explains that job dissatisfaction is not the opposite of job satisfaction; it is an element which lies on a different level. Employees who experience job dissatisfaction are dissatisfied

with the extrinsic job factors and this feeling may lead to behaviour such as absenteeism, voicing of grievances or quitting one's job (Booyens, 1998).

Arguments could be advanced against Herzberg's theory that intrinsic factors should be ranked as the most important influences on job satisfaction, while extrinsic components are of lesser importance. It might be held that items as identifiable as intrinsic motivators, are an important part of achieving high levels of job satisfaction, or at least preventing dissatisfaction (Savery, 1996).

Herzberg (1968) argued that the factors that lead to satisfaction are often different from those that lead to dissatisfaction. Factors that create satisfaction with their job are generally **intrinsic factors (motivators)**. Conversely factors that lead to dissatisfaction are **extrinsic factors (hygiene factors)**. Motivators create **satisfaction** by fulfilling individual's needs for meaning and personal growth. Herzberg therefore found that intrinsic factors were more closely correlated to job satisfaction, while extrinsic factors were strongly correlated with dissatisfaction. Job satisfaction therefore only comes from motivating factors such as making the work more interesting, challenging and personally rewarding. Herzberg's theory has nevertheless been widely influential, however, and commonly appears in the literature of business, industry and education. His two-factor remains a powerful explanation for satisfaction or dissatisfaction in the workplace (Owens, 2004). Frederick Herzberg's theory was chosen to illustrate the different ways in which people are motivated. His research (1968) analysed the individual factors which lead to job satisfaction and the factors which lead to job dissatisfaction, how these factors were related to each other, and how they affected the overall well-being of the individual.



**Figure: 1.1: Herzberg's two-factor theory motivation (adapted from Owens, 2004)**

## **CHAPTER 2**

### **LITERATURE REVIEW**

#### **2.1 Introduction**

A literature review implies the identification and location of information on a particular topic or topics (Polit & Hungler, 1999). This process obliges the reviewer to develop an understanding of the state of knowledge in the given area and a critical understanding of the information available in that area. In this section the literature reviewed concerns job satisfaction among nurses. The literature review addresses

- the meaning of job satisfaction;
- the theoretical frameworks and terminology used in the different studies of job satisfaction;
- the importance of job satisfaction,
- the contributing factors; and
- consequences of job satisfaction.

#### **2.2 Job Satisfaction**

Job satisfaction is generally defined as an employee's affective reaction to a job, based on comparing the actual outcomes with desired outcomes. It is generally recognised as a multifaceted construct that includes employees' feelings about a variety of intrinsic and extrinsic elements in their work. Employees expect their job to provide several types of satisfaction (e.g.

pay, promotion and autonomy) for which they are likely to have preferential values. The range and importance of these values vary between individuals, but when the accumulation of unmet expectations becomes sufficiently large, job satisfaction is lower, and there is a greater probability of withdrawal behaviour (Pearson, 1991).

Numerous factors influence job satisfaction in nursing institutions, including: type of work, delivery model, degree of professionalism, organisational climate, nature of supervision, interpersonal relationships, status, autonomy, repetitive or varied nature of duties, nature of tasks to be performed, recognition of merit and pay (Kettle (2002). Irvine & Evans (1995) have underlined the importance of work characteristics (routine, variety, autonomy, and feedback), the way in which roles are defined (with reference to role conflict and role ambiguity) and the characteristics of the working environment (leadership, stress, advancement opportunities and participation in decision making) in relation to nurses' job satisfaction. In Davidson, Folcarelli, Crawford, Durprat, & Clifford's study (1997), effective communication patterns contributed favourably to perceptions of the quality of care, the time available to accomplish work demands, and overall enjoyment of the job.

According to Leiter, Harvie, & Frizzell (1998), the process of implementing a nursing care delivery model appears to be more important than the model itself. Nurses' satisfaction is positively linked to patients' satisfaction and to the quality of care. Dissatisfaction at work leads to absenteeism, expression of grievances, and, eventually, turnover. Dissatisfied workers report a higher intention to leave, the influence of job satisfaction being as powerful as that of wages (McNeese-Smith, 1999).

A study by Gwyther (2004) revealed that workers from different working environments had varying degrees of clarity concerning their roles. This author argues that the effects of communication, concerning job satisfaction and motivation within different organisations, may lead to confusion about roles and result in diminished ability to cope with innovation, stress anxiety, dissatisfaction, lack of interest, and turnover.

Stordeur, Vandenberghe, & D'hoore (2000), stressed that job satisfaction is one of the earliest outcomes of empowerment. These authors maintain that many managers, union leaders, and scholars share the belief that participative management practices have substantial positive effects on performance and satisfaction at work.

### **2.2.1 Job Dissatisfaction**

Job dissatisfaction is defined as unfulfilled needs that a person perceives as necessary in work. One of the many factors impinging on the practice of nursing is the growing level of job dissatisfaction among nurses. As nurses become dissatisfied, they tend to leave the profession, thereby adversely affecting the quality of health care delivered by nurses. Another important factor affecting the practice of nursing is the demand for a greater movement toward patient-focused care. Placing a greater emphasis on patient-focused care, however, is difficult if not impossible for nurses who are typically required to devote nearly two-thirds of their institutional hours to administrative and housekeeping duties.

Aiken et al. (2002) reported nurses with the highest nurse-to-patient ratio experience burnout and dissatisfaction more than twice as much as those with lower ratios. The researchers noted that

43% of nurses who reported high levels of burnout and dissatisfaction intended to leave their jobs within a year. This was compared to nurses who did not complain of burnout or dissatisfaction of which only 11% intended to leave their current jobs. Nurses with increased patient loads were more likely to describe feelings of burnout, emotional exhaustion, and job dissatisfaction than their counterparts with lighter patient loads. As with autonomy and task orientation, work pressure is a precursor to intent to leave. High absenteeism and the intention to quit or leave nursing is much more likely among nurses who are dissatisfied with their job (Aiken et al., 2002).

### **2.2.2 Leadership, Job Satisfaction and Nurses' Commitment**

According to Dunham-Taylor (2000), leadership, job satisfaction and commitment are closely interrelated. Among the antecedents of job satisfaction and commitment, this author argues that leadership plays a central role, along with other management practices. Leadership is positively correlated with nurses' job satisfaction and with commitment towards the institution. Job dissatisfaction and lack of commitment are immediate antecedents of the intention to leave the workplace and seek work elsewhere: the higher the nurses' job satisfaction and commitment, the lower their intention to leave (Morrison, Jones, & Fuller, 1997). Moreover, leadership has further major implications in the hospital production process: numerous studies demonstrate that nurse managers who become active leaders inspire nurses to achieve higher professional standards and accomplish more than they believed they were able to (Stordeur et al. 2000).

Leadership is a process whereby an individual influences a group of individuals to achieve a common goal (Currivan, 1999). The main challenges for leaders are the building of a long-term vision, the increase of commitment, and the building of teams and coalitions to create required organizational changes. In order to reach their goals they should focus on motivating, inspiring and empowering their employees (Currivan, 1999).

In work settings, the supervisor is often the most prominent person and is therefore likely to represent the culture of the organization and to exert a direct influence upon subordinates. Superiors who enable employees to participate more in decision making and who encourage a two-way communication process, tend to generate a favourable climate in their team, characterised by a lack of interpersonal conflict and fewer non-cooperative relationships (Stordeur, Vandenberghe, & D'hoore, 2001). This managerial style can be termed transformational leadership.

The assignment of tasks, specification of procedures, and clarification of expectations have been shown to result in reduced role ambiguity and increased job satisfaction among employees. Leaders who are perceived to monitor their nurses closely in order to prevent mistakes, tend to evoke higher levels of emotional exhaustion among their staff (Stordeur et al., 2001). It is likely that, in many circumstances, close control by nurse-managers is perceived as a pressure additional to the high working pressure nurses already face. Moreover, close monitoring may be perceived as a lack of trust by superiors in the nursing staff. Emotional support and adequate feedback about performance is likely to be a better strategy and may lead to an increase in nurses' self-esteem.

### 2.2.3 Organizational Commitment

According to Allen & Meyer, (1990) the various views on organisational commitment seem to reflect three general components: affective attachment to the organisation (*affective commitment*), perceived costs associated with leaving the organisation (*continuance commitment*), and feelings of obligation to the organisation (*normative commitment*). Although each of these components increases the likelihood that the employee will choose to remain within the organisation, the nature of these psychological ties differs.

*Affective commitment* refers to the degree to which the employee identifies with, is involved in, and is emotionally attached to the organisation. Affectively committed employees believe in the goals and values of the organisation and enjoy being a member of it. Employees with strong affective commitment remain with the organisation because they *want* to do so. *Continuance commitment* refers to the degree to which employees recognise that costs associated with leaving the organisation tie them to the organisation. Such employees remain within the organisation because they *have* to do so. *Normative commitment* refers to the degree to which employees feel an obligation to the organisation; believing that staying within the organisation is the right and moral thing to do. Employees remain within the organisation because they feel they *ought* to do so. All components of commitment are positively related to the decision whether to stay or leave the organisation.

#### **2.2.4 Professional Commitment**

Cohen (1998) argued that commitment to one's profession has not been studied as extensively as organisational commitment. However, it has been found to be an important component of different types of work-related commitment of nurses. Gardner (1992) emphasised the importance of professional commitment in nursing because it relates to the attractiveness of nursing as a lifelong professional choice and valued career option. According to Cohen (1998), professional commitment (or the lack of it) is arguably an even stronger determinant of nurses' turnover than commitment to the organisation and work, and the lack of professional commitment has been found, in several studies, to be associated with intention to leave the nursing profession.

### **2.3 Contributing Factors to Job Satisfaction**

The organisational factors impacting on job satisfaction include the work itself, remuneration/pay, supervision, promotion opportunities, co-workers, job status, and job level.

#### **2.3.1 The Work Itself**

Locke (1995) postulates that employee job satisfaction is dependant on satisfaction with the job components, such as the nature of tasks performed. Robbins, Odendaal, & Roodt (2003) refer to "the extent to which the job provides the individual with stimulating tasks, opportunities for learning and personal growth, and the chance to be responsible and accountable for results."

According to Robbins et al. (2003) employees prefer jobs that present them with opportunities to employ their competencies in a variety of tasks, and that are mentally stimulating. This view is supported by Lacey (1994) who states that individuals are more satisfied with the work itself when they engage in tasks that are mentally and physically stimulating.

### **2.3.2 Remuneration/Pay**

Research is equivocal regarding the influence of pay on job satisfaction. According to Bassett (1994), there is a lack of empirical evidence that pay alone improves worker satisfaction or reduces dissatisfaction. He believes that highly paid employees may be dissatisfied if they do not like the nature of their job and feel they cannot move to a more satisfying job. Nevertheless, in a study conducted by Oshagbemi (2000) amongst United Kingdom academics, a significant relationship between pay and rank of employees and their level of job satisfaction was established. However, a study conducted by Oshagbemi (1997) in the public sector failed to find any significant relationship between pay and satisfaction. Similarly, the results from a survey conducted by Brainard (2005) amongst postdoctoral scientific researchers found a weak association between pay and benefits and job satisfaction. Financial rewards and recognition have been found to have a significant influence on workers (Arnolds & Boshoff, 2004; Kinnear & Sutherland, 2000). Individuals view their remuneration as an indication of their value to the organisation (Nel, Van Dyk, Haasbroek, Schultz, Sono, & Wemer, 2004). This view is supported by Sweeney & McFarlin (2005) who claim that comparisons with similar others are important predictors of pay satisfaction. Their study, which was based on the social comparison theory, highlighted the fact that comparisons to similar others impact on pay satisfaction. According to

Boggie (2005), inequity in terms of lack of recognition and poor pay often contribute to problems with employee retention.

### **2.3.3 Supervision**

Research demonstrates that a positive relationship exists between job satisfaction and good supervision (Koustelios, 2001; Peterson, Puia & Suess, 2003). Supervision performs a pivotal role relating to job satisfaction in terms of the ability of the supervisor to provide emotional and technical support and guidance with work-related tasks (Robbins et al., 2003). According to Ramsey (1997), supervisors contribute to high or low morale in the workplace. The supervisor's attitude and behaviour toward employees may also be a contributing factor to job-related complaints. Supervisors who have good relations with their employees impact strongly on job satisfaction. Wech (2002) supports this view by adding that supervisory behaviour strongly affects the development of trust in relationships with employees. Wech further postulates that trust may, in turn, have a significant relationship with job satisfaction. A study conducted by Packard & Kauppi (1999) found that employees with supervisors displaying democratic management styles, experienced higher levels of job satisfaction, compared to those who had autocratic supervisors or supervisors who had laissez-faire leadership styles. Brewer & Hensher (1998) contend that supervisors whose leadership styles emphasise concern for employees generally have more satisfied workers than supervisors emphasising task structuring and concern for production. Bassett (1994) maintains that supervisors whose attitude to work is humane, and who are considerate towards their employees, increase employees' levels of job satisfaction.

### **2.3.4 Promotion Opportunities**

Pergamit & Veum (1999); Peterson et al. (2003) & Sclafane (1999) are of the opinion that job satisfaction is strongly related to opportunities for promotion. This view is supported in a study conducted by Ellickson & Logsdon (2002), where they mentioned that satisfaction with promotional opportunities, was found to be positively and significantly related to job satisfaction. Kreitner & Kinicki (2001) however, state that the positive relationship between promotion and job satisfaction is dependent on perceived equity in the practices of employers.

### **2.3.5 Co-Workers**

A number of authors (Johns, 1996; Kreitner & Kinicki, 2001) maintain that having friendly and supportive colleagues contribute to increased job satisfaction. Findings from a survey conducted by Huling, (2004) on more than 21000 women in demanding jobs, indicated that those participants who lacked support from co-workers, were more likely to suffer from job dissatisfaction. Another survey conducted amongst 1250 employees found that positive relationships with co-workers enhance job satisfaction (Berta, 2005). Empirical evidence indicates that relationships with colleagues have consistently yielded significant effects on job satisfaction (Ting, 1997). A study conducted by Viswesvaran, Deshpande & Joseph (1998) further corroborated previous findings that there is a positive correlation between job satisfaction and co-workers.

### **2.3.6 Job Status**

Feather & Rauter (2004) argue that, there is a paucity of research to date, concerning the relationship between job status and job satisfaction. In a study conducted in 2004 in Australia, which involved contract and permanent employees in the teaching environment, this author failed to establish a relationship between job status and job satisfaction.

Although the diversity of job status categories used in different countries makes it difficult to compare results, it is possible nevertheless to identify some common findings. According to the results of the surveys from Austria, the Czech Republic, Denmark and Germany, workers with permanent employment contracts are more satisfied than workers with fixed-term contracts or temporary workers. Thus, it seems that job satisfaction increases with job security (Diaz-Serrano, & Cabral Vieira, 2005).

### **2.3.7 Job Level**

Satisfaction surveys reflect that a positive relationship exists between job levels and job satisfaction (Cherrington, 1994). Higher levels of job satisfaction are usually reported by individuals occupying higher level positions in organisations, as they offer better remuneration, greater variety, more challenge and better working conditions (Cherrington, 1994). Research conducted by Robie, Ryan, Schmieder, Parra & Smith (1998) corroborates the view that a positive and linear relationship exists between job satisfaction and job levels. Results from their study indicate that, as job levels increased, so did job satisfaction. In support of the above, Allen

(2003) postulates that job satisfaction is strongly linked to an employee's position within an organisation. The author concludes that the higher the ranking, the higher the job satisfaction.

## **2.4 The Consequences of Job Satisfaction**

Numerous authors have highlighted that job satisfaction impacts on employee productivity, turnover, absenteeism, physical and psychological health (Johns, 1996 & Mullins, 1996).

### **2.4.1 Productivity**

Research findings indicate that the relationship between satisfaction and productivity is positive but very low and inconsistent (Johns, 1996). According to Allen (2003), although a relationship between job satisfaction and productivity exists, the relationship between these variables is not strong. The author maintains that the most satisfied employee will not necessarily be the most productive employee. At an individual level, the evidence is often inconsistent in terms of the relationship between satisfaction and productivity, but at an organisational level a strong relationship exists between satisfaction and productivity (Robbins et al., 2003).

### **2.4.2 Physical and Psychological Effects**

Spector (1997) states that individuals who dislike their jobs could experience negative health effects that are either psychological or physical. On the other hand, Luthans (2002) mentions that employees with high levels of job satisfaction tend to experience better mental and physical health.

### **2.4.3 Absenteeism**

Research indicates that job satisfaction levels are related to absenteeism (Hellriegel, Slocum & Woodman, 1989). Nel et al. (2004) maintain that “absenteeism is regarded as withdrawal behaviour when it is used as a way to escape an undesirable working environment.”

According to Luthans (2002), various studies conducted on the relationship between satisfaction and absenteeism, suggests an inverse relationship between the two variables. Thus, when satisfaction is high, absenteeism tends to be low. The converse indicates that when satisfaction is low, absenteeism tends to be high. Contrary to this, the findings of a study undertaken by Johns (1996) found the association between job satisfaction and absenteeism to be moderate. Robbins (1993) supports the view of a moderate relationship existing between satisfaction and absenteeism. According to Robbins et al. (2003), the moderate relationship between these variables could be attributed to factors such as liberal sick leave, whereby employees are encouraged to take time off. The afore-mentioned could ultimately reduce the correlation coefficient between satisfaction and absenteeism.

#### **2.4.4 Turnover**

A number of studies strongly support the view that turnover is inversely related to job satisfaction (Griffon, Hand, Meglino & Mobley, & Price in Robbins et al., 2003). According to French (2003), a high employee turnover rate is often prevalent in an environment where employees are highly dissatisfied. Greenberg & Baron (1995) contend that employees lacking job satisfaction often tend to withdraw from situations and environments as a means of dealing with their dissatisfaction. A major form of employee withdrawal is voluntary turnover. By not reporting for duty, or by resigning to seek new job prospects, individuals might be expressing their dissatisfaction with their jobs, or attempting to escape from the unpleasant aspects they may be experiencing. Phillips, Stone & Phillips (2001) concur that employee turnover is the most critical withdrawal variable.

A study conducted by Luthans (2002) established a moderately strong relationship between job satisfaction and turnover, indicating that less satisfied workers are more likely to quit their jobs.

### **2.5 Importance of Job Satisfaction**

According to Syptak, Marsland, & Ulmer (1999), the importance of job satisfaction has sometimes been overlooked. In recent years it has been established that employee satisfaction is just as important to the organisation as it is to the employee (Kusku, & Zarkada-Fraser, 2004). Few organizations have however made job satisfaction their priority and as result do not tap into the potential of each employee. They do not seem to realise that a satisfied employee is more

productive, creative and committed to the work (Syptak et al., 1999). High levels of absenteeism and staff turnover, resulting from low job satisfaction, can affect profits, as recruitment and retraining are expensive solutions to staff quitting the organisation due to lowered levels of satisfaction (Syptak et al., 1999).

Spector (1997) points out that high job satisfaction is related to low employee turnover and a more productive work force. He adds that a good employer will ensure his workers' job satisfaction and that lowered levels of satisfaction have an impact on employee behaviour, producing absenteeism, complaints, grievances, frequent labour unrest and a high turnover of labour.

Locke (1995), cited in Buitendach & De Witte (2005), describes the most common consequences of job satisfaction as impacting on physical health: longevity and mental health. It also affects the interaction between employees and the feelings of employees towards their jobs and social lives.

Job satisfaction is greatly studied in literature, dealing with management. This is mainly due to the fact that many experts believe that job satisfaction trends can affect labour market behaviour and work productivity, and effort, employee absenteeism and staff turnover. Moreover, job satisfaction is considered a strong predictor of overall individual well-being (Diaz-Serrano & Cabral Vieira, 2005), as well as of the decisions of employees to leave a job (Gaziloglu & Tansel, 2002).

Many studies suggest that employers benefit from satisfied employees, who are more likely to profit from low staff turnovers and higher productivity, if their employees experience a high

level of job satisfaction. Employees should 'be happy in their work, given the amount of time they have to devote to it throughout their working lives' (Nguyen, Taylor & Bradley, 2003).

## **2.6 Conclusion**

This section introduced the concept of job satisfaction among employees and highlighted the contributing factors to job satisfaction as well as its consequences. Furthermore, it sought to provide an overview of the literature pertaining to job satisfaction, whereby organisational factors impacting on job satisfaction were discussed.

From the literature review it is evident that job satisfaction is a phenomenon that has been extensively researched and is of significant importance to employees and managers alike.

## **CHAPTER 3**

### **METHODOLOGY**

#### **3.1 Introduction**

The research methodology concerns the processes implemented in conducting the survey which is central to this thesis. This section was therefore consisted of the study design, the population of the study, sampling and data collection tools and procedures, as well as the site of the study, and the research instrument used. The researcher was discussed the ethical considerations involved in the present study, the analysis of data, the validity of the instrument, the reliability and applicability of the findings, as well as limitations of the study.

#### **3.2 Setting**

Rwanda is a developing country located in the Great Lakes region between the central and eastern parts of Africa. It extends over 26,338 square kilometers (National University of Rwanda, 2004). The country is in the process of emerging from crisis: in 1998, it was reported that 70% of its inhabitants lived below the poverty line and that approximately 38% of households were headed by women as a consequence of the war and genocide in 1994 (National University of Rwanda, 2004). King Faisal Hospital is situated in Kigali city, the capital of Rwanda; it accommodates 167 beds. Its aim is to provide specialised health care in Rwanda and reduce the large number of cases referred outside Rwanda. There is a total population of 185 nurses at KFH which are composed of 134 Registered Nurses and 51 Enrolled Nurses. This latter

group did not form part of my study. With regard to the total number of nurses per shift, there are two shifts: night shift has 36 nurses and day shift has 57 nurses.

### **3.3 Research Design**

A positivist paradigm using the quantitative approach was used in this study. A positivist is a traditional paradigm underlying the scientific approach, which assumes that there is a fixed, orderly reality that can be objectively studied, often associated with quantitative research (Polit & Beck, 2004).

A research design is a master plan specifying the methods and procedures for collecting and analysing the required information. It is a framework or blueprint that plans the action for the research project (Zikmund, 2003). In this study, an exploratory and descriptive study design, which is prospective in nature, was used to explore job satisfaction among RNs at KFH, in Kigali Rwanda.

Quantitative research is conducted to describe new situations, events or concepts in the world (Burns & Grove, 2005). Exploratory research is a study that explores the dimensions of a phenomenon or that develops or refines hypotheses about relationships between phenomena (Polit & Beck, 2004). A descriptive design is used to obtain information on current status of phenomena so as to describe what exists with respect to variables or conditions (Gerrish & lacey, 2006).

### **3.4 Study Population**

According to Polit & Beck, (2004), population refers to the entire set of individuals (or objects) having some characteristics. The population of this study was composed of registered nurses who are working at KFH, Kigali-Rwanda.

### **3.5 Sample**

All the 134 RNs doing bedside nursing in the wards were included in the study.

### **3.6 Sampling procedure**

A non probability convenience sampling technique was used to include all the available registered nurses doing bedside nursing in the study.

Convenience sampling refers to the selection of the most readily available persons as participants (Polit & Beck, 2004). The convenience sampling was suitable for this study and flexible for the researcher due to shifting duties of the participant. A criterion for inclusion into the study was to be a Registered Nurse working in the area for at least 6 months full time employment.

### **3.7 Data Collection Tool and Procedure**

The data collection was obtained through a questionnaire survey using Job Satisfaction Survey (JSS) to measure job satisfaction among nurses at KFH, Kigali-Rwanda. .

#### **3.7.1 Data Collection Tool**

A questionnaire containing two sections was used to collect the survey data.

**Section one** was the demographical questionnaire developed relevant to the sample.

**Section two** was relevant to this study. Job satisfaction survey was designed to determine and to measure nurses' perception of job satisfaction. The Job Satisfaction Survey (JSS; Spector, 1997) was a 36 item, nine-facet survey instrument designed to assess employee attitudes about aspects of their jobs. Each facet was assessed with four items (Spector, 1997) using a Likert-type rating scale format ranging from "disagree to agree". The nine facets are Pay, Promotion, Supervision, Fringe Benefits, Contingent Rewards (performance based rewards), Operating Procedures (required rules and procedures), Co-workers, Nature of work, and Communication.

#### **3.7.2 Data Collection Procedure**

Formal approval from the hospital to conduct the study was sought before starting data collection. The researcher met the participants during tea time and lunch breaks to introduce the purpose of the study and to request them to participate in the study.

The data collection was done at the hospital premises adhering to ethical consideration. The researcher used this occasion to inform participants of their rights, issues of anonymity and confidentiality in relation to the study, and asked them to sign the consent form if they accepted to participate in the study. Participants were then provided with questionnaires to fill out, which were collected by the researcher during the participants' working shift.

### **3.8. Validity and Reliability of the Instrument**

#### **3.8.1 Validity**

Validity refers to the degree to which an instrument measures what it is supposed to be measuring. There are various approaches to validation of an instrument, such as content validity, criterion related validity and construct validity (Polit & Beck, 2004).

In this study, content validity was applied to validate the data collection tool. It was focussed on whether the full content of an operational concept of a conceptual framework and objectives were represented in the measuring tools. The validity of the instrument guarantees the researcher to establish whether the instrument covered all relevant information related to the variables to be investigated. To ensure the content validity, the objective and operational concept of conceptual framework were matched with sections of the data collection tool. The table 3.3 highlights the content validity.

### **3.8.2. Reliability**

Reliability refers to the accuracy and consistency of information obtained in a study. The term is most often associated with the methods used to measure research variables (Polit & Beck, 2004). The JSS was used for the present study as it has been proven to be a reliable and valid instrument (Spector, 1997). Furthermore, the JSS measures different facets of job satisfaction which are widely referred to in literature. The items in the JSS are also relatively easy to understand. It is therefore considered appropriate for the present study.

A research conducted in the Netherlands (Saane, Sluiter, Verbeek & Frings-Dresen, 2003), comprising a systematic review of different instruments used to measure job satisfaction in hospitals, concluded that only a few of these instruments have shown both high reliability and validity. Assessing the internal consistency, construct validity and responsiveness of these instruments, researchers concluded that, from the 29 instruments analysed; only seven of them were reliable and valid enough to assess job satisfaction in hospital environments. The JSS instrument was among the seven which were reliable and valid to assess job satisfaction. The internal consistency reliabilities (coefficient alpha), based on a sample of 2,870 was: pay (0.75), promotion (0.73), supervision (0.82), fringe benefits (0.73), contingent rewards (0.76), operating procedures (0.62), co-workers (0.60), nature of work (0.78), communication (0.71) (Spector 1997).

With regard to the reliability of the scales, examination of the Cronbach alpha coefficients showed the following scores for the present findings: pay (0.50), promotion (0.40), supervision

(0.75), fringe benefits (0.46), contingent rewards (0.70), operation conditions (0.74), co-workers (0.45), nature of work (0.70), communication (0.45). Spector, (1997) adopted an alpha coefficient of 0.70 as an acceptable criterion for the internal consistency of scores.

**Table 3.1: Internal consistency reliabilities**

Scale	Spector's coefficient Alpha	Current study
Pay	.75	.50
Promotion	.73	.40
Supervision	.82	.75
Fringe Benefit	.73	.46
Contingent Rewards	.76	.70
Operating Procedures	.62	.74
Coworkers	.60	.45
Nature of work	.78	.70
Communication	.71	.45
Total	.91	.85

**Table 3.2: Content validity**

<b>Research objective</b>	<b>Concepts in the conceptual framework</b>	<b>Questions</b>
To explore the factors that contribute to job satisfaction among RNs at KFH	promotion opportunities, nature of work( job itself) & Communication	5,6,7,8 29,30,31,32 33,34,35,36
To determine factors associated with job dissatisfaction among RNs at KFH.	Pay, supervision, fringe benefit, contingent reward operation procedure, co-workers,	1,2,3,4 9,10,11,12 13,14,15,16 17,18,19,20 21,22,23,24 25,26,27,28

### **3.9 Ethical Considerations**

After obtaining ethical clearance from the University of KwaZulu-Natal Ethics Committee, permission was sought from the Hospital research committee, where the study was conducted. Informed consent was given to nurses who participated in this study. It was specified to participants that the study carried no harm, both to them, and to the institution in which the study was carried out. Anonymity and confidentiality of participants was guaranteed as only statistical data was presented in the final report. Participants were also informed of their right to withdraw from the study any time they wanted to without fear of consequences of any sort.

### **3.10 Pilot Study**

Although the job satisfaction survey instrument was tested and found to be valid and reliable by its developers in the USA, it has never been used in Rwanda to ascertain its reliability and validity in such a different context.

A pilot study was therefore carried out at KFH on 10 registered nurses to respond to the job satisfaction survey instrument. These nurses did not form part of the final study. All completed questionnaires were returned back to the researcher after two days. After findings from the pilot study it was demonstrated that the tool was easy to understand. There was no ambiguity or misunderstanding. The result showed almost the same findings as the final result of the present study, registered nurses were moderately satisfied with job satisfaction.

### **3.11 Data Management**

The data collected was kept in a locked cupboard and no one had access to the data except the researcher. After the data entry of the information collected was completed, all questionnaires will be kept for a period of three years, then after will be destroyed and burned.

### **3.12 Data Analysis**

After the data collection, it was analysed, using the computer by utilisation of the Statistical Package for Social Sciences (SPSS) Version 15.0. The scoring was done for the Job Satisfaction Survey then descriptive statistics were used to describe the study sample, via means and frequency to identify the level of the perceived job satisfaction. The researcher also used graphs and tables to present the results obtained from the study.

## CHAPTER 4

### FINDINGS

#### 4.1 Introduction

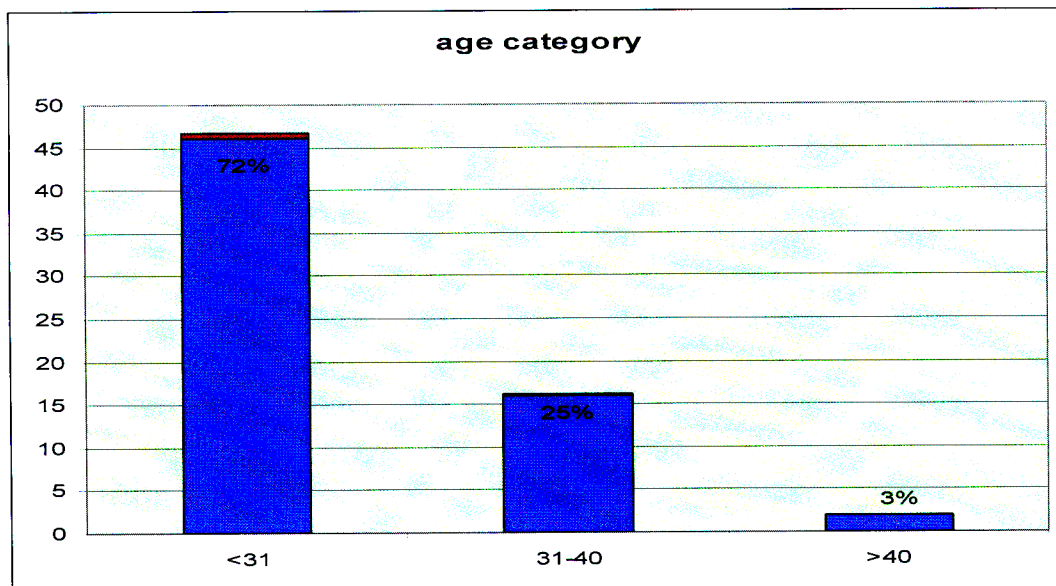
This chapter focuses on research results of exploring factors that contribute to job satisfaction among registered nurses working at King Faisal Hospital (KFH), Kigali Rwanda. The findings reported in this study represent quantitative, descriptive findings for demographical data and for the factors that contribute to job satisfaction among Registered nurses at King Faisal Hospital. Analysis was performed using SPSS version 15.0. Of the 120 questionnaires distributed, 64 (53.3%) were returned. All respondents answered every question.

#### 4.2 Individual Characteristics

**Table 4.1 Age category and gender of respondent**

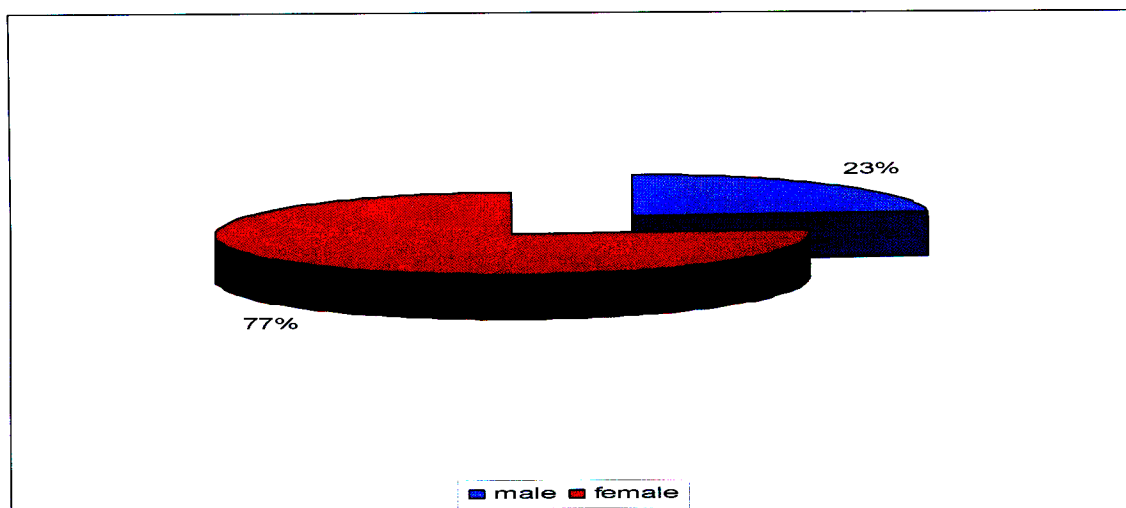
Age category in years	Gender of respondent				Total	
	Male		female			
	Freq	%	Freq	%	Freq	%
<31	11	17%	35	55%	46	72%
31-40	4	6%	12	19%	16	25%
>40	0	0%	2	3%	2	3%
Total	15	23%	49	77%	64	100%

This table shows that the majority of respondents, 46 (72%), were younger, less than 31 years of age, and most of them were female 35 (55%). Out of 64 respondents the number of female were 49 (77%) while male were 15 (23%).



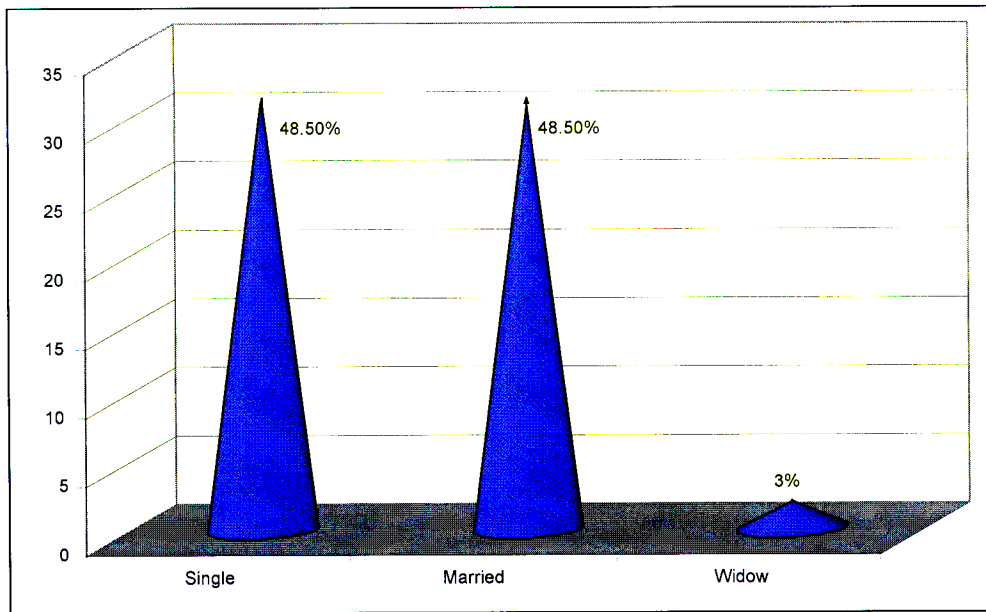
**Figure 4.1: Age distribution**

A bigger percentage 72% (n=46) of respondents were younger, aged less than 31 years old, followed by 25% (n=16) aged between 31-40 years old and 3% (n=2) were above 40 years.



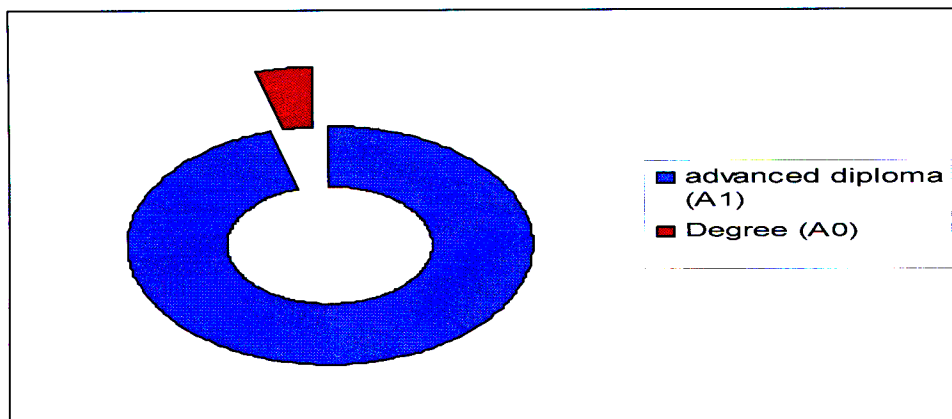
**Figure 4.2: Gender distribution of respondent**

Of the 64 participants, 77% (n=49) were females and 23% (n=15) were males.



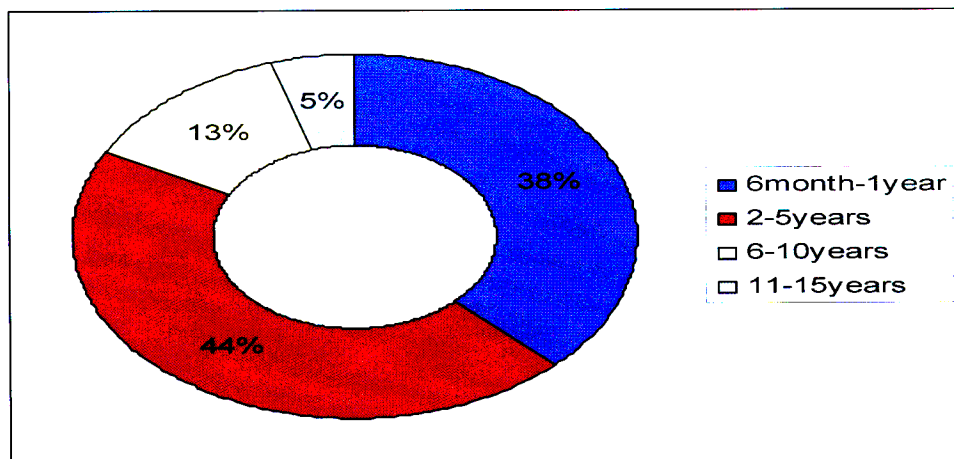
**Figure 4.3: Marital status of respondent**

Married and single respondents were equal in number, 31(48.5%). The study had only 2 (3%) widows.



**Figure 4.4: Level of nursing education**

The majority 95% (n=61) of respondents had advanced diploma (A1), followed by 5% (n=3) respondents had degree (A0).



**Figure 4.5: Length of nursing experience at KFH**

The majority of respondents 44% (n=29) had experience of 2-5 years, followed by 38% (n=24) of respondents having experience of 6 months- 1 year, and 13% (n=8) had experience of 6-10 years, while only 3 (5%) had experience of 11-16 years of experience.

### **4.3. JOB CHARACTERISTICS**

Section two was analysed using job satisfaction survey (JSS) to explore the factors that contribute to job satisfaction among registered nurses at KFH, which assess the following nine components/factors: pay, promotion, supervision, fringe benefits, contingent rewards, operating procedures, co-workers, nature of work and communication (Spector, 1997).

Of the 64 respondents, 29 (45.3%) indicated that raises are too few and far between, whereas 25 (39.1%) were "neutral", while 10 (15.6%) "disagreed". This table shows that the majority of respondents were more dissatisfied with pay (45.3%).

**Table 4.3: I feel unappreciated by the hospital when I think about what they pay me.**

<b>I feel unappreciated by the hospital</b>	<b>Frequency</b>	<b>Percent</b>
Disagree	<b>20</b>	<b>31%</b>
Neutral	<b>29</b>	<b>45%</b>
Agree	<b>15</b>	<b>24%</b>
<b>Total</b>	<b>64</b>	<b>100%</b>

Out of 64 respondents, 29 (45%) reported "neutral", while 20 (31%) were satisfied with pay and feel appreciated, whereas 15 (24%) felt unappreciated by the hospital when they think about what they pay them. Those who felt unappreciated (24%) were more dissatisfied with pay.

**Table 4.4: I feel satisfied with my chances for salary increases.**

<b>I feel satisfied with my salary increases</b>	<b>Frequency</b>	<b>Percent</b>
Disagree	24	37%
Neutral	26	41%
Agree	14	22%
<b>Total</b>	<b>64</b>	<b>100%</b>

The majority of respondents 41% (26) indicated "neutral", whereas 37% (n=24) of respondents felt dissatisfied with salary increases while 22% (n=14) were satisfied. However, salary increase is a factor associated with job satisfaction in this study.

#### 4.3.2 Promotion

**Table 4.5: There is little chance for promotion on my job**

<b>There is little chance for promotion on my job</b>	Frequency	Percent
Disagree	17	27%
Neutral	26	40%
Agree	21	33%
Total	64	100%

Of 64 respondents, 26 (40%) indicated "neutral" (not worried about promotion), whereas 21(33%) were dissatisfied with a chance for promotion on the job, and 17 respondents (27%) mentioned that there is a chance for promotion. The table shows 33% of respondents were more dissatisfied with promotion than others.

**Table 4.6: Those who do well on the job stand a fair chance of being promoted**

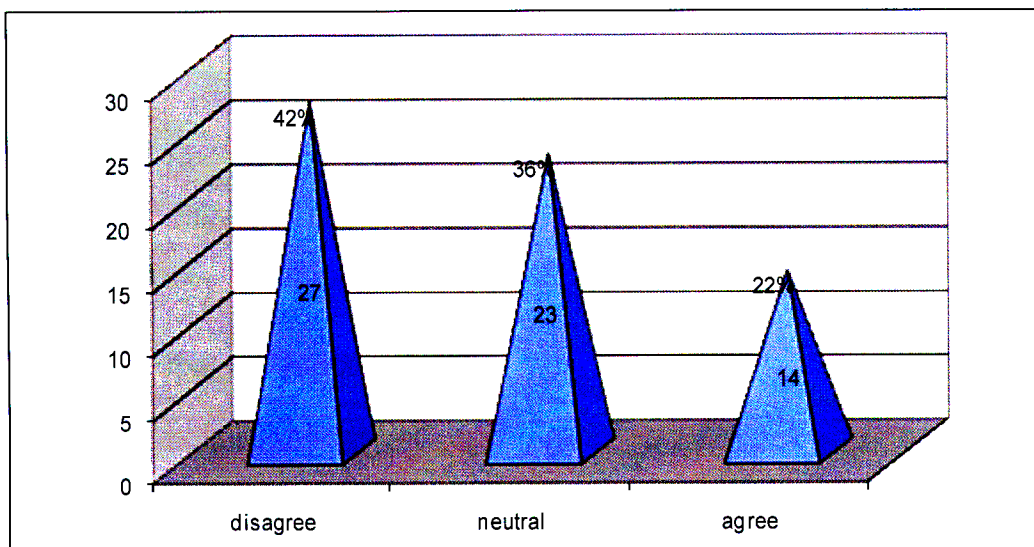
<b>Those who do well on the job stand a fair chance of being promoted</b>	Frequency	Percent
Disagree	<b>14</b>	<b>22%</b>
Neutral	<b>27</b>	<b>42%</b>
Agree	<b>23</b>	<b>36%</b>
<b>Total</b>	<b>64</b>	<b>100%</b>

The table shows 27 (42%) of respondents reported "neutral", 23 (36%) reported "agree" while 14 (22%) indicated "disagree". The RNs (22%) were more dissatisfied with the chance of being promoted than those (36%) who reported agree.

**Table 4.7: People get ahead as fast here as they do in other places.**

<b>People get ahead as fast here as they do in other places.</b>	<b>Frequency</b>	<b>Percent</b>
Disagree	<b>16</b>	<b>25%</b>
Neutral	<b>24</b>	<b>37.5%</b>
Agree	<b>24</b>	<b>37.5%</b>
<b>Total</b>	<b>64</b>	<b>100%</b>

Of 64 respondents, 16 (25%) disagreed that people do not get ahead as fast here as they do in other places, whereas both 24 (37.5%) reported "neutral" and "agreed" that people get ahead as fast as they do in other places.



**Figure 4.7: I am satisfied with my chances for promotion**

The figure indicates 42% (n=27) of respondent were disagreed with the chance for promotion, whereas 36% (n=23) of respondents were neutral, while 22% (n=14) of respondents were agreed

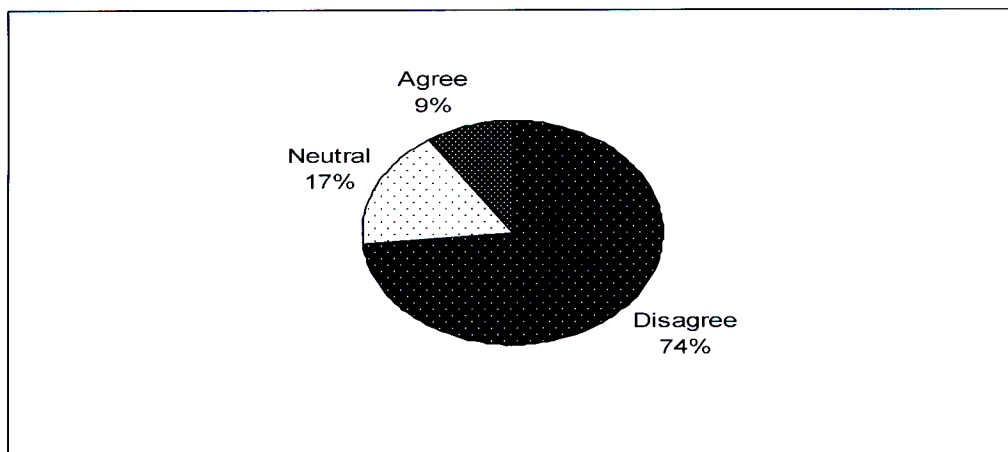
with their chance for promotion. The figure shows that the majority, 42% of respondents were disagreed, which mean that respondents were dissatisfied.

#### 4.3.3 Supervision

**Table 4.8: My supervisor is quite competent in doing his/her job**

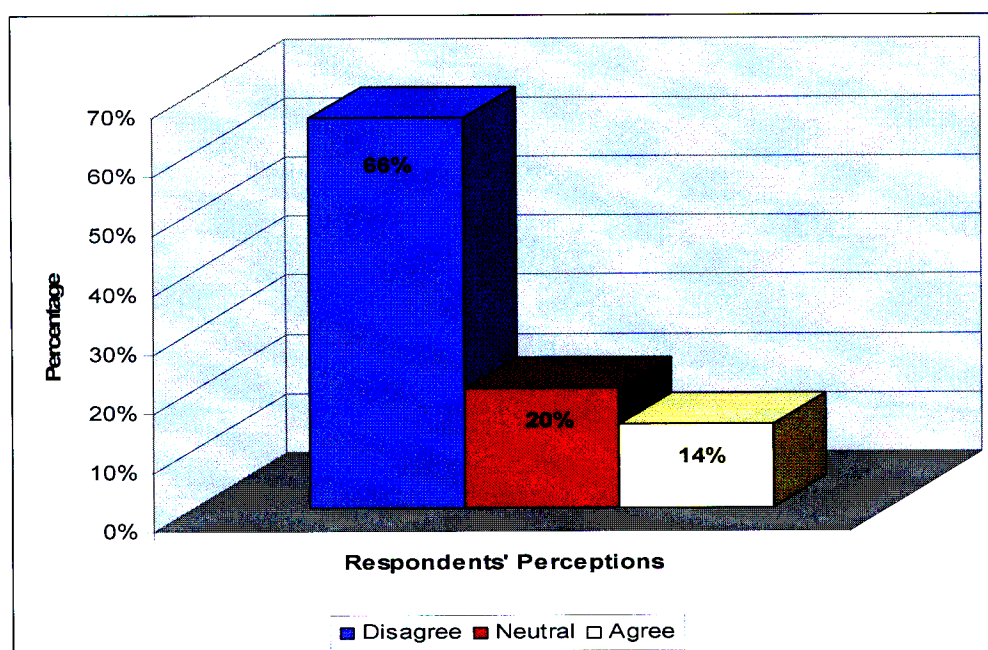
<b>My supervisor is quite competent in doing his/her job</b>	<b>Frequency</b>	<b>Percent</b>
Disagree	<b>11</b>	<b>17%</b>
Neutral	<b>11</b>	<b>17 %</b>
Agree	<b>42</b>	<b>66%</b>
Total	<b>64</b>	<b>100%</b>

The majority, 66% (n=42) of respondents mentioned "agree" that the supervisor is competent in doing her/his job, followed by 17% (n=11) of respondents indicated “disagree”, while 17% (n=11) of respondents reported "neutral". The majority (66%) of respondents reported agree which means they were satisfied with their supervisors’ competence.



**Figure 4.8: My supervisor is unfair to me**

This figure shows that 74% (n=47) of respondents disagreed, followed by 17% (n=11) which indicated "neutral", while 9% (n=6) indicated "agree". The majority, 74% of respondents were satisfied with a supervisor.



**Figure 4.9: My supervisor shows too little interest in the feelings of subordinates**

The majority 66% (n=42) of respondents disagreed that the supervisor shows little interest in the feelings of subordinates followed by 20% (n=13) reported neutral, while 14% (n=9) agreed that the supervisor shows too little interest in the feelings of subordinates. The RNs (66%) who answered "disagree" were more satisfied with the supervisor than those who reported "agree".

**Table 4.9: I like my immediate supervisor**

<b>I like my immediate supervisor</b>	<b>Frequency</b>	<b>Percent</b>
Disagree	<b>3</b>	<b>5%</b>
Neutral	<b>11</b>	<b>17%</b>
Agree	<b>50</b>	<b>78%</b>
Total	<b>64</b>	<b>100%</b>

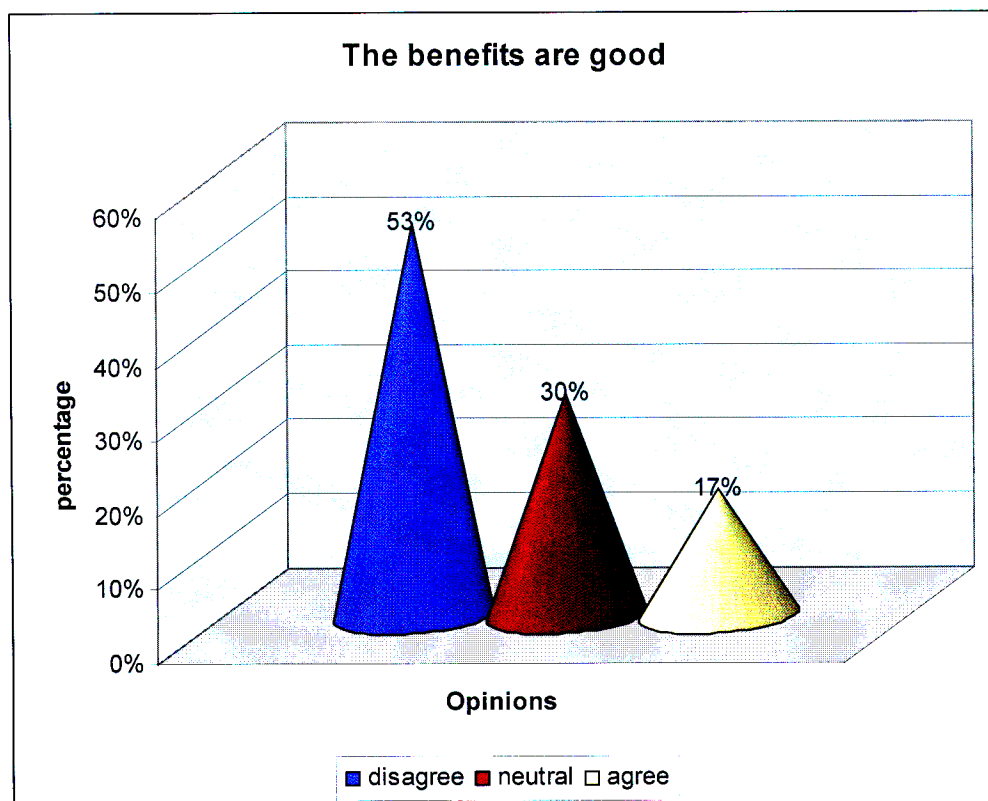
The majority 78% (n=50) of respondents indicated “agree”, whereas 5 % (n=3) disagreed, while 17% (n=11) indicated "neutral". The majority 78% of respondents were satisfied with their supervisors.

#### **4.3.4 Fringe Benefits**

**Table 4.10: I am not satisfied with the benefits I receive**

<b>I am not satisfied with the benefits I receive</b>	<b>Frequency</b>	<b>Percent</b>
Disagree	<b>24</b>	<b>38%</b>
Neutral	<b>18</b>	<b>28%</b>
Agree	<b>22</b>	<b>34%</b>
Total	<b>64</b>	<b>100%</b>

The table shows that 38% (n=24) of respondent indicated “disagree”, whereas 34% (n=22) of respondents reported “agree”, while 28% (n=18) of respondents were neutral. Those who reported “disagree” were more satisfied with the benefits they recieve.



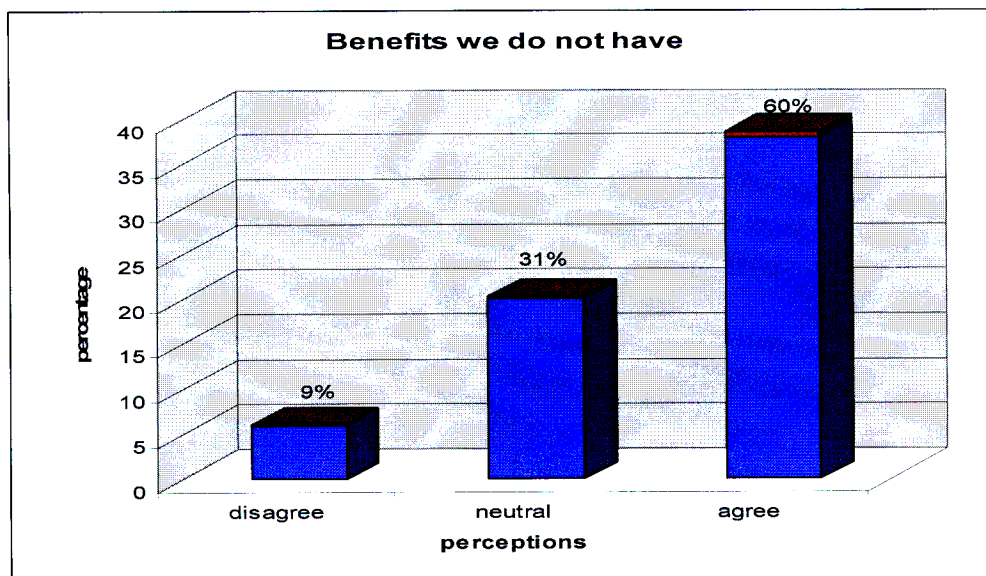
**Figure 4.10: The benefits we receive are as good as most other hospitals offer**

The figure shows that the bigger number of 34 (53%) respondents disagreed, whereas 11 (17%) of respondents agreed, while 19 of respondents (30%) were neutral about benefit they receive. The majority of respondents (53%) were dissatisfied with the benefits.

**Table 4.11: The benefit package we have is equitable**

The benefit package we have is equitable	Frequency	Percent
disagree	24	37%
neutral	30	47%
agree	10	16%
Total	64	100%

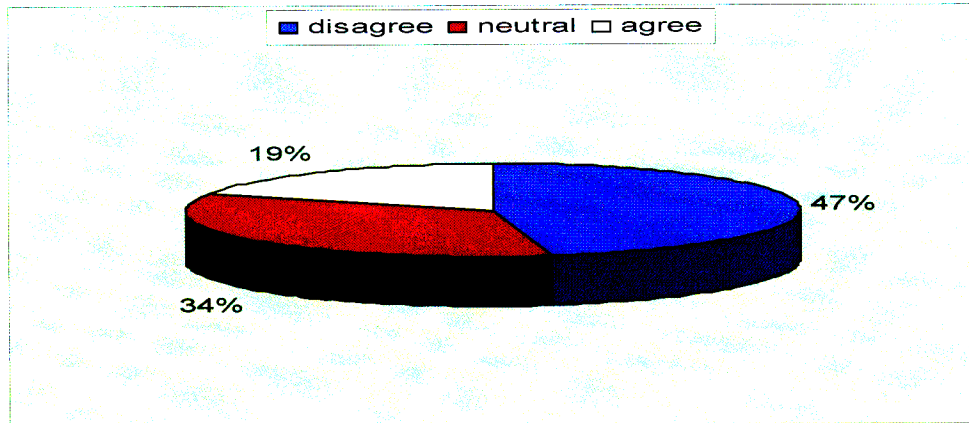
Of 64 respondents, 24 (37%) indicated disagree; while 30 (47%) of respondents reported neutral and 10 (16%) reported agree. The result shows that 37% of respondents were dissatisfied with the benefit package.



**Figure 4.11: There are benefits we do not have which we should have.**

The majority 38 (60%) of respondents agreed that there are benefits they do not have which they should have, followed by 20 (31%) of respondents reported "neutral"; while 6 (9%) of respondents reported "disagree". The figure shows the majority of respondents were more dissatisfied with the benefits they do not have which they should have.

#### 4.3.5 Contingent Rewards



**Figure 4.12: When I do a good job, I receive the recognition for it that I should receive**

The responses were as follows: 47% (n=30) of respondents disagreed that they receive the recognition for the good job they do, 34% (n=22) reported neutral, while 19% (n=12) of respondents agreed that they receive the recognition for the good job they do. The majority (47%) of respondents were more dissatisfied than those who did receive recognition.

**Table 4.12: I do not feel that the work I do is appreciated**

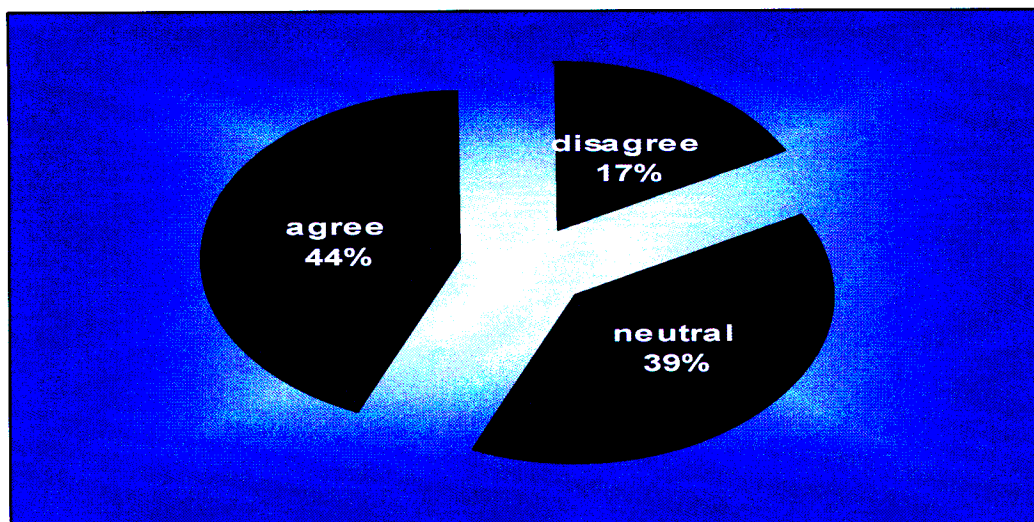
I do not feel that the work I do is appreciated	Frequency	Percent
disagree	22	34.5%
neutral	20	31%
agree	22	34.5
Total	64	100%

The following were the responses: 34.5 %( n=22) of respondents reported “disagree”, and 34.5 %( n=22) reported “agree”that work they do is not appreciated, while 31% (n=20) reported "neutral" (they are not worrying about it).

**Table 4.13: There are few rewards for those who work here**

<b>There are few rewards for those who work here</b>	<b>Frequency</b>	<b>Percent</b>
disagree	11	17.0%
neutral	28	44%
agree	25	39%
Total	64	100%

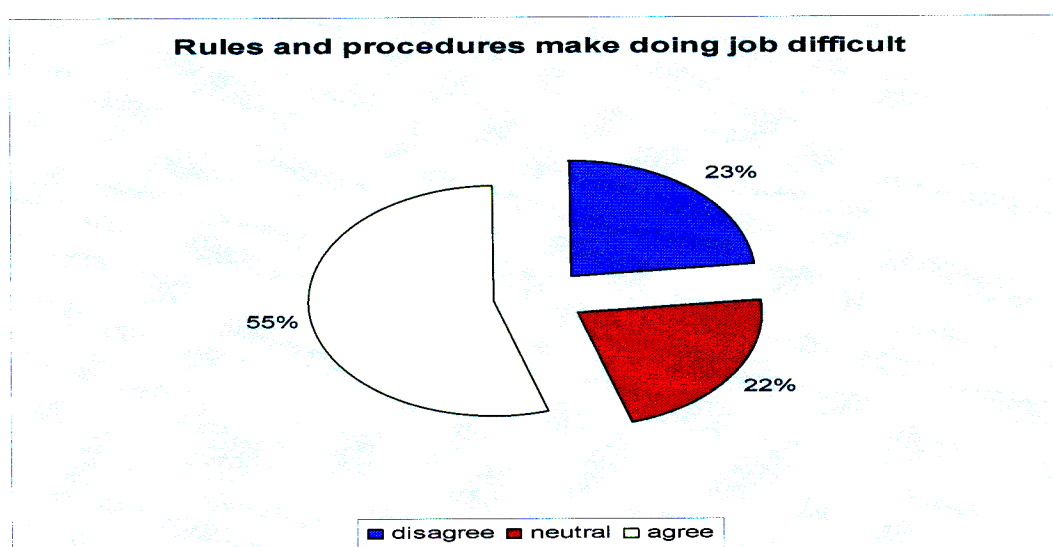
The table shows that 28 (44%) of respondents reported "neutral", followed by 25 (39%) who agreed that there are few rewards for those who work at KFH, while a smaller number, 11 (17%) disagreed that there are few rewards, and 25(39%) of the respondents were dissatisfied with rewards.



**Figure 4.13: I don't feel my efforts are rewarded the way they should be.**

Of 64 respondents, 28 (44%) mentioned that they don't feel rewarded the way they should be, whereas 25(39%) of respondents mentioned "neutral", while a smaller number, 11 (17%) of respondents reported that they are rewarded the way they should be. RNs (44%) who felt not rewarded the way they should are more dissatisfied than those who (17%) felt rewarded.

#### 4.3.6 Operation Conditions



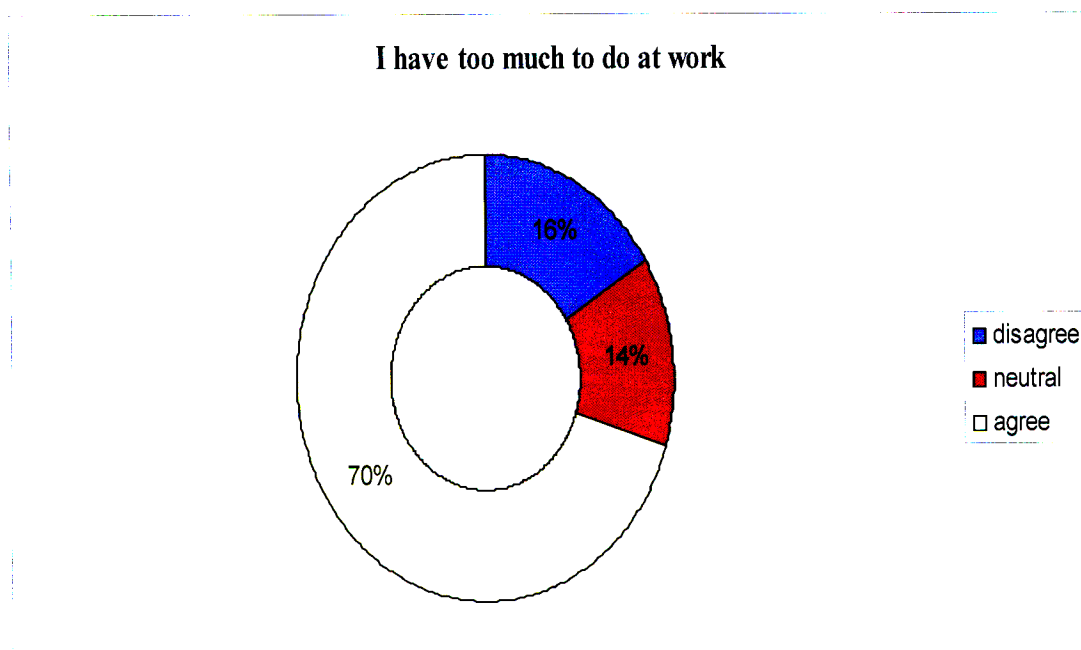
**Figure 4.14: Many of our rules and procedures make doing job difficult.**

The majority of respondents 55% (n=35) agreed that rules and procedures make doing job difficult, whereas 23% (n=15) of respondents disagreed while 22% (n=14) reported neutral. The majority of respondents (55%) were dissatisfied with hospital rules and procedures.

**Table 4.14: My efforts to do a good job are seldom blocked by red tape**

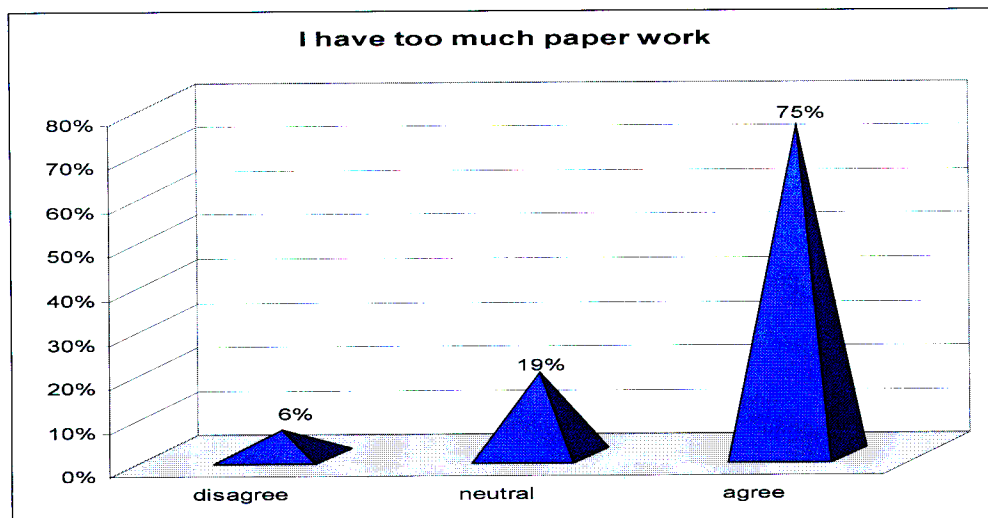
My efforts to do a good job are seldom blocked by red tape	Frequency	Percent
disagree	20	31%
neutral	27	42%
agree	17	27%
Total	64	100%

This table shows that of 64 respondents, 27(42%) reported neutral, whereas 20 (31%) of respondents disagreed that their efforts to do a good job are blocked by the red tape, and 17 (27%) of respondents agreed that their efforts to do a good job are seldom blocked by red tape. The later 27% of respondents were dissatisfied.



**Figure 4.15: I have too much to do at work**

The majority 70% (n=45) of respondents agreed that they have too much to do at work, whereas 16% (n=10) of respondents disagreed that they have too much to do at work, 14% (n=9) of respondents reported neutral. The majority of respondents 70% were dissatisfied.



**Figure4.16: I have too much paper work**

This table shows that a larger number (n=48) 75% of respondents agreed that they have too much paper work, and (n=12) 19% of respondents reported neutral, while a smaller number (n=4) of respondents disagreed that they have too much paper work. The majority 75% of respondents were dissatisfied with their work condition.

#### 4.3.7 Co-Workers

**Table 4.15: I like the people I work with**

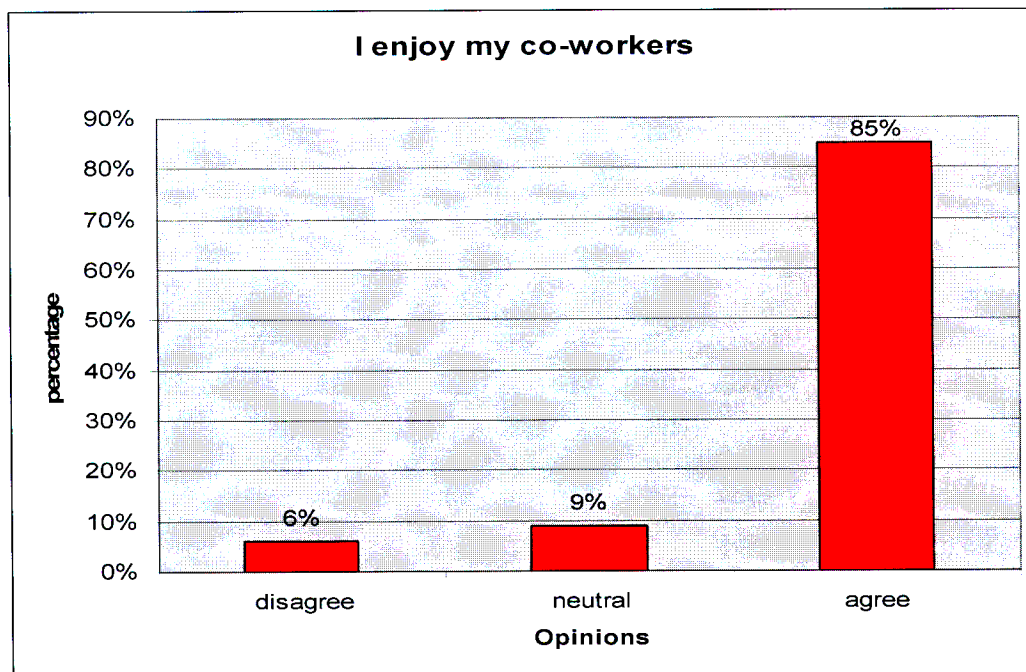
<b>I like the people I work with</b>	<b>Frequency</b>	<b>Percent</b>
neutral	<b>1</b>	<b>2%</b>
agree	<b>63</b>	<b>98%</b>
Total	<b>64</b>	<b>100%</b>

The majority of respondents 98% (n=63) liked people they work with, while only 2% (n=1) reported neutral. Most of the respondents were satisfied with their co-workers.

**Table 4.16: I find I have to work harder at my job because of the incompetence of people I work with**

<b>I find I have to work harder at my job because of the incompetence of people I work with</b>	<b>Frequency</b>	<b>Percent</b>
disagree	<b>41</b>	<b>64%</b>
neutral	<b>15</b>	<b>23%</b>
agree	<b>8</b>	<b>13%</b>
Total	<b>64</b>	<b>100%</b>

Of the 64 respondents, 41 (64%) disagreed that they do have to work harder at the job because of the incompetence of the people they work with, whereas 15 (23%) of respondents reported neutral, while 8 (13%) agreed that they have to work harder at their job. The majority, 64% of respondents were satisfied with working environment.



**Figure 4.17: I enjoy my co-workers.**

The majority of respondents, 54 (85%) agreed that they enjoy their co-workers, whereas 6 (9%) of respondents reported neutral, while only 4 (6%) of the respondents disagreed. The majority of respondents (85%) were more satisfied with their co-workers.

**Table 4.17: My job is enjoyable**

My job is enjoyable	Frequency	Percent
disagree	3	5%
neutral	10	16%
agree	51	79%
Total	64	100%

Of the 64 respondents, 51 (79%) agreed that their job is enjoyable, 10 (16%) reported neutral, while a smaller number, 3 (5%) disagreed that their job is not enjoyable. RNs who perceived

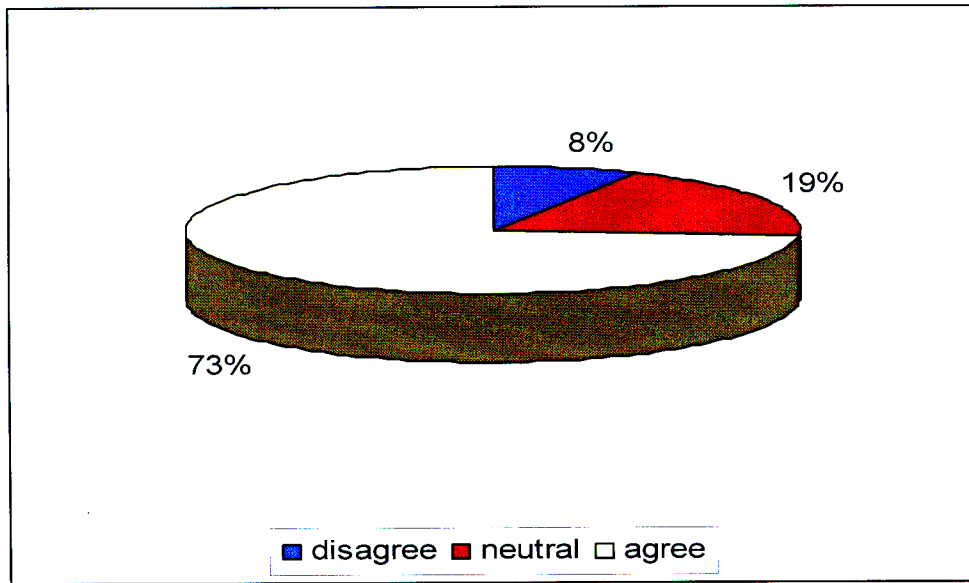
their job environment is enjoyable were more satisfied with their work than those who did not have this perception.

#### **4.3.8 Nature of Work (work itself)**

**Table 4.18: I sometimes feel my job is meaningless**

<b>I sometimes feel my job is meaningless</b>	<b>Frequency</b>	<b>Percent</b>
Disagree	42	66%
Neutral	11	17%
Agree	11	17%
Total	64	100%

Out of 64 respondents, 66% (n=42) disagreed that they sometimes feel their job is meaningless, 17% (n=11) were neutral, while 17% (n=11) agreed that they sometimes feel their job to be meaningless. This table shows that the majority, 66% of respondents were more satisfied with their job than those who agreed.



**Figure 4.18: I like doing the things I do at work**

Of the 64 respondents, 47 (73%) liked doing the things they do at work, followed by 12 (19%) reported neutral, while 5 (8%) disliked doing things they do at work. The majority of respondents, 73%, were more happy and satisfied with their work.

**Table 4.19. I feel a sense of pride in doing my job**

I feel a sense of pride in doing my job	Frequency	Percent
Disagree	4	6%
Neutral	11	17%
Agree	49	77%
Total	64	100%

The following were the responses: 77% (n=49) of respondents agreed that they felt a sense of pride in doing their job, 17% (n=11) reported neutral, while 6% (n=4) disagreed. The majority of respondents, 77%, had more pride and was satisfied with their job.

**Table 4.20: There is too much bickering and fighting at work**

<b>There is too much bickering and fighting at work</b>	<b>Frequency</b>	<b>Percent</b>
Disagree	<b>26</b>	<b>41%</b>
Neutral	<b>21</b>	<b>32%</b>
Agree	<b>17</b>	<b>27%</b>
Total	<b>64</b>	<b>100%</b>

The responses were as follows: 41% (n=26) of respondents disagreed that there is too much bickering and fighting at work, followed by 32% (n=21) who were neutral and 27% (n=17) agreed that there is too much bickering and fighting at work. The majority (41%) of respondents was satisfied with their work and 27% of respondents were dissatisfied.

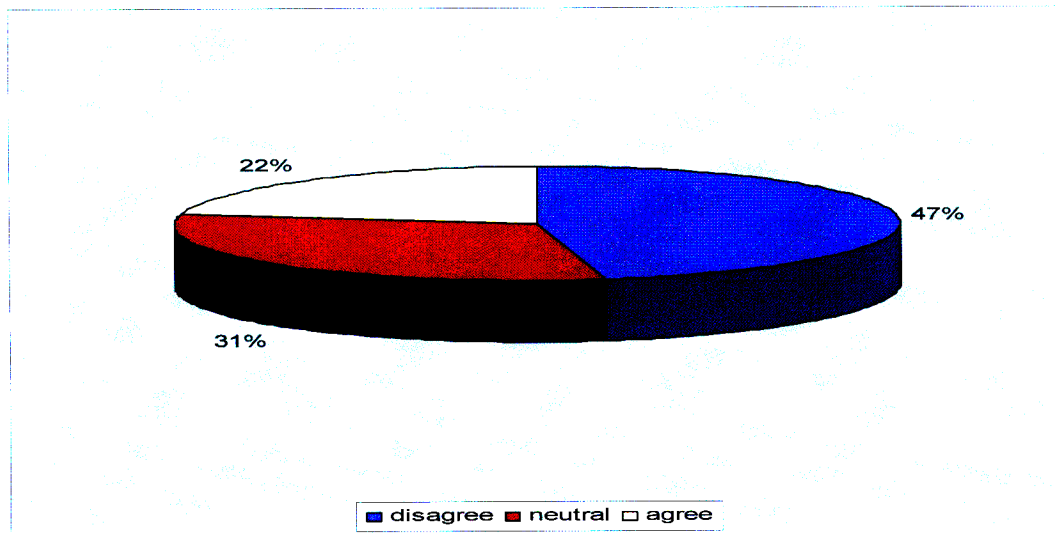
#### **4.3.9 Communication**

**Table 4.21: Communications seem good within this hospital**

<b>Communications seem good within this hospital</b>	<b>Frequency</b>	<b>Percent</b>
Disagree	14	22%
Neutral	23	36%
Agree	27	42%
Total	64	100%

The majority, 42% (n=27) of respondents, agreed that communication seemed good within the hospital, whereas 36% (n=23) were neutral, while 22% (n=14) disagreed that communication

seemed good. The respondents (42%) who reported agree were more satisfied with the hospital communication.



**Figure 4.19: The goals of this hospital are not clear to me**

The following were the responses: 47% (n=30) of respondents disagreed that the goals of the hospital are not clear, whereas 31% (n=20) were neutral, while 22% (n=14) agreed that the goals of the hospital are not clear. The majority (47%) of respondents were more satisfied with the hospital communication.

**Table 4.22: I often feel that I do not know what is going on with the hospital**

<b>I often feel that I do not know what is going on with the hospital</b>	Frequency	Percent
Disagree	25	39%
Neutral	14	22%
Agree	25	39%
Total	64	100%

Out of the 64 respondents, an equal number of 25 (39%) disagreed that they often feel that they do not know what is going on with the hospital, whereas 25 (39%) agreed, while 22% (n=14) reported neutral. The findings reported in the table show that there was no clear difference between satisfaction and dissatisfaction.

**Table 4.23: Work assignments are not fully explained**

<b>Work assignments are not fully explained</b>	Frequency	Percent
Disagree	29	45%
Neutral	12	19%
Agree	23	36%
Total	64	100%

Of the 64 participants, 29 (45%) disagreed that work assignment are fully explained, whereas 23 (36%) agreed that work assignment are not fully explained, and 12 (19%) were neutral. The majority of respondents were satisfied with work assignment.

**Table 4.24: Age category with salary increase**

Age category in years	Satisfaction with salary increase						Total freq	Total %
	disagree		neutral		agree			
	Freq	%	Freq	%	Freq	%		
<31	19	30%	18	28%	9	14%	46	72%
31-40	4	6%	7	11%	5	8%	16	25%
>40	1	2%	1	2%	0	0%	2	3%
Total	24	38%	26	41%	14	22%	64	100%

Of the 64 respondents, 24 (38%) in all the age categories were dissatisfied. The majority of these, 19 (30%) were below 31 years old. The respondents who are dissatisfied are younger.

**Table 4.25: Age category with promotion**

Age category	Chance for promotion on job						Total freq	Total %
	disagree		neutral		agree			
	Freq	%	Freq	%	Freq	%		
<31	11	17%	18	28%	17	27%	46	72%
31-40	5	7.8%	7	11%	4	6%	16	25%
>40	1	1.6%	1	1.6%	0	0%	2	3%
Total	17	26.4%	26	40.6%	21	33%	64	100%

Out of 64 respondents, 21 (33%) in all age categories were dissatisfied with a chance for promotion in their job. The majority of these, 17 (27%), were below 31 years old. The respondents who are dissatisfied were younger.

**Table 4.26: Age category with work overload**

Age category	I have too much to do at work						Total Freq	Total %
	disagree		neutral		Agree			
	Freq	%	Freq	%	Freq	%		
<31	9	14.6%	6	9%	31	48.4%	46	72%
31-40	1	1.4%	3	5%	12	18.6%	16	25%
>40	0	0%	0	0%	2	3%	2	3%
Total	10	16%	9	14%	45	70%	64	100%

Out of the 64 respondents, 45 (70%) in all age categories were dissatisfied. The majority of these, 31 (48.4%), were younger, below 31 years old. The respondent who were dissatisfied, are younger.

**Table 4.27: Length of nursing experience at KFH and sense of pride in doing job**

length of experience of at KFH	I feel a sense of pride in doing my job						Total Freq	Total %
	disagree		neutral		agree			
	Freq	%	Freq	%	Freq	%		
6month-1 year	1	1.5%	5	7.8%	18	28%	24	37.5%
2-5 years	1	1.5%	5	7.8%	23	36%	29	45.3%
6-10 years	1	1.5%	0	0%	7	11%	8	12.5%
11-15 years	1	1.5%	1	1.5%	1	1.5%	3	4.7%
Total	4	6%	11	17%	49	77%	64	100%

Of the 64 respondents, 49 (77%) were satisfied with the job, the majority of these 23 (36%) had nursing experience between 2-5 years, followed by 18 (28%) who had lesser nursing experience of 6 months – 1 year. The respondents who were satisfied are lesser experienced.

**Table 4.28: Length of nursing experience at KFH and promotion**

length of experience at KFH	I am satisfied with my chances for promotion						Total Freq	Total %
	disagree		neutral		agree			
	Freq	%	Freq	%	Freq	%		
6month-1year	10	15.6%	9	14%	5	7.8%	24	37.5%
2-5years	14	21.8%	8	12.5%	7	11%	29	45.3%
6-10years	1	1.5%	5	7.8%	2	3%	8	12.5%
11-15years	2	3%	1	1.5%	0	0%	3	4.7%
Total	27	42%	23	36%	14	22%	64	100%

Of the 64 respondents, 27 (42%) were dissatisfied with promotion, the majority of these 14 (21.8%) had experience between 2-5 years followed by 10 (15.6%). The respondents who were less experienced at KFH are the most dissatisfied with promotion.

**Table 4.29: Gender and promotion**

Gender	I am satisfied with my chances for promotion			Total
	disagree	neutral	agree	
male	6	4	5	15
%	9%	6%	8%	23%
female	21	19	9	49
%	33%	30%	14%	77%
Total	27	23	14	64
%	42%	36%	22%	100%

Of the 64 respondents, 27 (42%) were dissatisfied with the promotion, the majority of these, 21 (33%), were female. The respondents who were the most dissatisfied with promotion are female.

**Table 4.30: Gender and benefits**

<b>Gender</b>	<b>There are benefits we do not have which we should have</b>			<b>Total</b>
	disagree	neutral	agree	
male	0	8	7	15
%	0%	12.5%	11%	23.5%
female	6	12	31	49
%	9%	19%	48.4%	76.5%
Total	6	20	38	64
%	9%	31.5%	59.4%	100%

Of the 64 respondents, 38 (59.4%) were dissatisfied with the benefits, the majority of these, 31 (48.4%), were female. The respondents who were the most dissatisfied with benefits are female.

**Table 4.31: Marital status and I feel satisfied with my chances for salary increases.**

<b>Marital status</b>	<b>I feel satisfied with my chances for salary increases</b>			<b>Total</b>
	Disagree	neutral	agree	
single	10	12	9	31
%	15.6%	18.7%	14%	48.5%
married	13	13	5	31
%	20.3%	20.3%	7.8%	48.5%
widow	1	1	0	2
%	1.5%	1.5%	0%	3%
Total	24	26	14	64
%	37.5%	40.5%	21.8%	100%

Out of the 64 respondents, 24 (37.5%) were dissatisfied with a chance for salary increases, of these, 13 (20.3%) were married. The majority of respondents were married and dissatisfied.

**Table 4.32: Marital status and I like my immediate supervisor**

Marital status	I like my immediate supervisor			Total
	disagree	neutral	agree	
Single	1	7	23	31
%	1.5%	11%	36%	48.5%
married	2	4	25	31
%	3%	6%	39%	48.5%
widow	0	0	2	2
%	0%	0%	3%	3%
Total	3	11	50	64
%	4.5%	17%	78%	100%

Out of the 64 respondents, 50 (78%) were satisfied with their immediate supervisor, of these respondents, 25 (39%) were married. The table shows that the most satisfied respondents are married.

**Table 4.33: Marital status and I have too much to do at work**

Marital status	I have too much to do at work			Total
	disagree	neutral	agree	
Single	3	4	24	31
%	5%	6%	37.5%	48.5%
married	7	5	19	31
%	11%	7.8%	30%	48.5%
widow	0	0	2	2
%	0%	0%	3%	3%
Total	10	9	45	64
%	16%	14%	70%	100%

Out of the 64 respondents, 45 (70%) were moderately satisfied with the work, of these, 24 (37.5%) were single. The table shows that the unmarried employees were moderately satisfied.

The JSS uses 6-points ranging from “strongly disagree to strongly agree” response choices can be assumed that agreement with positively-worded items and disagreement with negatively-worded items would represent *satisfaction*, whereas disagreement with positively-worded items and agreement with negative-worded items represents *dissatisfaction*. For the 4 –item subscales, as well as the 36-item total score, this means that score with a mean response (after reverse scoring the negatively-worded items) of 4 or more represents, satisfaction, whereas mean responses of 3 or less represents dissatisfaction. Mean scores range between 3 and 4 are ambivalence, score of 4 to 12 are dissatisfied, score of 16 to 24 are satisfied (Spector 1997).

However the score findings for the current study follow the same format as the above mentioned, but in this study the researcher applies JSS using 3-points ranging from “disagree to agree”. Questions are rated satisfaction on 1-3 scale with each item rated on scale of 1 represent “dissatisfaction”, and 3 represents “satisfaction”, after reverse scoring the negatively-worded items. The negatively worded items are: 2, 3, 5, 10, 11, 13, 16, 18, 19, 20, 21, 23, 24, 26, 29, 32, 34, 35 and 36.

The scoring findings were as follows:

Mean scores range between 1 and 4 are *dissatisfied*, scores of 4 to 8 are *moderately satisfied*, score of 8 to 12 are *strongly satisfied*.

The nine facets are translated into scores as follows: both pay and promotion scores are 8, both fringe benefit and contingent reward scores are 7, operation procedures score is 6.5, whereas supervision, co-workers, nature of work and communication scores are 10.

The total score of each facet is pay 494, promotion 512, supervision 664, fringe benefit 445, contingent reward 463, operation procedures 416, co-workers 640, nature of work 639 and communication 547.

**Table 4.34: Subscale score**

Subscale	Total score	Mean score	description
Pay	494	8	Moderately satisfied
Promotion	512	8	Moderately satisfied
Supervision	664	10	Strongly satisfied
Fringe benefit	445	7	Moderately satisfied
Contingent reward	463	7	Moderately satisfied
Operation procedures	416	6.5	Moderately satisfied
Co-workers	640	10	Strongly satisfied
Nature of work	639	10	Strongly satisfied
Communication	547	10	Strongly satisfied

The above table describes that 5 subscales out of 9 (55.5%) and indicates that respondents were *moderately satisfied* with pay, promotion, fringe benefit, contingent reward and operation procedures while 4 subscales out of 9 (45.5%) respondents were *strongly satisfied* with supervision, co-workers, nature of work and communication.

#### **4.4 Conclusion**

This chapter presented the research results in graphs and tabular form. The data gathered from the job satisfaction survey (JSS) were statistically analysed by means of the Statistical Package for the Social Sciences (SPSS). The findings of the present study shows that the registered nurses were dissatisfied with the factors cited, such as pay, promotion, fringe benefit, contingent rewards and operation procedures. Whereas the registered nurses were satisfied with factors such

as supervision, co-workers, nature of work and communication. In addition, the researcher has seen in this research that true factors (supervision, co-workers, nature of work and communication) contribute to a higher level of job satisfaction amongst employees. While factors such as pay, promotion, fringe benefit, contingent reward and operation procedures are causing job dissatisfaction amongst employees at work.

Chapter five will discuss the results obtained and will also highlight other research conducted in the field with reference to the findings that became apparent from the research study. Finally, conclusions are drawn and recommendations are made.

## **CHAPTER 5**

### **DISCUSSION, RECOMMENDATIONS, AND CONCLUSION**

#### **5.1 Introduction**

The chapter discusses the prominent findings of the study and makes reference to relevant research to support the findings of the current study. The discussion will take the form of the conceptual framework guided by the two-factor motivation and hygiene factor theory of Herzberg, the researcher used quantitative data to explore the factors that contribute to job satisfaction among registered nurses working at King Faisal Hospital. This study provided information that is important to nursing administration. Conclusions are drawn based on the obtained results and recommendations for future research.

#### **5.2 Key Findings**

The researcher provides findings related to the nine concepts of the job satisfaction survey as well as the demographic data. Thereafter an in-depth discussion on job satisfaction is provided, with the focus on various factors influencing positively job satisfaction as well as the factors causing job dissatisfaction among registered nurses at KFH, Kigali in Rwanda. The correlation between biographical variables and job satisfaction was also made. Possible strategies to manage this problem are also presented.

### **5.2.1 Age**

Researchers argue that age does not significantly explain the variance in job satisfaction levels amongst the selected sample of employees. These results corroborate research findings provided by researchers (Alavi & Askaripur, 2003). However, research by Okpara (2004) concluded that overall satisfaction is positively associated with age. This implies that older workers are more satisfied than younger workers. Research on registered general nurses found that younger nurses were less satisfied with their overall jobs than older nurses (Shields & Ward, 2001). However, a similar view was found in the present study, findings revealed that the respondents who are aged less than 31 years old were younger, and were less satisfied with their job than older nurses.

### **5.2.2 Gender**

According to studies conducted by Loscocco (1990), female employees demonstrated higher levels of job satisfaction than male employees across different settings. This author purports that most women value benefits and promotion that are readily available to them, such as relationships with co-workers. It therefore becomes easier for them to experience job satisfaction. Male employees on the other hand, mostly likely desire things like autonomy and financial rewards, which are not as readily available, therefore lower levels of satisfaction. In contrast, the present study found that female employees, 31 (48.4%) were less satisfied than male, specifically with benefits and 21 (33%) with promotion.

### **5.2.3 Marital Status**

Marital status does not predict job satisfaction amongst the sample of employees. This is consistent with research conducted by Alavi & Askaripur (2003) who reported no significant difference in job satisfaction between single and married personnel.

Other research has consistently found that married employees are more satisfied with their jobs than their un-married co-workers; in particular, it found that married employees experienced increased satisfaction with pay, work, supervision and the co-worker. According to Robbins et al. (2003), it could be that marriage imposes increased responsibilities, which might make a steady job more valuable, hence increasing their satisfaction. The present study found that unmarried (37.5%) are more dissatisfied with work, the married (20.3%) are dissatisfied with pay and 25 (39%) are married and satisfied with their immediate supervisor.

### **5.2.4 Length of Experience**

A study conducted by Adams & Bond (2000), revealed that the length of employment can influence a nurses' perceptions of the adequacy of promotion and remuneration. This finding is important as it was the newly employed nurses who were most dissatisfied. It was apparent that many nurses believed they were poorly rewarded for their skills and experience (Adams & Bond 2000). Nevertheless, the findings of the present research indicated that the respondents who were less experienced were moderately satisfied with their job.

### **5.2.5 Pay**

Pietersen (2005) in his study, found that the extrinsic factors, such as salary negatively affect the job satisfaction of employees. Similarly, most of the respondents in the present study indicated that they were clearly dissatisfied with their remuneration/pay and unhappy with the working conditions in the hospital.

The findings further demonstrated that pay, in that order, were regarded as being important to respondents' job satisfaction. These findings are similar to those reported by Curtis (2007). What is interesting about these findings is that the components nurses consider to be important to job satisfaction are not the same as those that contributed to their current level of job satisfaction. Pay, for example, was identified as the second most important component, yet it made the least contribution to nurses' current level of satisfaction (Curtis 2007). It is evident from the findings that pay is an important factor in job satisfaction. Yet research findings have demonstrated small correlations between pay and job satisfaction (Spector 1997 in Curtis 2007). Pay is an area where change needs to occur as it is the component with the largest dissonance between importance to job satisfaction and current level of job satisfaction (Curtis, 2007).

A study conducted by Ingersoll Olsan , Drew-Cates , DeVinney & Davies (2002) in UK, found that recently qualified nurses are not satisfied with their pay (in relation to level of responsibility), which dissatisfaction has been reported frequently. Satisfaction with pay was low and was the only factor to produce consistent dissatisfaction among nurses. Nurses feel poorly paid compared with other public sector workers (Upenieks, 2002). Previous research on

registered general nurses found that younger nurses were less satisfied with their overall jobs than older nurses (Shields & Ward, 2001). However, the present study revealed similar findings in which the respondents aged less than 31 were younger, the majority, 19 (30%), and was the most dissatisfied with salary.

The results from a survey conducted by Brainard (2005) amongst postdoctoral scientific researchers found a weak association between pay and job satisfaction.

A study has cited low wages and few benefits as factors contributing to a nurse's job satisfaction. The number of nurses with dissatisfaction was significantly higher among those with low satisfaction regarding low satisfaction with salary, low satisfaction with welfare (Upenieks, 2002). Nonetheless, the findings of this study found slightly the same view and it was identified that the majority of the respondents demonstrated moderate satisfaction regarding salary, promotion, benefit, rewards and operation procedures.

#### **5.2.6 Promotion**

Job satisfaction findings provide evidence that hospital nurses are satisfied with opportunities for promotion (intrinsic job factor). Pergamit & Veum (1999); Peterson et al. (2003) and Sclafane (1999) revealed that job satisfaction is strongly related to opportunities for promotion. This view is supported in a study conducted by Ellickson & Logsdon (2002) where satisfaction with promotional opportunities was found to be positively and significantly related to job satisfaction. Nevertheless, the respondents in the present study were mostly dissatisfied with promotion in general, and/or their chances for promotion in particular.

### **5.2.7 Supervision**

A study conducted in South Africa (Limpopo), showed that extrinsic factors, such as working conditions, supervision, and salary negatively affect the job satisfaction of employees (Pietersen, 2005). However, most of the respondents in the present study revealed that they were strongly satisfied with their interactions with their supervisors.

Furthermore, nurses in supervisory positions were particularly dissatisfied. One practical implication of this finding is that if RNs are dissatisfied with their immediate supervisors, they are likely to be dissatisfied in other areas (Aronson, Sieveking & Laurenceau, 2003). For nurses, important prerequisites of job satisfaction are support and encouragement from one's immediate supervisor and the possibility of confiding one's professional and personal concerns to one's immediate supervisor. Moreover, being disagreeably treated by supervisors and conflicts at work were factors that negatively influenced job satisfaction.

With regard to supervision, and interpersonal relations (hygiene factors) most employees were unhappy/dissatisfied with accessibility of supervisors, competence of supervisors, poor relationships with supervisors and fairness in managing them or handling issues affecting them. In contrast, findings from the present study revealed that the majority, 66%, of respondents mentioned that they were strongly satisfied with the supervisor's competence in doing her/his job, 74% of respondents were powerfully satisfied with their supervisors that is fair to them and 78% of respondents were also strongly satisfied with their supervisors.

According to Ramsey (1997), his study found that supervisors contributed to high or low morale in the workplace. Supervisors who have good relations with their employees impact strongly on job satisfaction. Wech (2002) supports this view by adding that supervisory behaviour strongly affects the development of trust in relationships with employees. Wech (2002) further postulates that trust may, in turn, have a significant relationship with job satisfaction. Bassett (1994) maintained that supervisors whose attitude to work is humane, and who are considerate towards their employees, increase employees' levels of job satisfaction.

#### **5.2.8 Fringe Benefits**

The results from a survey conducted by Brainard (2005) amongst postdoctoral scientific researchers found a weak association between pay and benefits and job satisfaction. Financial rewards and recognition have been found to have a significant influence on workers. However in the present study, the findings revealed that respondents were dissatisfied with extrinsic work factors such as pay, rewards and benefits, the work condition, rules and procedures of the hospital. The majority, 60%, of respondents were dissatisfied with the benefits that they do not receive. Nonetheless, benefits and rewards were associated with job satisfaction among registered nurses at KFH, and these factors are tied to performance and are significantly related to job satisfaction in this study.

### **5.2.9 Contingent Rewards**

According to Brainard (2005) in his study argued that amongst postdoctoral scientific researchers found financial rewards have been found to have a significant influence on workers. However in the present study, the findings revealed that respondents were dissatisfied with extrinsic work factors such as pay, rewards and benefits. In this study, rewards were associated with job satisfaction at KFH, findings discovered that 47% of respondents were dissatisfied with contingent reward and recognition, 39% of respondents were dissatisfied that there are few rewards and 44% were dissatisfied because they felt not rewarded the way they should. Contrary to common belief, compensation was not strongly related to job satisfaction. RNs who work in private psychiatric hospitals can be unhappy with their compensation packages and make independent judgments about other dimensions of satisfaction (Aronson, Sieveking & Laurenceau, 2003).

### **5.2.10 Co-workers**

A study conducted by Ingersoll (2002) revealed that they are highly satisfied with the quality of working relationships and emotional support that they receive from colleagues. This confirms previous research that nurses are satisfied with aspects of support received in their immediate work area (Bowles & Candela, 2005).

However, a study conducted in Serbia found very low levels of job satisfaction and generally low levels of any kind of job-related satisfaction in Serbian among Health Care Workers (HCWs)

(Amoran, Omokhodion, Dairo & Adebayo, 2005). These authors found that job satisfaction was associated with interpersonal relationships. Previous studies suggested that there are strong interrelationships between low levels of job satisfaction and organisational factors (Shamian, Kerr, Laschinger & Thomson 2002) & (Piko, 2006).

Furthermore, numerous studies conducted among HCWs point to the importance of interpersonal relationships in job satisfaction (Eker, Tuzun Handan, Daskapan & Surenkok, 2004) & (Adams & Bond, 2000). Similarly, the findings of this study support the idea that interpersonal relationships are important in job satisfaction. The present study revealed the majority of respondents (98%) were strongly satisfied with their co-workers, 64% were powerfully satisfied with working environment and 79% mentioned that they enjoyed the job.

Findings from a survey conducted by Huling (2004), on more than 21000 women in demanding jobs, indicated that those participants who lacked support from co-workers were more likely to suffer from job dissatisfaction. Another survey conducted amongst 1250 employees found that positive relationships with co-workers enhance job satisfaction (Berta, 2005). Empirical evidence indicates that relationships with colleagues have consistently yielded significant effects on job satisfaction (Ting, 1997). A study conducted by Viswesvaran, Deshpande & Joseph (1998) further corroborated previous findings that there is a positive correlation between job satisfaction and co-workers.

### **5.2.11 Nature of Work and Operation Conditions**

A heavy workload was the most influential variable in determining job satisfaction for nurses. Furthermore, a study conducted by (Adams & Bond, 2000) revealed that heavy workload in nurses have shown that is the main source of stress, and that excessive stress at work may be one of the factors causing dissatisfaction. With regard to job satisfaction, Adams & Bond, (2000) found that the main sources of dissatisfaction were lack of professional support; poor relationships with support services and work overload (Adams & Bond, 2000). The study findings revealed that 70% of respondents were dissatisfied with work overload, 55% were dissatisfied with hospital rules and procedures, whereas 75% were dissatisfied with their work condition and too much paper work.

According to Will & Simmons (1999), findings revealed that job satisfaction was related to workplace flexibility, working within a team environment. Dissatisfaction was linked to working with unskilled or inappropriately trained staff, laborious tasks such as documentation (Will & Simmons, 1999).

### **5.2.12 Communication**

A study by Gwyther (2004) revealed that workers from different working environments had varying degrees of clarity concerning their roles. This author argued that the effects of communication, concerning job satisfaction and motivation within different organisations, may lead to confusion about roles and result in diminished ability to cope with innovation, stress

anxiety, dissatisfaction, lack of interest, and turnover (Gwyther, 2004). Ingersoll, (2002) mentioned that every organisation needs open communication to increase profits, and his findings shows that open communication increases morale because it gives managers a greater understanding of employees' jobs. Nonetheless, the findings of the present study revealed that 42% of respondents were strongly satisfied with the hospital communication, 47% were powerfully satisfied with the hospital's goals that are clear communicated and 45% were strongly satisfied with work assignment.

### **5.3 Summary of Conclusion**

The results of the present study showed that registered nurses had a moderate job satisfaction. It was also found that motivation factors and hygiene factors correlated almost equally with job satisfaction. The results suggest that some factors (supervision, co-workers, nature of work and communication) are causing greater job satisfaction (45.5%) whereas factors such as pay, promotion, fringe benefit, contingent reward and operation procedures (55.5%), also contribute to some degree of job satisfaction, even if very little.

### **5.4 Recommendation**

The research findings reported in this study make a valuable contribution to the awareness of understanding the nine concepts of job satisfaction and the effect the underlying variables such as pay, promotion, supervision, fringe benefit, contingent reward, operation procedures, co-workers, nature of work and communication have on employee's job satisfaction. However,

additional research is needed to further investigate the potential relationship and effect these variables and other extraneous variables, such as role ambiguity, job level, achievement, advancement, growth, responsibility and recognition, working conditions and job security have on job satisfaction.

Firstly, research of this nature may assist personnel managers and operational managers on all levels to be aware of the status of job satisfaction and allow them to pro-actively put mechanisms in place to enhance job satisfaction of employees and ultimately, improve service delivery. The reality of being aware of the job satisfaction of employees afford personnel managers the opportunity to be proactive and decide on interventions that will ensure and improve employees' job satisfaction. It is therefore recommended that hospital managers should take proactive steps to enhance job satisfaction of their nursing personnel.

The following recommendations to decrease the influence on job satisfaction could be taken:

- Hospital managers could increase the salary of the nursing staff, by obtaining the good expectation on the job, and rendering them more satisfied with their salary and thus improve service delivery and decrease turnover of employees.
- Hospital managers should also create opportunities for promotion in situations where staff advancement is identified as a problem. This means that the management of the hospital should attend to staff promotions to increase the intrinsic job satisfaction of their nursing staff.

- Continuous monitoring and evaluation of employee attitudes towards the job satisfaction and the actual performance of their jobs should be an integral aspect of performance management.
- Hospital policy and administration including the availability of clearly defined policies, especially those relating to nursing procedures and personnel. This can be improved by simplifying policies and ensuring that they are clear and well understood by all nursing personnel.
- The findings of this research of nursing administration are substantial. Most obviously, nurse administrators will know that they need to do more to improve nurses' job satisfaction.
- Nursing administration should therefore pay attention to all aspects of a nurse's work environment, and compensation if they are trying to increase nurse job satisfaction.

In addition to focusing on intrinsic job factors, hospital managers also need to take active steps to lessen the negative impact of extrinsic job factors on the job satisfaction of nursing staff. Hospital managers would be advised:

- To take active steps to 'make the hospital a more pleasant place to work at', creating an environment where the good work of others is observed and appreciated by others motivates employees.

- To develop and put in place the mechanism of reward system and recognition of a well done job.
- To implement ways and means to actively support nursing staff and to develop a caring organisational climate.
- To amend the pay packages of nursing staff, it at all possible.
- To improve the working condition of nursing staff by decreasing the work load.

Lastly, information on the job satisfaction of nursing staff must be disseminated to interested parties throughout the field. Such information is of critical importance to health care managers who need to address the contributing factors of job satisfaction of nursing staff in the country. Information on job satisfaction, and intrinsic and extrinsic job factors are also essential for health care managers who are committed to the happiness and satisfaction of their employees.

## **5.5 Limitations**

Certain limitations were identified in the course of this study. Some of these limitations offer scope for further research related to the topic of this study, particularly qualitative studies in order to attain opinions from independent interviews.

Some RNs were not willing to participate in this study for fear of victimisation for divulging information about their opinion on job satisfaction, and the fact that the researcher was their colleague. Those who participated might also not have given their genuine opinion.

## **5.6 Final Conclusion**

The main objective of this study was to explore the factors that contribute to job satisfaction among RNs working at KFH. According to Owens (2004) Herzberg's two-factor theory (motivation and hygiene factors) motivators/ satisfiers and dissatisfiers were present among the registered nurses working at KFH. The results of this study seem to suggest that some factors (supervision, co-workers, nature of work and communication) are causing greater job satisfaction (45.5%) while at the same time other factors (pay, promotion, fringe benefit, contingent reward and operation procedures) (55.5%), also contribute to some degree of job satisfaction, even if very little. These results also indicate that factors are contributing to job dissatisfaction to some degree albeit small.

If the institution (KFH) improves on the rewards system and fringe benefits, promotional opportunity, pay and working condition, would be expected to increase RNs' job satisfaction and thus contribute to the overall well being of nursing personnel and quality of health services. It is therefore important for managers to understand what motivates staff and incorporate it in the reward system.

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## Appendix 1

### **INSTRUMENT**

Questionnaire will have 2 sections:

Section 1: comprise the demographic data.

Section 2: Comprised of the closed ended questions to help the researcher identify the factors that might influence nurses' job satisfaction.

**Instruction:** Please indicate with X in the boxes provided where you believe it is the most appropriate answer.

#### **A. Section one**

##### **1. Age**

a) <31 years ☐      b) 31-40 years ☐      c) >40 years ☐

##### **2. Gender**

a) Male ☐      b) Female ☐

##### **3. Marital status**

a) Single ☐      b) Married ☐      c) Widow ☐  
d) Divorced ☐      e) Other ☐

##### **5. What is your level of nursing education?**

a) Advanced diploma (A1) ☐      b) Degree (A0) ☐

c) Masters ☐

f) PhD ☐

**6. What is the length of experience at work at KFH?**

a) 6month- 1year ☐

b) 2-5 years ☐

c) 6-10 years ☐

d) 11-15 years ☐

e) 16-20 years ☐

f) above 20 years ☐

**B. Section two**

**JOB SATISFACTION SURVEY**

	Please circle the one number for each question that comes closest to reflecting your opinion about it	Disagree	Neutral	Agree
1.	I feel I am being paid a fair amount for the work I do.	1	2	3
2	Raises are too few and far between	1	2	3
3	I feel unappreciated by the hospital when I think about what they pay me.	1	2	3
4	I feel satisfied with my chances for salary increases.	1	2	3
5	There is little chance for promotion on my job.	1	2	3
6	Those who do well on the job stand a fair chance of being promoted.	1	2	3
7	People get ahead as fast here as they do in other places.	1	2	3
8	I am satisfied with my chances for promotion	1	2	3
9	My supervisor is quite competent in doing his/her	1	2	3

	job.			
10	My supervisor is unfair to me	1	2	3
11	My supervisor shows too little interest in the feelings of subordinates.	1	2	3
12	I like my immediate supervisor.	1	2	3
13	I am not satisfied with the benefits I receive.	1	2	3
14	The benefits we receive are as good as most other hospitals offer.	1	2	3
15	The benefit package we have is equitable.	1	2	3
16	There are benefits we do not have which we should have.	1	2	3
17	When I do a good job, I receive the recognition for it that I should receive	1	2	3
18	I do not feel that the work I do is appreciated.	1	2	3
19	There are few rewards for those who work here.	1	2	3
20	I don't feel my efforts are rewarded the way they should be.	1	2	3
21	Many of our rules and procedures make doing job difficult.	1	2	3
22	My efforts to do a good job are seldom blocked by red tape.	1	2	3
23	I have too much to do at work.	1	2	3
24	I have too much paper work.	1	2	3
25	I like the people I work with.	1	2	3
26	I find I have to work harder at my job because of the incompetence of people I work with.	1	2	3
27	I enjoy my co-workers.	1	2	3
28	My job is enjoyable.	1	2	3
29	I sometimes feel my job meaningless.	1	2	3
30	I like doing the things I do at work.	1	2	3

31	I feel a sense of pride in doing my job.	1	2	3
32	There is too much bickering and fighting at work.	1	2	3
33	Communications seem good within this hospital.	1	2	3
34	The goals of this hospital are not clear to me.	1	2	3
35	I often feel that I do not know what is going on with the hospital	1	2	3
36	Work assignments are not fully explained.	1	2	3

## Appendix 2

### INSTRUMENT

Le questionnaire aura 2 sections:

Section 1: comprend les données démographiques.

Section 2: Comprend les questions fermées pour identifier les facteurs qui influencent la des infirmiers au travail.

**Instruction:** Cochez avec X dans la case correspondante à ta réponse

#### A. Section une:

##### 1. Age

a) <31 an ☐

b) 31-40 ☐

c) >40 ☐

##### 1. Genre

a) Masculin ☐

b) Feminin ☐

##### 2. Etat civil

a) Célibataire ☐

b) Marié ☐

c) Veuve/veuf ☐

d) Divorcé ☐

e) Autres.....

### 3. Quel est ton niveau d'études?

a) Niveau (A1) ☐

b) Licence (A0) ☐

c) Maitrise ☐

f) Doctorat ☐

### 4. Quelle est ta durée de travail à l'Hopital Roi Faisal

a) de 6mois – 1an ☐

b) 2-5 ans ☐

c) 6-10 ans ☐

d) 11-15 ans ☐

e) plus de 15 ans ☐

### B. Section deux

	Encerclez le nombre correspondent a ta réponse qui te convient	Détesté	Neutre	D'accord
1.	Je suis bien payé pour le travail que je fais.	1	2	3
2	La promotion est rare et moins fréquente	1	2	3
3	Je me trouve moins apprécié par l'hôpital quand je considère le salaire que je reçois.	1	2	3
4	Je suis satisfait de l'augmentation du salaire.	1	2	3
5	Il y a moins de chance pour la promotion dans mon travail.	1	2	3
6	Ceux qui travaillent efficacement ont la chance d'être promus.	1	2	3
7	Ici les gents progressent aussi mieux qu'ailleurs.	1	2	3
8	Je suis satisfait de chance que j'ai pour ma promotion.	1	2	3

9	Mon superviseur est compétent dans son travail.	1	2	3
10	Mon superviseur est injuste envers moi.	1	2	3
11	Mon superviseur montre moins d'intérêt envers ses subalternes.	1	2	3
12	J'admire mon superviseur direct.	1	2	3
13	Je ne suis pas satisfait des bénéfices que je reçois.	1	2	3
14	Nous recevons les mêmes bénéfices que ceux d'autres hôpitaux.	1	2	3
15	Le paquet des bénéfices que avons est équitable.	1	2	3
16	Il y a des bénéfices que nous méritons mais que nous ne recevons pas.	1	2	3
17	Quand je fais un bon travail je reçois l'appréciation comme il le faut.	1	2	3
18	Je ne sens pas que le travail que je fais est apprécié.	1	2	3
19	Il y a peu de récompenses a ceux qui travaillent ici.	1	2	3
20	Je ne sens pas que mes efforts sont récompensés de façon qu'il le faut.	1	2	3
21	La plus part de nos règlements et procédures rendent le travail difficile.	1	2	3
22	Mes efforts à faire le bon travail sont rarement bloqués.	1	2	3
23	Je suis trop surchargé au travail.	1	2	3
24	J'ai trop de papier à remplir au travail.	1	2	3
25	J'admire les gents que nous travaillons ensemble.	1	2	3

26	Je trouve que je dois beaucoup travailler a cause de l'incompétence de mes collègues.	1	2	3
27	Je me réjouis de mes collègues de travail.	1	2	3
28	Mon travail est interecent.	1	2	3
29	Quelquefois je trouve mon travail moins interecents	1	2	3
30	Le travail que je fais me plait.	1	2	3
31	Je suis fier du travail que je fais.	1	2	3
32	Il y a trop de troubles au service.	1	2	3
33	La communication est efficace dans cet hôpital.	1	2	3
34	Les buts de cet hospital ne sont pas clairs pour mois.	1	2	3
35	Je me trouve quelque fois moins informer de ce qui se passe a l'hôpital.	1	2	3
36	Mes taches ne sont pas bien définies	1	2	3

### Appendix 3

#### INFORMATION DOCUMENT

**Study title: “Exploring the factors that contribute to job satisfaction among registered nurses at KFH, Kigali-Rwanda”.**

Dear Colleague,

I am called Aurélie Nkomeje a post graduate student at the University of KwaZulu-Natal, I am studying for a masters degree coursework in Health Service Management. To accomplish the requirements of this program, I am requested to carry out a research project. My research topic is entitled: **Exploring the factors that contribute to job satisfaction among registered nurses at King Faisal Hospital (KFH), Kigali-Rwanda.**

I’m inviting you to participate in a research study. The purpose of this study is to explore the factors that contribute to job satisfaction among registered nurses at KFH. As you have been selected to be part of my study sample, questionnaires will be helpful to get information required for my study.

Your participation in this study will be more important in accomplishment of my research. Your contribution in this study is voluntary. The data received from this study will be kept confidential. You will be free to withdraw from the study whenever there is need to without fear for any consequences.

This research poses no risk to the respondents as it involves giving responses to the posed questions. The information will work as a base line for the development of guidelines on reducing both job overload and improve working condition of nurses.

I will be available to answer any questions that you may have.

Thanks in advance

Aurélie Nkomeje

**Appendix 4**  
**CONSENT DOCUMENT**

**Consent to Participate in Research**

**Study title:** “Exploring the factors that contribute to job satisfaction among registered nurses at King Faisal Hospital (KFH), Kigali-Rwanda”.

You have been asked to participate in a research study. You have been informed about the study by Nkomeje Aurélie having read the information document which has the details of the study. You may contact on +250 08 53 17 69 or at [nkomeje05@yahoo.fr](mailto:nkomeje05@yahoo.fr) at any time if you have questions about the research or if you are injured as a result of the research. You may also contact my supervisor, Ms Z.Z.Nkosi on 031-2602901.

Your participation in this research is voluntary, and you will not be penalized or lose benefits if you refuse to participate or decide to stop. If you agree to participate in this study, you will sign below this document in the space provided as a show of your acceptance of participation.

**Consent**

The research study, including the above information, has been described to me verbally. I understand what is expected of me in this study and I voluntarily agree to a participant.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

## Appendix 5

Aurélie Nkomeje.  
Masters Student  
University of KwaZulu-Natal  
Nursing School  
P.O Box 4041 Durban, South Africa.  
Tel: +27(0)736033368  
+250 0853 1769  
E-mail: [nkomeje05@yahoo.fr](mailto:nkomeje05@yahoo.fr)  
June 2008

The Director General of KFH  
Kigali – Rwanda

Dear Sir

### **RE: PERMISSION FOR DATA COLLECTION**

I am a student at the Nursing School of the University of KwaZulu-Natal in Durban, South Africa; studying for Masters Degree in Health Service Administration. As a requirement for the degree, I have to conduct a research project. The topic is: **“Exploring the factors that contribute to job satisfaction among Registered nurses at King Faisal Hospital”**.

It is in that regard that I hereby seek permission from your office to conduct a research study on the above mentioned study among the nurses at KFH, Kigali- Rwanda.

Participation will be voluntary and withdraw from the study is allowed. Informed consent, confidentiality and anonymity will be ensured.

Having submitted my research proposal and obtained ethical clearance from the University Ethics Committee, I hope to begin data collection in July, 2008 if I am granted permission from you.

Thanking you most sincerely for your cooperation.

Faithfully,

Aurélie Nkomeje.

## Appendix 6

### ETHICAL CLEARANCE APPROVAL

20 June 2008

Mrs A Nkomeje  
School of Nursing

Dear Mrs Nkomeje

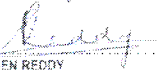
ETHICAL CLEARANCE APPROVAL NUMBER : FECHSC 056/08



I wish to confirm that ethical clearance has been granted for the following project.

"Exploring the Factors that Contribute to job Satisfaction Among Registered Nurses at King Faisal Hospital (KFH), Kigali-Rwanda"

Yours faithfully

  
SUGAN REDDY  
PRINCIPAL FACULTY OFFICER  
HEALTH SCIENCES

PS: The following general condition is applicable to all projects that have been granted ethical clearance:

THE RELEVANT AUTHORITIES SHOULD BE CONTACTED IN ORDER TO OBTAIN THE NECESSARY APPROVAL SHOULD THE RESEARCH INVOLVE UTILIZATION OF SPACE AND/OR FACILITIES AT OTHER INSTITUTIONS/ORGANISATIONS. WHERE QUESTIONNAIRES ARE USED IN THE PROJECT, THE RESEARCHER SHOULD ENSURE THAT THE QUESTIONNAIRE INCLUDES A SECTION AT THE END WHICH SHOULD BE COMPLETED BY THE PARTICIPANT (PRIOR TO THE COMPLETION OF THE QUESTIONNAIRE) INDICATING THAT HE/SHE WAS INFORMED OF THE NATURE AND PURPOSE OF THE PROJECT AND THAT THE INFORMATION GIVEN WILL BE KEPT CONFIDENTIAL.

cc. Head of School  
cc. Supervisor

## Appendix 7



### KING FAISAL HOSPITAL, KIGALI

B.P. 2534, KIGALI  
TEL: (250) 588888; 582654; 582469  
FAX: (250) 583203  
EMAIL: faisal@rwanda1.com  
Website: www.kfh.rw

July 7, 2008

Ref.no.KFH/004/08/DG/II

Aurélié Nkomeje  
University of Kwazulu Natal, Durban  
South Africa

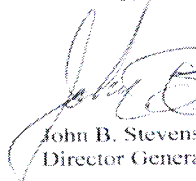
Dear Aurélié,

Reference is made to your letter requesting for permission to collect data for a research project the topic of which is: **"Exploring the factors that contribute to job satisfaction among registered nurses at King Faisal Hospital (KFH), Kigali-Rwanda"**.

I am pleased to inform you that the permission has been granted as per your proposed scheduled. I have found the topic very interesting and I am confident that your findings will help improve on nursing staff satisfaction.

Thank you very much for choosing KFH.K as your case study and we all wish you success.

Sincerely,

  
John B. Stevens  
Director General



CC  
Director of Nursing  
Director of Clinical Services

*Quality care, compassion & Accountability*