

Influence of Individual Factors on Nurses' Job Satisfaction in Selected Public Hospitals in Kericho County, Kenya

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-----ABSTRACT-----

Background: Job satisfaction among healthcare workers plays an important role in influencing productivity, performance efficiency, effectiveness, and the quality and safety of health care services. While there are numerous factors that influence healthcare workers' job satisfaction, there is a need to identify the factors and address them adequately to improve the satisfaction and enhance the quality of health care services provided to the general public. As the Kenyan Government, through the Ministry of Health focuses on promoting the health and wellbeing of Kenyans by advancing health services, it must outline the challenges and inadequacies within the healthcare setting that limit quality, efficiency, and effectiveness in providing care. Identifying the main issues affecting healthcare in Kenya and their influence on nurses' satisfaction continues to enhance quality improvement and public health. This study therefore sought to assess nurses' job satisfaction in selected public hospitals in Kericho County, Kenya.

Objective: The study sought to determine the proportion of nurses satisfied with their job through identifying individual factors influencing job satisfaction among nurses.

Materials and methods: The study employed a facility-based cross-sectional study design. The study reports on results obtained from selected public hospitals in the county. Study respondents were drawn from Kericho, Kapkatet, Sigowet, Londiani and Kipkelion District Hospitals which were purposively chosen. The study targeted a sample size of 216 respondents who were randomly sampled for study using computer generated numbers. Quantitative data was collected using structured questionnaires administered to respondents. Quantitative data was analyzed using Statistical Package for Social Sciences version 22.0. The results were presented in frequency tables, charts, percentages and graphs. Inferential statistics were done using Chi Square tests to determine the association between study variables at 95% confidence interval ($p < 0.05$).

Results: The results revealed that 59% of respondents were satisfied with their jobs in their current work stations. Work experience ($p = 0.019$), income ($p = 0.001$), intention to leave ($p = 0.001$), and interpersonal relations ($p = 0.037$), were significantly associated with nurses' job satisfaction.

Conclusion: The study concludes that the respondents from Kericho County were satisfied with their current nursing job. Individual factors significantly influencing nurses' job satisfaction. These results would be of use to the County government of Kericho, public hospitals and the Ministry of Health for purposes of policy formulation and implementation with regards to workable improving job satisfaction thus increased efficiency in work performance and productivity.

Key words: Nurse, public hospital and satisfaction.

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I. INTRODUCTION

Most healthcare institutions fail to recognize their objectives and the desired outcomes as a result of job dissatisfaction among their staff due to low nurses to patient ratio, demotivated workforce, ineffective management, poor working environment, poor pay, and the lack of the necessary equipment (Woodward, 2012). Considering that nurses form the greater percentage of healthcare professionals and contribute significantly towards the achievement of healthcare goals through the contribution to patient care and other health care roles, there is a need to address the issue of job dissatisfaction among them (Chan, Tam, Lung, Wong, & Chau, 2013). Nurse high turnover and shortages remain issues of greatest concern in healthcare systems worldwide and thus require immediate attention.

The changing healthcare needs demand the application of new technologies in facilitating high-quality patient care that meets patient needs adequately and promotes public health. The integration of technology and innovation in the management of healthcare and the provision of care services is fundamental to advancing effectiveness in the provision of care. Most importantly, retaining competent health care workers remains central to the achievement of high-quality level of care in Kenya and around the globe. However, job dissatisfaction stands in the way of ensuring quality, effective, and safe care that meets the health needs of the patients and promotes public health. Job satisfaction results in improved commitment, dedication, and productivity of the employees (Strachota et al, 2003; Al-Hussami, 2008; Shader et al, 2018). Job dissatisfaction contributes to a higher employee turnover and in the case of the healthcare setting in developing countries, builds on the existing challenge of a low nurse and healthcare professionals to patients (Sourdif, 2004; Ito et al, 2001). Promoting job satisfaction contributes to improved quality of service, superior healthcare outcomes, and patient satisfaction (Tzeng, 2015).

The extensive study of job satisfaction in organizational behavior identifies its influence on the general success of a business or an institution (Spector, 2007). Considering its influence, the healthcare overlook this variable (job satisfaction) and its impact on the healthcare sector. Research by Seo (2014) and other extensive literature shows the need for supporting the development of job satisfaction among employees. Some of the effects of job dissatisfaction include absenteeism, demotivation, and grievance expression, inefficiency in performing duties, lack of commitment, and a high turnover. Satisfaction among workers in the context of their jobs is core for an organization in retaining a stable and skilled staff.

II. LITERATURE REVIEW

2.1 Theoretical Review

Human resource is vital in any business organization. Qualified workers translate to improved productivity, enhanced performance and higher efficiency. The human behavior is greatly unpredictable making human resource is very hard to manage. That people depict differing behaviors that change over time make the management of human resources difficult. However, considering the importance of human resource in influencing the success of an organization, the management must adopt and implement measures or leadership/management strategies that ensure effective human resource management.

2.2 Empirical review of related literature

The extensive research on job satisfaction offers insight on its importance in human resource management. The study of the topic traces its history to nursing research, where job satisfaction remains greatly discussed (Jackson-Malik, 2005). The 1924 Hawthorn studies by Elton Mayo signified the start of job satisfaction research. Elton worked with other team members in Massachusetts' Western Electronic Company to understand employee productivity (Hansen, 2007). Over the years, numerous researchers have investigated the element of job satisfaction and worker productivity in depth. Evidence from research shows the importance of job satisfaction in determining the effectiveness, efficiency, and performance of employees and thus their influence on organizational objectives and success. There is a need for considering job satisfaction in the formulation and implementation of work policies and determining and assessing the perceptions and attitudes of the staff.

2.3 Overview of the nurses' satisfaction studies conducted

Much literature is available which address the issues of job satisfaction in nursing profession. Studies have recommended a number of elements of job satisfaction, containing demographic features age, marital status, educational level, attitude towards work, number of working hours. In the United States, Studies conducted identified demographic characteristics, geographic factors, and job-specific issues as some of the major factors influencing job dissatisfaction (Cahill, 2011; Kovner et al., 2006; Ma, 2002; Zangaro&Johantgen, 2009). While supported by supported by Aiken et al. (2002) and McGlynn, et al. (2012), Zangaro and Johantgen (2009) offer a similar finding as Ma (2002) who states that there is a major relationship between a nurse's work experience in terms of years and job satisfaction. Other factors related to job satisfaction as identified by Ma (2002) and McGlynn (2012) include work environment and organizational climate, health plans, job position, and retirement plans among others. Additionally, organisational support, group cohesion, low work-family conflict, and various work experiences influence job satisfaction significantly (Kovner et al., 2006). Further, Kovner et al. (2006), Cahill (2011), Zangaro and Johantgen, (2009), and Kovner, et al. (2006) support Ma's finding and further cite promotional opportunities, managerial and team support, and work autonomy as essential elements that facilitate job satisfaction.

Nursing research in New Zealand and Australia points out job satisfaction as a fundamental aspect of the profession and nursing practice. While citing its importance, Skinner, et al. (2012) states that Australia and NZ record moderate to high job satisfaction levels. A regional study of NZ and Australia indicates that extrinsic

and intrinsic factors affect job satisfaction and must be considered in the management of human resource in the healthcare setting (Hegney, et al., 2006). In these countries, intrinsic factors compared to the factors identified in the US and the UK and included morale, autonomy levels, and task requirements among others (Hegney et al., 2006; Hayes et al., 2013). Additionally, other factors including the working environment, institutional policy, professional status, and pay levels were identified as extrinsic/organizational factors that influence job (Hegney et al., 2006; Hayes et al., 2013). According to Hegney, et al., work values and other internal and external factors influence practice and the levels of job satisfaction by Queensland Nurses Union members in Australia.

In Kenya, a study conducted at Kenyatta National Hospital by Daisy (2013) revealed that nurses in KNH are motivated by achievement, recognition, autonomy and remuneration. However, supported by MoH (2013), the study pointed out that most nurses across the country are either dissatisfied by their job or think that there is a need for improvement in the healthcare sector to boost the quality of care, enhance safety, and promote effectiveness in providing health care service to enhance job satisfaction.

2.4 Healthcare workers' challenges in Kenya

The Kenyan union of medical practitioners, dentists, and pharmacists has raised concerns over the impact of the challenges facing the healthcare sector on the provision of quality medical/clinical services. Additionally, the Kenya National Union of Nurses highlights the plight of nurses in the country and seeks to fight for the improvement of the healthcare sector. Nurses, doctors, physicians and other healthcare professionals have in the past years organized strikes to protest some of the issues that affect the healthcare and demand for government action. In support of policy documents about the healthcare sector in Kenya, MoH (2017) and Otieno (2013) asserts that most of the issues facing the sector are influenced by the economy and socio-political factors. Poor implementation of

2.5 Summary of Literature Review and Gaps Identified

According to the MoH (2016), Kenya has made significant strides in the last two decades to improve its healthcare sector. Though some challenges continue to affect the development of healthcare organizations this affects work environment, healthcare professionals' satisfaction, their performance and productivity, and the quality of care the institutions are able to provide (Hayes, Bonner, & Pryor, 2010).

Considering the importance of access to and utilization of care in promoting health outcomes and improving public health, there is a need for understanding the challenges facing the sector and the workers within it (WHO, 2014).

III. MATERIALS AND METHODS

3.1 Study design

The study adopted a descriptive cross-sectional study is where quantitative approach was used to collect the data from respondents in order to identify factors influencing the satisfaction of nurses in selected public hospitals in Kericho County (Kothari, 2008). It was preferred because it ensured complete description of the situation making sure that there was minimal bias in data collection. This design was justified as it captured all the information on the satisfaction of nurses in selected hospitals in Kericho County.

3.2 Study location

The study was conducted in five selected public hospitals in Kericho County namely; Kericho District Hospital, Kapkatet District Hospital, Londiani District Hospital, Kipkelion District Hospital and Sigowet District Hospital which are located in Kericho County. In total the five hospitals have approximately an average of 500 bed capacity with approximately 2000 outpatient clients on daily basis. It is served by approximately 400 nurses. The selection of these health facilities took into consideration the five sub-counties in Kericho County namely, Kericho Town, Belgut Sub County, Buret Sub County, Londiani Sub County and Kipkelion Sub County. This made it easier it easier in exploring and understanding the factors that contribute to compromised delivery of services.

3.3 Study population

The study population included all the nurses in the respective selected hospitals in Kericho County. The nurses gave information about the factors affecting their satisfaction in the delivery of healthcare services.

3.4 Sampling techniques and sample size determination

3.4.1 Sampling procedures and techniques

Kericho County was purposively chosen because of it was one of the counties which witnessed several strike notices signifying a dissatisfied nurses work force. The hospitals selected for study were purposively selected. One hospital was selected from each sub county. The largest referral facility in each sub-county was

included for study. In total 5 health facilities were chosen for study. The study respondents were randomly selected using computer generated random numbers. Respondents selected from each facility were proportional to the number of nurses in each facility. Then finally structured questionnaires were administered by trained research assistant to each selected respondent to fill in their responses. In total 216 questionnaires were administered. The filled questionnaires were kept under locked cabinets and only accessed by the principal investigator. These techniques provided a range of methods to ensure reduction of the amount of data collected from each facility rather than all observable units.

3.4.2 Sample size determination

Sample size refers to the number of observations made in a sample (Kothari, 2008). It relates to statistical precision of survey results in which bias is the concern related to low response rate (Tolonen, 2008). Sample size was determined using the formula for populations less than 10, 000 since there were 400 nurses in January-February 2019 (DHIS, 2019).

According to Fishers et al (1998), sample size $n = \frac{z^2 p q}{d^2}$

Where: n = desired sample size

z = standard normal deviate (1.96)

p = (0.5) proportion of the nurses satisfied with their job in the population

q = (1-p=0.5) proportion of nurses dissatisfied in the population

d = degree of accuracy at 95% confidence interval (0.05)

Therefore, the desired sample size was given by:

$$\frac{1.96^2 \times 0.5 \times 0.5}{0.05^2}$$

$$= 384$$

Since the population estimate is less than 10,000, Fishers et al second correction formula was used;

$n_f = n / (1 + n/N)$ where;

n_f = New sample size

n = desired sample size calculated using the first formula

N = Population estimate

$$N_f = \frac{384}{1 + \frac{384}{400}}$$

$$= 196$$

$$= 196$$

$$= 196$$

10% of subjects were added to cater for non-responses. Therefore, 216 subjects meeting the inclusion criteria were interviewed

Sample size refers to the number of observations made in a sample (Kothari, 2008). Sampling enhances statistical

3.5 Data collection techniques

Quantitative data collection tools were used to collect quantitative data. The researcher used structured questionnaires with open and close ended questions. The questionnaires were administered using trained research assistants.

3.6 Data management and analysis

The analysis of the data collected during a study enables an in-depth analysis and discussion paving way for the formulation of the recommendations. The analysis of the data and its presentation included transcription, coding, and labelling to allow content analysis. First, data was entered into a Microsoft excel spreadsheet. It was then imported to the statistical package for social sciences (SPSS) version 22.0 for analysis. The descriptive analysis was presented as percentages, tables, frequencies, charts and graphs. Additionally, the Chi-Square tests (95% CI; 0.05 margin error) were used to calculate inferential statistics. This was used to show the association between dependent and independent variables.

3.7 Ethical considerations

Authorization to do the research was sought from Kenyatta University graduate school. Ethical clearance was sought from Kenyatta University Ethics Review Committee. A research permit was obtained from the National commission of Science, Technology and Innovation. Research authorizations were further sought from Kericho County Government and permission from the management of the respective selected hospitals. Consent was also sought from respondents prior to being interviewed. The respondents were assured of their privacy and confidentiality in participating in this research. The researcher has a plan to disseminate the findings

of this study to the relevant stakeholders for further action as well publishing them for future academic reference.

IV. RESULTS

4.1 Work experience

Concerning the respondents' number of years of work experience, slightly more than half 109 (53%) of the respondents reported to have experience of between 5-9 years followed by 60 (29%) who had experience of between 0-4 years. The results are presented in the figure 4.2:

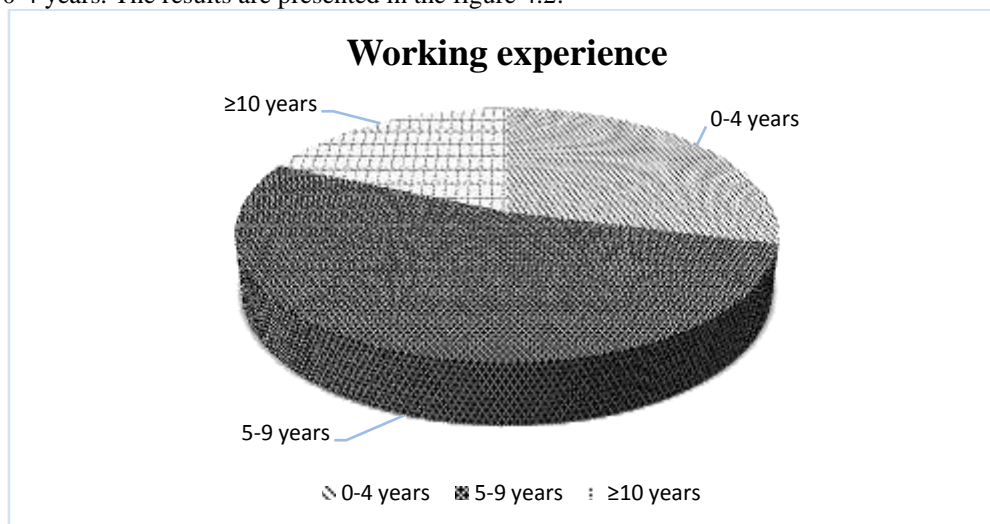


Fig 4.2: Working experience among respondents

4.2 Nurses income

The results showed that slightly below half 100 (48%) of the respondents earned an income of between Kshs 40,000-49,000 followed by 53 (26%) who earned between Kshs 30,000-39,000 per month. The results were presents in the figure 4.3 below:

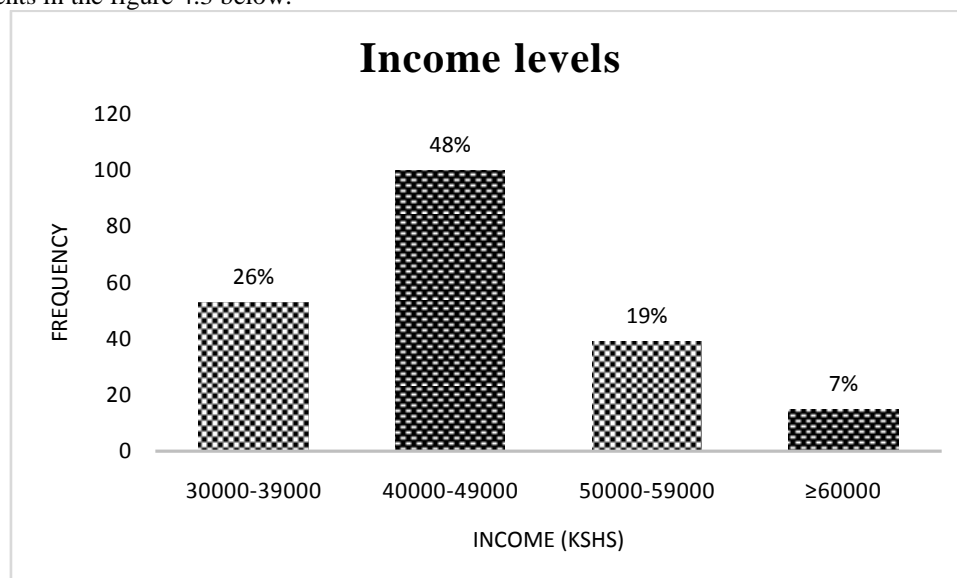


Fig 4.3: Income levels among respondents

4.3 Ward of designation

The results showed that slightly below a third 61 (29.5%) of the respondents were designated in the maternity ward followed by 35 (16.9%) working at the Paediatric ward. The results were presented in the table 4.3 below:

Table 4.3: Designated working ward among respondents (n=207)

Independent variable	Respondent response	Frequency (N)	Percentage (%)
Designated working ward	Surgical ward	15	7.2
	Maternity	61	29.5
	Pediatric ward	34	16.4
	Outpatient	35	16.9
	Medical ward	19	7.7
	Critical/intensive care	28	13.5
	Theatre	15	7.2

4.4 Intention to leave

Regarding the respondents' intention to leave current job station, more than half of the respondents 123 (59.4%) reported that they did not have any intention to leave the current station followed by 69 (7.2%) who reported to be having an intention to leave. The results were as shown in the figure 4.4 below:

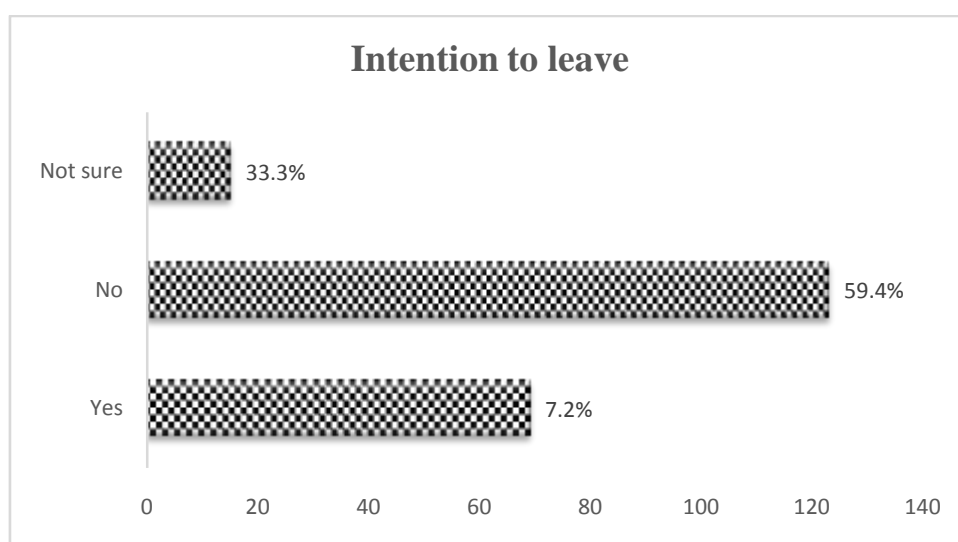


Fig 4.4: Intention to leave among respondents

4.5 Workload Comfortability

Concerning the respondents' perception towards assigned work load, slightly more than half 107 (52%) of the respondents' revealed they were comfortable with the assigned work load while 100 (48%) were not comfortable with the work load. The results were presented as in the figure 4.5 below:

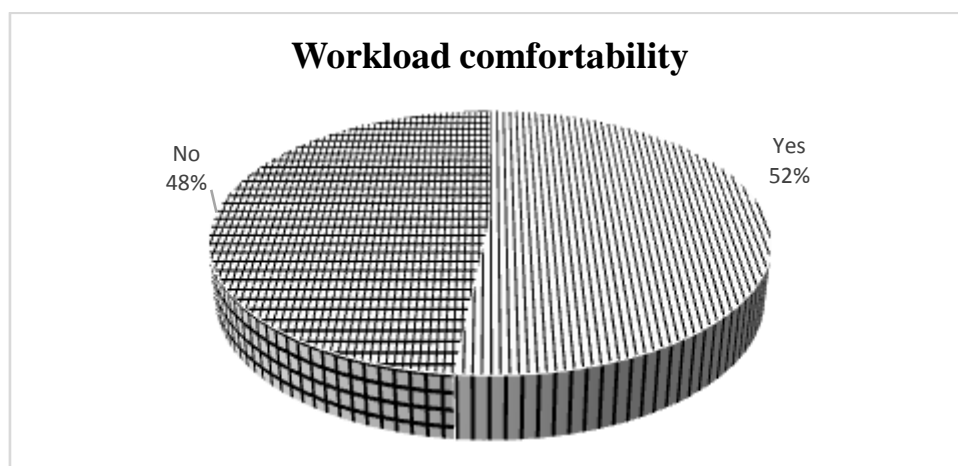


Fig 4.5: Perception towards assigned workload among respondents

4.6 Interaction with patients

The results further revealed that majority 146 (71%) reported that they enjoyed interacting with the patients while 61 (29%) of the respondents did not enjoy interacting with the patients. The results were as shown in the figure 4.6 below:

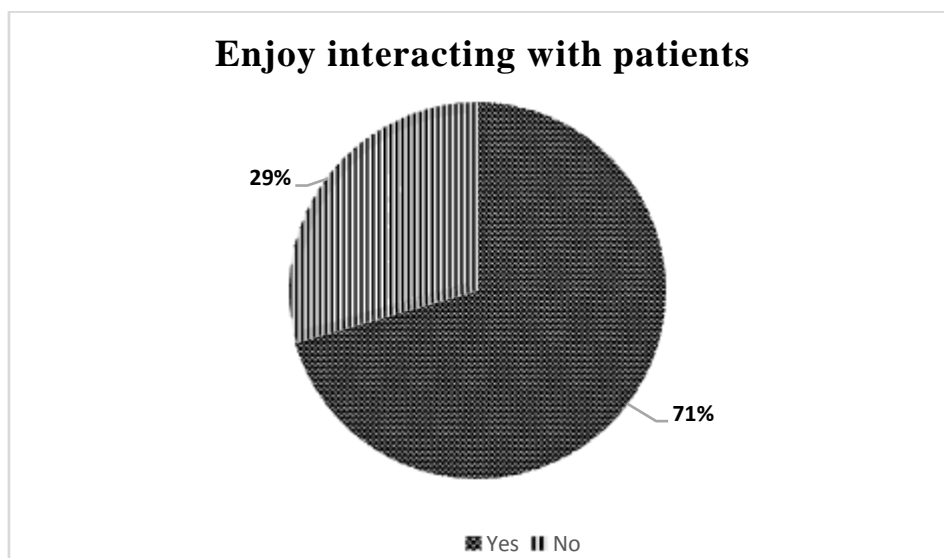


Fig 4.6: Interaction with patients among respondents

4.7 Sense of interpersonal relations

Regarding interpersonal relations among the respondents, Majority 131 (63%) revealed they had a good sense of interpersonal relation among the respondents while 76 (37%) did not have good interpersonal relation. The results were as shown in the figure 4.8 below:

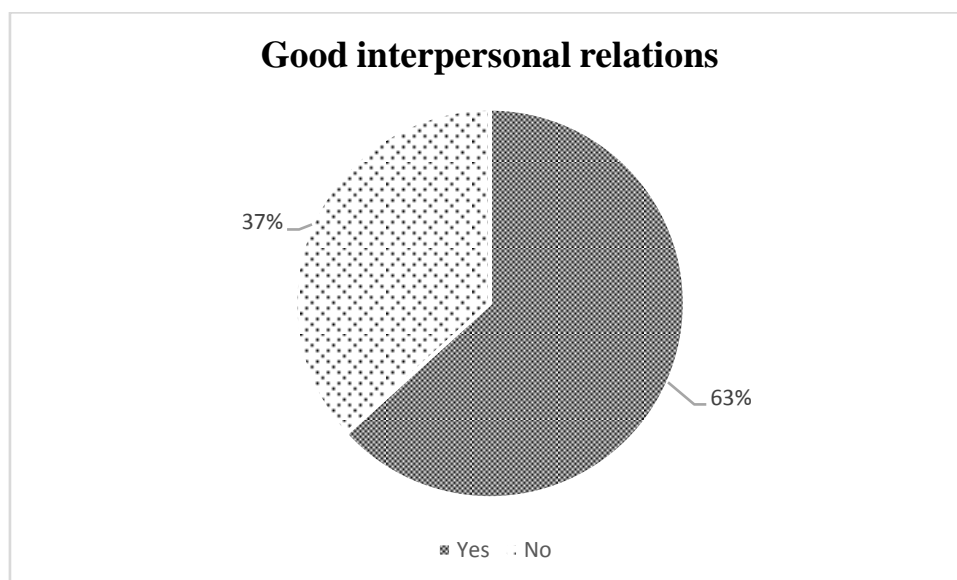


Fig 4.8: Sense of interpersonal relations among respondents

4.8 Influence of individual factors on nurses' job satisfaction

The results were presented as in the table 4.4 below:

Table 4.4: Association between individual factors and job satisfaction among respondents (n=207)

Independent variable	Respondent response	Dependent variable (Job satisfaction)		Statistical significance
		Satisfied (N=123)	Dissatisfied (N=84)	
Working experience	0-4 years	32(53.3%)	28(47.7%)	$(\chi^2=1.640, df=2, p=0.019)$
	5-9 years	69(63.3%)	40(37.7%)	
	≥10 years	22(57.9%)	16(42.1%)	
Nurses income level	30000-39000	38(71.7%)	15(28.3%)	$(\chi^2=62.579, df=3, p=0.001)$
	40000-49000	70(70.0%)	30(30.0%)	
	50000-59000	8(20.5%)	31(79.5%)	
	≥60000	7(46.70%)	8(53.3.0%)	
Designated ward	Surgical ward	8(53.3%)	7(46.7%)	$(\chi^2=60.003, df=6, p=0.589)$
	Maternity	23(37.7%)	38(62.3%)	
	Pediatric	26(76.5%)	8(23.5%)	
	Outpatient	28(80.0%)	7(20.0%)	
	Medical ward	8(42.1%)	11(57.9%)	
	Critical/intensive care	23(82.1%)	5(17.9%)	
	Theatre	7(46.7%)	8(53.3%)	
Intention to leave working in the facility	Yes	23(33.3%)	46(66.7%)	$(\chi^2=33.856, df=2, p=0.001)$
	No	93(75.6%)	30(24.4%)	
	Cannot tell	7(46.7%)	8(53.3%)	
Comfortability of assigned workload	Yes	63(58.9%)	44(41.1%)	$(\chi^2=0.027, df=1, p=0.870)$
	No	60(60.0%)	40(40.0%)	
Enjoy interacting with patients	Yes	92(63.0%)	54(37.0%)	$(\chi^2=2.653, df=1, p=0.013)$
	No	31(50.8%)	30(49.2%)	
	Positive	69(53.1%)	61(56.9%)	
Shared sense of interpersonal relations	Yes	76(58.0%)	55(42.0%)	$(\chi^2=0.292, df=1, p=0.037)$
	No	47(61.8%)	29(38.2%)	

V. DISCUSSIONS

Concerning the respondents' number of years of work experience, the results revealed that majority of respondents had an experience of 5-9 years. This may be attributed to the effects of devolution which meant that more nurses were hired to meet the county needs for healthcare services. Those in this work experience range have settled in their work station thus more satisfied. There was a significant statistical association between years of experience and job satisfaction. Increase in work experience led to increased satisfaction among respondents. The more one works in the healthcare sector the more one gets familiarised with the work requirements thus more satisfied.

The results were consistent with a study done in Korea and China which revealed that increase in work experience results to more satisfaction ranking among respondents (Hwang et al., 2009). In a study done in New Zealand, USA and UK to determine satisfaction among nurses in the healthcare sector, it was revealed that work experience directly contributes to nurses' satisfaction (Hayes et al., 2013 & McGlynn et al., 2012). The results were inconsistent to a study done in Kenya to determine job satisfaction among nurses working in obstetric units in public hospitals which revealed that nurses with a work experience of more than 20 years were more satisfied (Kahiga, 2017). The results were consistent with a study done in Turkey which showed that those with a work experience of more than 5 years were more satisfied due to increased rewards and remuneration (Gaki et al., 2013 & Pinar et al., 2017).

Regarding income among respondents, the results revealed that majority of respondents were middle income earners of 40,000 to 49,000 Kenyan shillings. This may be because this is entry level for diploma holders who occupied a larger share. There were significant statistical association between income and job satisfaction. Satisfaction among nurses increased with increase in income as the respondents were able to meet their family demands and responsibilities. The results concurred with a study done by Kimuyu (2014) which revealed that nurses who earned reasonably high income were satisfied with their job. Contrary results were reported by another study done in Australia which showed that nurses did not prioritize income as core cause of job satisfaction (Hegney et al., 2006).

The findings of this study showed that most of the respondents did not have an intention to leave their current working stations. This may be attributed to the fact that they were satisfied with the current job designations and increased rates of unemployment in the country. In fact most county governments threatens to sack them whenever they have issues with their jobs. The results were inconsistent with a study done by Miller

(2007) which found out that majority of nurses showed an intention to leave their work stations due perceived unsatisfactory with their jobs.

The results were in agreement with a study done in Kenya which showed that only six percent of Kenyan nurses have an intention to migrate. However, it was more common among those with more than 10 years of working experience and those with diploma and degree levels of education (Gross, 2011). A report by the Ministry of Health in Kenya recommended the government to boost the quality of care, enhance work safety and promote effectiveness in providing healthcare services to curb the raising cases of job turnover rates (MOH, 2017 & Raddah et al., 2012).

Concerning the respondents' perception towards assigned work load, majority of respondents revealed that they were comfortable with the assigned work load. However, there was no significant statistical association between individuals workload and job satisfaction. This may be due to adequate number of nurses in the county as a result of devolution thus reduced workload. The results were inconsistent with a study done in USA which showed that perceived increased workload leads to job dissatisfaction (Hayes et al., 2010). Inconsistent results were also reported in a study done by Kovner et al (2006) and Seo et al (2004) whose results revealed that low workload results to increased job satisfaction.

Majority of respondents had a positive attitude towards their job. This may be due to the fact that the respondents valued their jobs since it was their duty to care for the patients. There was a significant statistical association between attitude and job satisfaction. Those with a positive attitude were more satisfied. The results were consistent with a study done by Hayes et al (2010) which showed that job satisfaction can be improved through improved attitude of staff thus increased productivity. Attitude and performance colleagues interventions with intrinsic values that incorporate the care activities targeting the improvement of the patients' quality of life (Hellman, 2017).

According to results of this study, it was shown that majority of respondents had good interpersonal relations with their colleagues at work. There was a significant statistical association between job satisfaction and interpersonal relations at work. Better interpersonal relations boosts chances of interaction and sharing of working challenges thus problem solving among respondents. Poor interpersonal relationships leads to job dissatisfaction since people feel working in an environment in which they don't feel comfortable (Messen et al., 2007). Similar results were reported by a study done by Reinartz et al (2004) which attributed job satisfaction with good relations between employees.

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