

**THE ROLE OF JOB SATISFACTION OF NURSES ON PROVISION OF
HOSPITAL SERVICES TO PATIENTS IN RWANDA**

CASSIEN GATOYA

**A THESIS SUBMITTED IN FULFILMENT OF THE REQUIREMENTS
FOR THE DEGREE OF DOCTOR OF PHILOSOPHY OF THE OPEN
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CERTIFICATION

The undersigned hereby certify and recommend, for acceptance by the Open University of Tanzania, a thesis entitled; "The Role of Job Satisfaction of Nurses on Provision of Hospital Services to Patients in Rwanda" in fulfilment of the requirements for the award of the Degree of Doctor.

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Professor Mary D. N. Kitula
(Supervisor)

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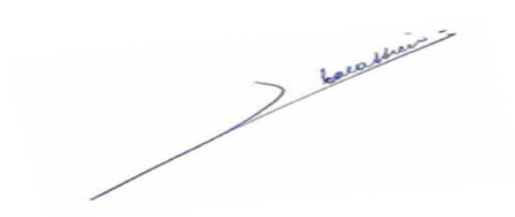
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DECLARATION

I, Cassien Gatoya, do hereby declare that this thesis is my original work and has never and will not be presented to any other University or Institution for the same or similar award.



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Signature

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Date

DEDICATION

This study is dedicated to Christ who promised me to be my Shepherd and to show me the right way of living (Psalm 23:1). It is also dedicated to my supervisor considered as a wonderful coach; to God Servant – Bishop Augustin Mvunabandi and his wife for their financial support, encouragement and prayers. To my wife and children who supported me in this long process of studies.

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ABSTRACT

The study aimed to assess the role of job satisfaction of nurses on provision of hospital services to patients in Rwanda. A cross-sectional design was developed and conducted from October 2015 to August 2016 in five (5) hospitals. Data were collected by means of 308 questionnaires administered to nurses and the interview held with 360 patients. The Pearson Correlation Coefficient was computed to correlate two or more continuous variables and be informed on their significant relationship. Three (3) variables were found to be strongly correlated to job dissatisfaction of nurses. Seven (7) variables considered as moderate correlation to job dissatisfaction of nurses were salary, promotion opportunities, organizational policy and administration, allowances, supervision from superiors, psycho-social working conditions for nurses and nurses' welfare at work place. Four (4) variables strongly correlated to patients' dissatisfaction were regular rounds and availability of nurses each time needed by patients, availability of health services delivered to patients, patient waiting time for health services and patient loyalty and willingness to recommend the same hospital to another patient. A strong correlation between the overall level of patient care satisfaction and the overall level of nurses' job satisfaction has shown a strong correlation. In conclusion, majority of nurses (58.8 %) in five (5) selected hospitals were dissatisfied with their job while majority of patients (48.4%) were also dissatisfied with the services they received from nurses. Managers of hospitals should implement all mechanisms that lead to nurses' job satisfaction which can consequently lead to patients care satisfaction.

Key words: *Nurses Job satisfaction, Provision of Hospital Services and Patients' satisfaction*

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LIST OF ABBREVIATIONS

ACSI	American Customer Satisfaction Index
ANOVA	Analysis of Variance
ECSI	European Customer Satisfaction Index
FBM	Faculty of Business Management
FGD	Focus Group Discussion
HMIS	Health Management Information System
HR	Human Resources
HRIS	Human Resources Information System
HRH	Human resources for Health
HSSP	Health Sector Strategic Plan
JCM	Job characteristics Model
JDI	Job Descriptive Index
MMSS	McCloskey/Mueller Satisfaction Survey
MNPJSS	Misener Nurse Practitioner Job Satisfaction Scale
MOH	Ministry of Health
NCNM	National Council of Nurses and Midwives of Rwanda
NJSS	Nurses' Job satisfaction scale
PBF	Performance Based Financing
SPC	Service Profit Chain
SPSS	Statistical Package Social Sciences
USA	United State of America
WHO	World Health Organization

CHAPTER ONE

INTRODUCTION

1.1. Background to the Study

Job satisfaction is a topic of wide interest and it is a very important aspect not only for employees who look for self-satisfaction but also for the success of the institution (Lim, 2008). If employees are not satisfied with their job, they will not be loyal with their institution. The lack of satisfaction and loyalty that characterises employees may lead them to apply for another job elsewhere (Reed, *et al.*, 1994). Job satisfaction is pertinent topic to health providers including nurses due to the fact that nurses in health facilities are expected to provide quality care of patients while working in a highly stressful environment (Adams, *et al.*, 2000; Arnetz, 1996).

Dissatisfaction of nurses on their work can cause poor job performance, low quality of the hospital work and low productivity. This is because in such situation a nurse is not focused on his/her professional tasks but how he/she can find a more satisfying job in another institution and it leads to staff turnover. This situation can have a negative impact on health facilities such as losing experienced nurses, unplanned recruitments with related costs or use of temporary staff who are less familiar with a consequence of low satisfaction of patients (Agezegn, *et al.*, 2014).

Job satisfaction is the degree of favourableness with which the employees view their work. It is an issue that affects the lives of all workers including nurses as health professionals. It is also a factor that determines whether an employee remains in a current position or seek a new job elsewhere. Furthermore, job satisfaction influences the quality of work produced and in healthcare, the level of patient

satisfaction (Stewart, 1983).

Hospitals, as health organizations play an important role in healthcare of people in society and rely more on manpower than other organizations because they deal with people's life (Nolan, *et al.*, 1995). Having various health professionals including nurses, various supportive and administrative staff, every hospital delivers health services to patients. Among the staff mentioned here, nurses are in the category of the biggest hospital staff (Sharifah, *et al.*, 2011). A nurse is an important member of staff in a hospital team and has various responsibilities and tasks related to patient such as caring, supporting, treating, counselling, advising, managing, educating, and doing research. Job dissatisfaction among nurses contributes to costly labour disputes, poor performance on the hospital, turnover and leads to patients' dissatisfaction. Job satisfaction is one key element of health practitioners which has received attention worldwide (Alemshet, *et al.*, 2011).

Globally, nurses' job satisfaction is associated with performance within the job environment. In their report, Aiken, et al. (2001) entitled *nurses' reports on hospital care in five (5) countries*, investigated different factors of nurses' job satisfaction. They assessed the relationship of each factor of job satisfaction and studied the impact of these factors on employees' productivity. A variety of results derived from this qualitative study demonstrated that the highest job satisfaction among nurses was in the United States (41%) followed by Scotland (38%), England (36%), Canada (33 %) and Germany (17%). With this result, nurses' job satisfaction was low and the consequences were that one third of nurses in Scotland and England and more than one fifth in the United States intended to leave their profession within 12

months (Burnard, *et al.*, 1999).

A study on patient safety, satisfaction, and quality of hospital care using a cross-sectional survey of nurses and patients was conducted in 12 European countries (Belgium, England, Finland, Germany, Greece, Ireland, Netherlands, Norway, Poland, Spain, Sweden, and Switzerland) and in the United States (California, Pennsylvania, Florida, and New Jersey). The percentage of nurses who reported poor quality of patients' care varied substantially from 11% in Ireland to 47% in Greece. Nurses' job dissatisfaction varied from 11% in Netherlands to 56% in Greece while nurses' intention to leave their job varied from 14% in United States to 49% in Finland and Greece. The percentage of patients that were willing to recommend their hospitals was 53% in Greece to 78% in Switzerland. In general, hospital quality care deficits were common in all surveyed countries and researchers recommended that hospitals should improve their work environment in order to produce safer and higher quality hospital care and higher patient satisfaction (Aiken, *et al.*, 2012).

The United States' Joint Commission on *accreditation of healthcare organization* (2005) showed a strong correlation between nurses' satisfaction and patient satisfaction scores. It was shown that a lack of commitment and engagement of a nurse as a member of health practitioners has a negative impact on patients' satisfaction and their experience to return in the hospital or to recommend new patients to seek health services in the same hospital. Satisfaction of nurses reduces job stress, nurses' shortages and turnover, leaves of absence at work, poor job performance, low productivity of the organization and reduces work-related disability and violence claims (Harmon, *et al.*, 2003; Joiner and Bartram, 2004).

Satisfied nurses with their jobs exhibit higher levels of patient safety and less medication errors which increases patient satisfaction (Rathert and May, 2007). Satisfied health professionals were also found as a source of shortened lengths of stay for patients and therefore reduce costs related to health services (Karasek, 1990).

In Asian countries such as Pakistan, a study done by Kumar, *et al.* (2013) *on job satisfaction among public health professionals working in public health* revealed that the most dissatisfying factors among nurses at work and within the work setting were high workload; stress associated with high workload and biased nursing management. Other factors include the lack of appreciation or monetary incentives, and a rigid attitude on the part of nursing management. This situation impacted negatively on patient care satisfaction in various hospitals of Pakistan. The most satisfying factors that were identified in that study were working with an international reputable company, getting a positive feedback from the hierarchy, availability of necessary materials and equipment and a positive feedback from nurses to patients (Kumar, *et al.*, 2013).

In Bangladesh, nurses' job satisfaction was discussed in one way or another. It was found as a burning issue for health care settings particularly in government hospitals where nurses' job satisfaction was very low (Hossain, 2008). In addition, the World Health Organization (WHO, 2003) reported that 90 % of nurses and midwives in Bangladesh were dissatisfied with their job while another study conducted by Hossain (2008) in one public and private hospital in Bangladesh found that 63 % of nurses were unsatisfied with their job (Hossain, 2008). Another study by Atkins et

al., (1996) showed that employee dissatisfaction negatively impacts the quality of care and ultimately has an adverse effect on patient loyalty and in turn on hospital profitability. Lastly, quality improvement initiatives were found to have a positive correlation with employee satisfaction as well as with client satisfaction as shown in the study of Swedish healthcare (Kammerlind et al, 2004).

In China, *assessing differences in job satisfaction of nurses in magnet and non-magnet hospitals was studied by Upenieks (2000)*. They showed that nurses in most hospitals in China were not able to use nursing processes to provide patients' care; nurses were not independent on their work. They had to work on orders from medical doctors and this system caused work frustration with consequences of low satisfaction of nurses. Problem identification, critical decision making, delegation of authority and accountability were not encouraged in the management of nurses (Upenieks, 2000). Consider the factor of pay policy, nurses in China felt as underpaid and their salaries did not reflect what they contributed. Nursing management and leadership skills factor showed that nurses who had less than 10 years of experience thought nurses' managers lacked scientific management and leadership skills.

The majority of nurses in the study were not satisfied with deductions on nurses' bonuses as a way to improve clinical practice where they proposed that nurses' managers and administrators should update their knowledge in nursing management to meet the challenges and demands of new graduates. Finally, the lack of promotions for secondary education nurses in China was underlined as one factor of nurses' job dissatisfaction because their level of education limited their chances of

promotions and their professional development (Hu and Liu, 2004).

In African countries, studies on nurses' job satisfaction and patient care satisfaction were discussed by various scholars. Three (3) countries namely, South Africa, Nigeria and Tanzania were taken as examples in this study as discussed below. In South Africa, a study conducted by Rubin (2009) *on work satisfaction of professional nurses in South Africa: a comparative analysis of the public and private sectors* showed that nurses working in the public sector were most dissatisfied with their pay, workload and the resources rendered available to them.

In the private-sector, nurses were moderately dissatisfied with their pay and workload and marginally dissatisfied with their career opportunities. All two (2) mentioned sectors have identified pay and workload as important sources of dissatisfaction. Nurses in the private sector are relatively more satisfied with these factors than nurses in the public-sector (Rubin, 2009). The same study also showed that dissatisfied health workers not only provided poor quality of health services but there was also an evidence of a positive correlation between nurses' job dissatisfaction and patient dissatisfaction. This means that there is a strong influence of nurses' job satisfaction or dissatisfaction on the quality of healthcare provided to patients (Tzeng, 2002).

In Nigeria, Olusina, *et al.* (2004) conducted a study on *patient and staff satisfaction with the quality of in-patient psychiatric care in General Hospital of Nigeria* and highlighted job dissatisfaction among nurses. The reasons of nurses' job dissatisfaction in this study included low pay, poor working conditions, workload

and poor promotion rate. Services provided in public health facilities were generally perceived by patients as very poor services and nurses were generally dissatisfied with the quality of care delivered to their patients. Nurses had also claimed for many years to their nursing managers and other health professional councils to increase government funding distributed to health facilities but in vain.

The out-patient department in some hospitals was considered as window-shop of the hospital. Patients faced with various problems in the out-patient department such as overloaded nurses, long waiting time in consultation, lack of orientation and proper guidance in various departments (Olusina, 2004). Nurses are very important health providers to influence hospital productivity as well as to produce the quality of care delivered to their clients (Nikic, *et al.*, 2008). Newman et al., (2001) outlined a clear interrelationship between satisfaction of health workers, quality of care and patient satisfaction.

In Tanzania, a study conducted by Khamis K. and Njau B. (2014) on patients' level of satisfaction on quality of health care at Mwananyamala hospital in Dar es Salaam showed that the overall level of patients' satisfaction on the quality of care delivered by health professionals at the out-patient-department was low. However, this finding is different from the one of the study carried out at Muhimbiri National Hospital in Dar es Salaam. At this hospital, Majority of patients were satisfied with the quality of health services rendered to them. Therefore, it is not generally proven that satisfaction of patient is always related to the quality of service. In this regard, as reported by Leonard (2008) in a study conducted in Arusha, in the context of Tanzania, satisfaction is not directly associated with the quality of services. There

are other dimensions to evaluate patients' level of satisfaction such as health insurance dimension, reliability, empathy and responsiveness of the health workers.

The observed dissatisfaction of patients was also linked to the behavior of healthcare providers (Leshabari et al., 2008). Every healthcare organization today is invested in achieving and maintaining the best possible patient satisfaction scores. Among other benefits, patients are more likely to return if they had a positive experience, and there is definitely a financial aspect in achieving a high patient satisfaction rate. Therefore, health facilities must be proactive to ensure that patients are having good customer service and positive experience through engaged and satisfied nurses.

The health industry in Rwanda is growing rapidly due to high demand of the health services. The rapid increase in the number of public and private health facilities in Rwanda indicates that competition about the quality of healthcare is becoming intense. As the health sector becomes more competitive, it is important for health institutions to improve the level and the quality of care provided to their clients in order to distinguish themselves from competing institutions. The efforts made in health care will increase the overall level of patients' satisfaction. In addition, all services delivered will be focused on patient currently known as a customer, who has a responsibility to evaluate, appreciate, and criticize the health services offered to him/her (Mulley, *et al.*, 2012).

In recent years, the quality of services provided to customer has become a subject of debate in many conferences, seminars and meetings of leaders in Rwanda. A number of corporations including hospitals and health centres have introduced suggestions

boxes, customer care offices and customer care committees in order to monitor the health services provided to patients and regular follow-up of patients' claims. Many social media such as written magazines, radios and televisions sensitize the population that a good service is their right. Considering all these good practices; the problem is to know if the attention taken to the front desk of customer care officer goes together with the attention of health services provided to out-patients and in-patients departments.

The government of Rwanda through the Ministry of Health (MOH) has put in place many policies related to health workers management in order to improve the availability of well-qualified health professionals throughout the country, particularly in rural and other poorly served areas. One of the goals of the national strategic plan (2011-2016) for Human Resources for Health (HRH) was to increase the quantity and quality of nurses, midwives, physicians, health managers and other health workers needed to ensure sustainability of the health system. The HRH system was put in place in order to ensure rational deployment, adequate and equitable distribution, retention and continuing professional development of health staff. Through this program, the MOH planned to strengthen the capacity of teaching health institutions in order to reduce critical shortage of skilled health workers, to improve the quality of health workers education and to increase in quality and quantity of equipment and other resources needed in health facilities (MOH, 2011).

National councils of health professionals especially council of nurses and midwives was established in Rwanda. Its first objective is to ensure that nurses and midwives continue to prove that their professional knowledge is updated in relation to the areas

of their practice. The second objective is to ensure that education and practices of nurses are met. To do so, it set up educational standards of nurses as one of main functions of the council. Finally, the last objective is to monitor nursing educational institutions to ensure that they continue to meet the set standards (MOH, 2014).

Infrastructures at workplace can have a significant impact on health employees. Therefore, hospitals' infrastructures in Rwanda were increased and renovated in order to meet norms and standards to facilitate health workers to work in good conditions. Health infrastructure systems include the fixed assets such as buildings, equipment, control systems, software, communication facilities, vehicles, plants and other facilities required to operate, manage, and monitor well the patients. The availability and access to health services have greatly improved during the Health Sector Strategic Plan II (HSSP II) by constructing and equipping four (4) district hospitals and five (5) health centres (MOH, 2012) and by training biomedical technicians with a purpose of reducing skills' gap in maintenance of medical equipments in order to improve working conditions among health professionals (MOH, 2014).

The availability of tools, essential drugs and many other health consumables in the workplace is also a key element of satisfaction of health workers. The government of Rwanda has over the years continued to build capacity for the provision of high quality pharmaceutical services, medicines, vaccines, laboratory commodities, blood-derived products and other consumables. In terms of structures, there exists a pharmacy desk in the Ministry of Health which regulates, monitors pharmaceutical products delivered to all hospitals and therefore prevents any critical risk to health

providers (MOH, 2014). As stipulated above, much progress has been made over the past years in increasing the number of nurses in the health facilities in the country of Rwanda but the aspect of job satisfaction among nurses and patients care satisfaction remained untouched.

In Rwanda, few studies were conducted in the area of nurses' job satisfaction on provision of hospitals services to patients. However, a study conducted by Kamanzi, J. (2011) on motivational levels among nurses working at Butare University Teaching Hospital has shown that majority of registered nurses showed some factors contributing to motivation of Nurses. In fact, factors such as remuneration, opportunities for growth, working conditions, recognition, rewards, appreciation and benefits and allowances could contribute to nurses' levels of motivation when they are taken into consideration as shown by the author.

The same study has also shown that 31.1% of respondents planned to leave the hospital and 40.6% of respondents were not proud to work as nurses at this hospital because they found their work stressful. Miller and Smith (2010) found that when people feel stressed at their work, it could lead to lower levels of motivation. Nurses are key players in moving health institutions such as hospitals to achieve their mission of providing holistic healthcare to the needs of their clients. Therefore, nurses need a motivation to enhance their level of job satisfaction in order to improve their performance effectively and efficiently.

Habagusenga (2012) conducted a study entitled job satisfaction of health professionals in Kigali University Teaching in Rwanda. This cross-sectional survey

used administered questionnaire to collect data from 274 health workers. The study mentioned factors causing high dissatisfaction among health providers. These are work income (82.6%), other benefits from job (82.9%), overwhelming responsibilities at work (84.1%), over demanding job physically, emotionally as well as mentally, high pressure and anxiety. Factors such as hospital leadership (58%) and poor supportive supervision (58%) were causing moderate dissatisfaction among health providers.

However, professionalization factors, trainings and job orientation factors were strongly influencing satisfaction among health workers, at 80 % and 95% respectively. In this study, nurses revealed that they were few to accomplish their assigned tasks. Aiken, L.H. et al., (2011) in the study *nurses' reports on hospital care in five (5) countries* revealed that fewer nurses spend less time with their clients due to heavy workload and the services provided to their clients tend to be poor which increases patient morbidity and mortality. Despite all the aforementioned efforts which have been made in health services in Rwanda, the role of job satisfaction of nurses on provision of hospital services to patients in Rwanda is a key element which was rarely examined in the past years in Rwandan hospitals. Therefore, taking this into consideration in the health sector can contribute to sustain the mentioned progresses.

Building on the theories of job satisfaction of nurses and patient 'care satisfaction; this study investigates the role of job satisfaction of nurses on provision of hospital services to patients in Rwanda.

1.2. Statement of the Problem

There seems to lack job satisfaction among nurses in Rwanda hospitals which possibly leads to provision of poor health services to patients. Nurses are key personnel among other health providers in health facilities because they provide direct patient care and they spend all the time with the patients, monitor patients' conditions and provide all patient health care as prescribed by physicians.

Mokoka, Oosthuizen and Ehlers (2010) conducted a study on retaining professional nurses in South Africa: nurses managers' perspective. They found that majority of nurses (46%) were dissatisfied with their job and intended to leave their current positions while only 28 % of nurses would continue to work in their current hospitals. In fact, the lack of nurses' job satisfaction not only leads to high turnover rates but could also have detrimental effects on the individual. A high turnover rate leads to the inability of an organisation to provide quality of health care because every time a nurse leaves is replaced by a new nurse who is not experienced and familiar with the system which can lead to low patient satisfaction. The costs associated with the process of losing experienced nurses and hiring and training the new one is also high (Coetzee, *et al.* 2013). The study ended by recommending future researchers to study the relation between low job satisfaction of nurses and healthcare provided to patients from nurses.

Habib, *et al.*, (2011) conducted a study on job satisfaction in nurses working in tertiary level health care settings of Islamabad in Pakistan. They showed that overall 86% nurses were dissatisfied with their job while only 14% were satisfied with their job. Two third (68%) of the respondents were dissatisfied with their working

environment and 76% were dissatisfied with their salaries. The results of the study concluded that dissatisfaction of nurses have a negative impact on service delivery because majority of nurses (78%) were dissatisfied with health services they provided to their patients in their workplaces. However, the study did not show the level of patients' satisfaction on services they received from nurses.

Evridiki, *et al.*, (2014) studied healthcare workers satisfaction and patient satisfaction - where is the linkage? Based on the I2-distance method, majority of nurses (61.7%) explained that most significant factor for patient satisfaction is employee satisfaction. In this study, it has shown that the variables such as relation between provider-client, time spent by providers to patients, material and equipment rendered available for nurses to accomplish their tasks cause nurses low job satisfaction which lead to low client satisfaction. The study recommended that the indicator of nurses' job satisfaction should be improved in order to achieve greater patient satisfaction. The similar results were also revealed by Alhashem, *et al.*, (2011) on the study factors influencing patient satisfaction in primary healthcare clinics in Kuwait. In this study, patient satisfaction was shown as a frequently used outcome measure of the quality of healthcare delivery. In that sense, satisfaction represents a positive appraisal of provided healthcare with respect to the client's goals and expectations.

The Ministry of health in Rwanda has made many efforts to ensure that there is job satisfaction for nurses in order to provide better services to patients. These include putting in place a five (5) years health development plan (2011-2016). Its implementation was done through upgrading the skills for nurses which is done

through new five (5) schools of nursing and continuing education centres. Many key priority areas such as integrated management of acute care, integrated management of childhood illness, malaria, chronic care, women's health, community health, quality improvement with customer care related to patients have been identified and tackled in those continuing education centres in order to manage and give good quality of healthcare to patients (MOH, 2011).

Efforts for new infrastructures and infrastructural renovation have been done to change the face of Rwanda hospitals by addressing the patients waiting areas, wards, nurses' offices and stations, sanitation and hygiene challenges posed in the last years. The possible quantity and quality of medical equipment, supplies, consumables and nursing clothes have been provided in various hospitals in order to help nurses and other healthcare providers to work in good conditions (MOH, 2014). Increasing the motivation of nurses especially in rural hospitals has been done through the mechanism of performance based financing (PBF) where a nurse who is working in rural area is remunerated differently from the one nurse who works in town. In fact, in order to motivate and retain a big number of healthcare providers appointed in rural health facilities, the Ministry of Health has put in place a system whereby those who are appointed in rural hospitals receive higher incentives than those in town.

Through the reports of the Ministry of Health in Rwanda; the aspect of the role of nurses' job satisfaction on provision of hospital services to patients has not been adequately studied in Rwanda. Also, a number of studies done in different parts of the World and the literature available on the relationship between nurses' satisfaction

and patients' perceived health services is very scant and no such study has been conducted in Rwanda. Despite also, the efforts which have been made to ensure there is job satisfaction and better services to patients, there is still job dissatisfaction among nurses and the services they provide to patients is still poor.

1.3. General Objective

The main objective is to assess the role of job satisfaction of nurses on provision of hospital services to patients.

1.4. Specific Objectives

The objectives are to:

- i. Determine the factors that contribute to job satisfaction or job dissatisfaction of nurses in hospitals of Rwanda.
- ii. Investigate on the level of patients' satisfaction on the services they receive from nurses while at Hospitals.
- iii. Investigate on the level of satisfaction of nurses in providing services to patients.
- iv. Assess the relationship of level of satisfaction of nurses in providing services to patients and patient satisfaction for services rendered to them by nurses.

1.5. Research Questions

- i. What are the factors that contribute to job satisfaction or job dissatisfaction among nurses in Hospitals of Rwanda?
- ii. What are the indicators of patients' satisfaction on hospital services provided by nurses?

- iii. Is there a relationship between job satisfaction of nurses and hospital services provided to patients to their satisfaction?

1.6 Scope of the Study

While the available literature in Rwanda on the relationship between nurses' satisfaction and patients' perceived health services is very few; this aspect is very important not only for health providers and their institutions but also for their clients who come to the hospitals to seek healthcare services. Therefore, this study assessed the role of job satisfaction of nurses on provision of hospital services to patients in Rwandan hospitals. This general objective was operationalized on one hand by generating information on levels of satisfaction and factors contributing to nurses' job satisfaction or job dissatisfaction and by generating data on the services received by patients from nurses while at hospitals. Finally, this study provided the relationship between levels of nurses' job satisfaction and services rendered to patients from nurses. The research study was conducted in five (5) hospitals distributed in four (4) Provinces and City of Kigali in Rwanda. The period of data collection was granted from November 2015 to October 2016.

1.7 Limitations of the Study

Most studies have limitations, and this research is not exempted. Several limitations are the following:

- i. The study was concentrated on the public hospitals alone, which limits the reliability and validity of the results obtained to the private hospitals. Thus, the results of this study cannot be extended to the private hospitals. However, it serves as eye opener to conduct such studies in the private hospitals to see if the

findings will differ from what we have found in public hospitals.

- ii. The findings of this study are based on five (5) sampled public hospitals out of 48 public hospitals found in Rwanda and therefore, the findings from these five (5) public hospitals can serve as reference to all remaining public hospitals. However, the reference is not indicating to copy all findings to the remaining public hospitals as identical twins because each hospital has its reality.
- iii. The study did not find a good reference of such study in Rwanda to rely on other than the researches done by some authors worldwide which may not be applied in the context of Rwanda. Therefore, this study is considered to be the first of its kind in Rwandan hospitals generally and in the public hospitals specifically.

1.8 Significance of the Study

Job satisfaction of nurses should create a good environment of the quality of healthcare delivery which ultimately leads to patients care satisfaction. In that sense, job satisfaction of nurses represents a positive appraisal from nurses with respect to the patient's needs and expectations (Janicijevic, *et al.*, 2013). This is possible only if the barriers and many problems met by nurses at their work places are solved by their managers. Therefore, managers should be aware of levels of nurses' job satisfaction and factors that lead to job satisfaction or job dissatisfaction of nurses in order to help them to perform their daily work.

The study can help the government of Rwanda through the Ministry of Health, partners in health and other international agencies to develop policies that are more effective in promoting nurses with a purpose of improving the quality of healthcare delivery. While the topic of nurses' job satisfaction and patients' satisfaction was

rarely developed in the field of health in Rwanda; this study conducted in five (5) selected hospitals targeted to fill this gap. Thus, the aforementioned stakeholders can use the findings of this study to assist them in policy formulation and development for a framework for improving nurses' job satisfaction and patients' care satisfaction.

The findings from this study can also assist academicians in broadening academic skills in respect of this study as it was added on a range of knowledge to other researchers. Thus, the findings will be an addition to the literature in the field of nurses' job satisfaction and patient' care satisfaction, and serve as a reference for future researchers in the same area. The findings of the study will also form the basis for suggesting appropriate strategies to improve hospital services delivered by nurses to patients in hospitals. This will therefore contribute to solving the national problems that prevail in Rwandan hospitals. Finally, the findings will also help health planners and consultants in Rwanda to improve strategic management as the study provided a deeper understanding of the problem.

1.9 Definition of Relevant Concepts

1.9.1 Employee Job Satisfaction

Job satisfaction was defined for long time as the degree to which employees like their work or view their work. The concept of job satisfaction is linked to employees' intention to leave their institutions when they are not satisfied with their jobs and therefore to increase a turnover rate within the institution. It is also linked to employees' intention to remain with their institutions when they are satisfied with their jobs and therefore to be productive and attract new clients with their institution

(Seo, *et al.*, 2004). Companies cannot achieve their mission without the efforts and commitment of their employees which come from happy employees (Rubin, 2009).

Satisfaction and dissatisfaction are a function of the relationship between what employees expect from their employers and what they actually receive from them and how this perceived relationship is valued by employees (Bader, 2006). A job satisfaction in this study considers three important dimensions. The first dimension characterizes a job satisfaction as an emotional or cognitive reaction. This dimension defines a job satisfaction as any combination of psychological, physiological, and environmental circumstances that would cause a person truthfully to state, "I am satisfied with my job" (Hoppock, 1935).

A job satisfaction is taken as an explanation of how expectations are met. This second dimension shows a job satisfaction as a result of the employee's expectations of how well their activities are considered as important things (Luthans, 1992). A job satisfaction defined as a set of feelings and attitudes. This dimension explains the extent to which employees like (satisfaction) as positive feelings or dislike (dissatisfaction) as negative feelings of their jobs (Davis, 1985). This dimension shows that job satisfaction is a collection of compatible and incompatible feelings that employees view their jobs and in this way job satisfaction can be considered as pleasant and positive state of job evaluation or job experience (Saekoo, 2011).

1.9.2 Patient Satisfaction

In the modern healthcare, patient is no longer a person who spends too much time waiting patiently for health services and able to accept or tolerate delays and all

problems without being annoyed but he/she is currently considered as a client or a customer. Today, a patient is a person who buys health services provided by health facilities. Therefore, a patient is a stakeholder of a health facility who makes a payment in compensation of health services provided to him/her by the health workers with the aim of fulfilling patient' needs and maximising his/her satisfaction (Solomon, 2009).

Many authors have several times identified approaches of patient satisfaction. These approaches are classified into three (3) categories. These are personal attitudes, judgement and expectation approaches. The approach of personal attitudes defines patient satisfaction as an attitude that occurs when an individual's cognitive evaluation of aspect of care meets or exceeds the patient's personal subjective standards (Greenslade & Jimmieson, 2011). Linder-Pelz (1982) added that patient satisfaction is the individual's positive attitude towards the healthcare received.

The judgement approach defines patient satisfaction as a look on the quality of healthcare received from healthcare providers. Therefore, patients can value, judge several aspects, properties and dimensions of health services rendered to them (Jackson, *et al.*, 2001). Brennan (1995) argued also that patient' satisfaction shows the degree or measure to which the person's actual experience matches with the preferences regarding their experience; and therefore, a patient satisfaction is not only the judgment of healthcare but also the recommendations to be taken into consideration for the future.

Expectation approach defines patient satisfaction as the degree of agreement or disagreement between the patient's expectations and the actual healthcare or

treatment received; it is an evaluation between an established set of expectations about healthcare and the quality of care received (Merkouris, et al., 2004). Customer satisfaction is a person's feeling of pleasure or disappointment resulting from comparing a product or service perceived performance or outcome in relation to his or her expectations (Kotler, 1995).

1.9.3 Provision of Hospitals Nursing Services

A service provision is a term used to describe a wide range of activities, including the provision of assistive devices, rehabilitation services, occupational therapy and health services. It also refers to the combination of inputs into a production process that takes place in a particular organization or home setting, and that leads to the delivery of a series of interventions. It refers to the inputs such as human resources, physical capital, money, drugs and other consumables. The outputs are personal and non-personal health services. Personal health services are delivered individually. They can be therapeutic or rehabilitative nature, and may generate positive externalities (Janovsky and Travis, 1998).

Nursing is a profession with different categories of nurses who provide nursing care. Nursing is explained as interpersonal in nature, which means that it exists through interaction between human beings. This definition means that nursing can only exist through interaction. A nurse interacts with his/her patients – for example when taking a nursing history from patients and with other health team members as they report to each other when they change shifts. A nurse should possess knowledge and skills to ensure attainment of organizational goals (Mellish and Paton, 1994). Nursing services are characterized by a great diversity with aim of satisfying the

patients and communities' needs. Nursing services include general nursing, intensive care and intensive treatment facilities, dialysis wards, nursing homes, nursing researches (Mellish and Paton, 1999).

Many studies have shown an association between nursing and patient satisfaction and they identified nursing service as the only hospital service having a direct and strong relationship with patient satisfaction or dissatisfaction. Other researchers identified that patient-perceived nurse caring is a major predictor of patient satisfaction (Radojicic Z., et al., 2012).

Palese, A., *et al.*, (2011) in the study surgical patient satisfaction as an outcome of nurses' caring behaviours': a descriptive and correlational study in six European countries concluded patient satisfaction as an outcome of nurse caring in six European countries. The same study showed also that healthcare provided by nurses determined a consistent proportion of patients' satisfaction comparing to other health providers. Thus, the researchers found that 44.1% of satisfaction variance was explained by the nurse caring behaviours as perceived by patients.

CHAPTER TWO

THEORETICAL FRAMEWORK AND LITERATURE REVIEW

2.1 Theoretical Framework

The concepts of customer satisfaction and employee satisfaction have been gaining prominence in the management studies of the 1990s. The literature states that once employees are motivated and empowered and have very high energy and willingness, their customers become highly satisfied. This study "the role of job satisfaction of nurses on provision of hospital services to patients in Rwanda" follows the theory of Heskett Service Profit Chain (Heskett, *et al.* 1994). This Model stipulated that there is a direct and strong relationship between customer satisfaction and employee satisfaction which leads to organization profit.

2.1.1 Heskett's Service-Profit Chain (SPC)

The links between customer and employee variables were presented by Heskett, *et al.* (1994, 1997) within a framework known as the Service-Profit Chain. "When companies put employees and customers first, their employees are satisfied, their customers are loyal, their profits increase, and their continued success is sustained" (Heskett, *et al.*, 1997).

The Service Profit Chain (Heskett, *et al.*, 1994) is a research framework that comprises the linkages of employee variables, customer variables, and organizational performance as a profit, a positive outcome, or a positive impact. Employee variables consist of employee perception of internal service quality which organization provides to its employees, employee satisfaction and employee loyalty. *Customer variables* comprise the customer's perception of the quality of the service

delivered by employees, customer satisfaction, and customer loyalty. The causal relationships run from employee variables to customer variables and corporate profitability as a positive impact. The argument of the Service Profit Chain (Heskett et al., 1994) proceeds as follows:

Profit and growth are stimulated primarily by customer loyalty. Loyalty is a direct result of customer satisfaction. Satisfaction is largely influenced by the value of the services provided to customers. The value is created by satisfied, loyal, and productive employees. Employee satisfaction results primarily from high-quality support service and policies that enable employees to deliver results to customers (Heskett et al., 1994).

Heskett, *et al.* (1997) collected data from 20 large service organizations supporting many of the linkages in the chain. However, they appeared not to have subjected any single organization to a simultaneous analysis of all the linkages in the chain. Based on the Service Profit Chain framework, an empirical study in a leading Chinese securities firm has been conducted to fill this gap. Heskett study assessed the service-profit chain by three interdependent models. The first model described customer-profit relations, the second model dealt with employee profit model while the third model synthesized the interdependent models in an overall service- profit chain model (Xu, 2004).

Heskett, *et al.* (1997) developed a model referred to a service profit which identified the link between employee satisfaction and customer satisfaction. Internal service quality drives employee satisfaction, which enables the delivery of high value service resulting in customer satisfaction and leading to customer loyalty, which in turn, produces profit and growth. For this research, patient care satisfaction will be recognized as a profitable competitive strategy.

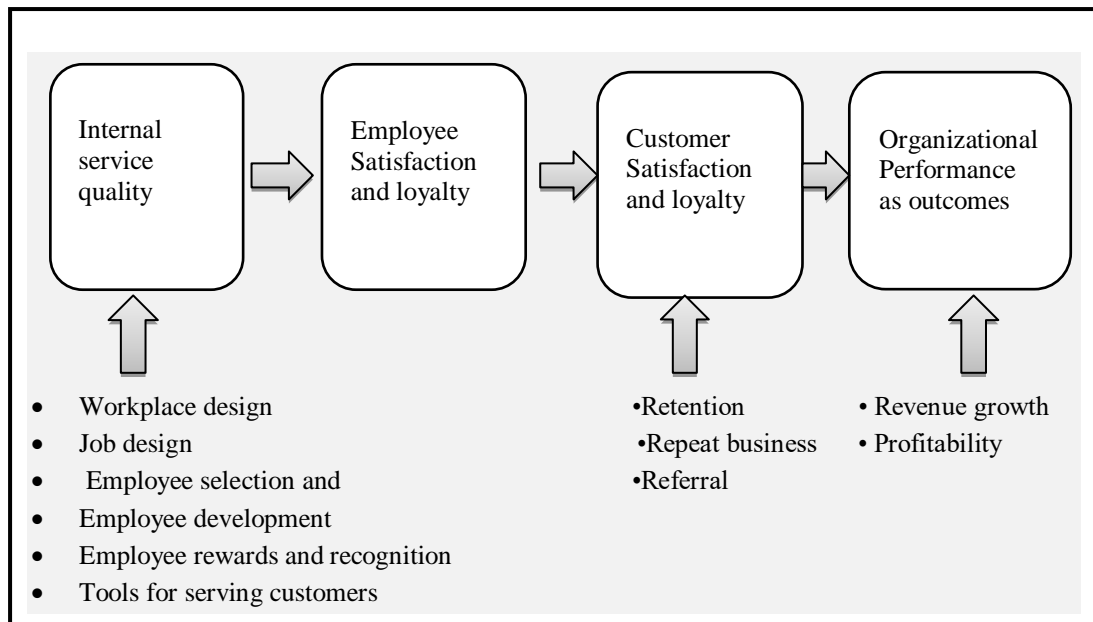


Figure 2.1: Interrelation of the Service Profit Chain

Source: Adapted from Heskett, *et al.*, (1994).

Internal Service Quality: According to the “service-profit chain” model presented by Heskett et al. (1994), internal service quality components consist of work place design, job design, employee’s selection and development, employee rewards and recognition and tool for serving customers. They linked internal service quality with employee satisfaction that further navigate employee loyalty and employee commitment that leads to external service values of an organization such as customer perception of quality service.

Internal service quality is strongly related to job satisfaction and external customer satisfaction. The model shows that organizations which attempt to deliver service quality to their external customers must begin by delivering high service quality to internal customers. This is done by serving the needs of employees considered as internal customers of the company. Internal quality service was operationally defined

as eight components: policies and procedures, tools, teamwork, management support, goal alignment, effective training, communication, rewards and recognition. If employees are more committed to their organizations; they perform on their work with high quality care and they are productive enough to provide valued services which results in customer satisfaction (Reichheld, 2003).

Employee Satisfaction and Loyalty: Heskett, *et al.* (1997) demonstrated that satisfied employees are loyal and productive. The positive aspect of this philosophy was experienced by various companies such as banks, restaurants, hotels, major retailers and other companies. Employee loyalty is mostly discussed in relation to job satisfaction, turnover and retention. Employee loyalty increases as individuals become more satisfied with their jobs and are allowed to take care of customers. These employees remain in their companies and provide a high production with a good reputation of the company which is more valuable than money (Reichheld, 2003).

Employee Satisfaction and Customer Satisfaction according to the Service Profit Chain: When internal customers are happy, they try to make external customers happy. As Dick Clark, Group Leader of Financial Services at Monsanto said, *“it is a common sense, when people feel great about the place where they work, they provide better customer service.”* This was supported by the theory of Heskett, *et al.*, (1997) who showed a link between employee satisfaction and customer satisfaction. Through the service profit chain, Peltier, *et al.*, (2007) showed that the outcomes from higher employee engagement levels on employees’ satisfaction are productivity, job stress reduction, increase of employees’ satisfaction, increase

retention and staff turnover reduction. Similarly, the outcomes from higher employee engagement levels on patient satisfaction are quality care improvement, increase of patient satisfaction and increase patient loyalty.

The assumption of Service Profit Chain can be applicable in hospitals so that employees' satisfaction and employees' loyalty generate patients' satisfaction and patients' loyalty. This leads to good experiences of patients in the future. Patients with good experiences with their hospitals can recommend new patients, friends and family members to consult the same hospital. Therefore, the hospitals can increase their profits with a good reputation among external customers.

Other researchers and scholars discovered theories that support the theory of Heskett Service Profit Chain. This study emphasized on the theories of Villars and Coehlo (2000) on the relationship between employee and customer satisfaction; Newman, *et al.*, (2001) on *a chain of connectivity between nurses and customer satisfaction*; Herzberg, *et al.*, (1959) on duality theory of job satisfaction; Hackman and Oldham (1970) on job characteristics model and Mathews, Secrest and Muirhead (2008) on the interaction model of client health behavior (IMCHB): a model for advanced practice nurses.

2.1.2 Villars and Coehlo (2000) on the Relationship between Employee and Customer Satisfaction

The theory of Vilares and Coehlo (2000) found that perceived employee satisfaction, perceived employee loyalty and perceived employee commitment have a sizable impact on perceived product quality and on perceived service quality which leads to

customer satisfaction. *Vilares and Coelho's* model is presented below:

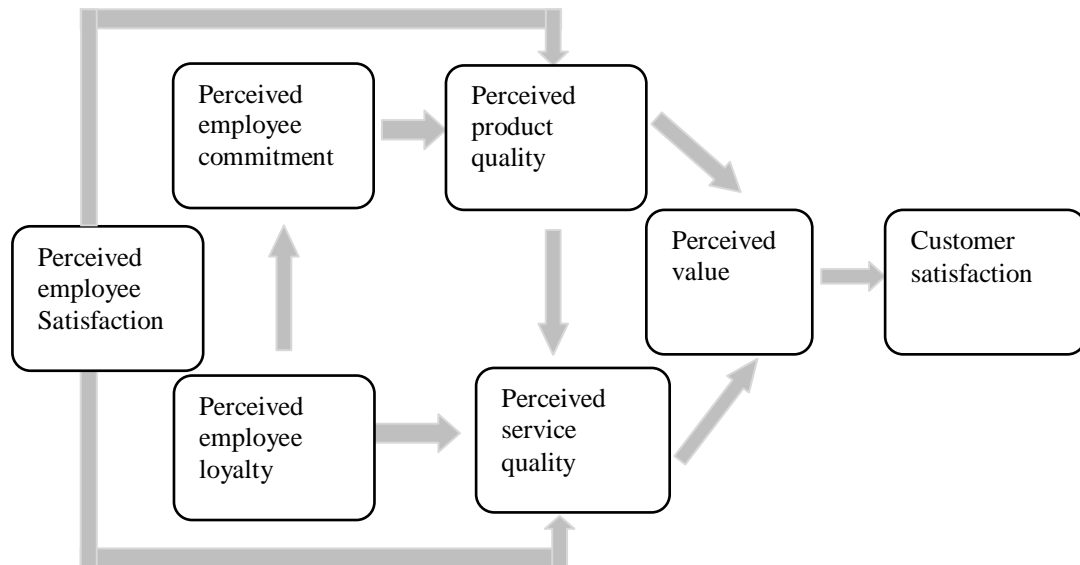


Figure 2.2: The Relationship between Employee and Customer Satisfaction by Vilares and Coelho (2000)

Source: Vilares and Coelho (2000)

Employee Satisfaction, Employee Commitment, and Employee Loyalty;

According to the model presented by Vilares and Coelho (2000), there are links between employee satisfaction, employee commitment and employee loyalty. In this model, employee loyalty refers to the employee's intention to remain with the company and the willingness to recommend the company as a good place to work. Success and growth of the business entails more than just satisfied and loyal employees.

Therefore, employee commitment corresponds to employee allegiance and devotion to help the company to achieve its goals. In this regard, employees have to do their work in a more effective way, spending sufficient time, demonstrating an effort in the work, committing themselves to resolving customers' problems and having the will to suggest the company's products and services to others. Employees'

satisfaction not only affects their commitment and loyalty but also has a direct and indirect impact on critical customer satisfaction related variables (Donthu and Kennett, 2000).

Perceived Service Quality by Customers and Customer Satisfaction: High levels of customer satisfaction are related to the quality service delivered through customer-provider interactions (Vilares and Coehlo, 2000). The literature related to services management argued that customer satisfaction is the result of customers' perceptions of value received from provider (Hallowell, 1996). It also argued that customer satisfaction depends on how customers perceive the value they receive in relation to a transaction or relationship where value equals perceived service quality related to the value expected from transactions or relationships with competing suppliers (Zeithaml, *et al.*, 1990).

2.1.3 Newman *et al.*, (2001) on a Chain of Connectivity between Nurses and Customer Satisfaction

Newman *et al.*, (2001) outlined how job satisfaction of nurses and patient satisfaction interrelated and affect one another. For them, internal conditions and environment affect the service capability of staff which influences nurses' satisfaction. In turn, this affects the retention of nurses. All of these factors can reduce or increase the quality of the care offered to patients and ultimately reduce or increase the level of patient satisfaction.

Healthcare organizations that provide good working conditions lead to more satisfied health workers who in turn they remain loyal to their organizations and provide

higher level of care resulting in higher patient satisfaction. Hospitals that desire to improve patient satisfaction must therefore be concerned about internal issues related to the satisfaction of healthcare providers and view their employees as internal customers. A connection exists between engaged and satisfied employees and the level of patient satisfaction. As a result, this interrelationship affects positively not only patients' satisfaction but also patients' loyalty and financial performance of the hospital.

Factors such as service climate among nurses, nurses' performance, facility/clinic size, number of beds, physical amenities and accessibility, patient waiting time, reputation of the organization, mode of payment of patients, pain control and access to electronic records have been shown as factors which can positively improve health organizations once they are regularly taken into consideration and therefore lead to patient satisfaction (Rahmqvist, *et al.*, 2010).

2.1.4 Herzberg's Duality Theory of Job Satisfaction

Herzberg et al. (1959) studied factors that affected job attitudes of employees. Approximately 200 Pittsburgh engineers and accountants were asked to recall situations when they felt exceptionally good or bad about their jobs, either their present job or any other job they had held. The investigators sought by further questioning to determine the reason for their feelings of satisfaction, and whether their feelings of satisfaction had affected their performance, their personal relationships and their well-being. When Herzberg and his colleague analysed their responses, they discovered two dimensional paradigms of factors affecting people's attitudes about work. They were just the positive and negative job satisfaction; they

are independent dimensions. The first dimension was related to job satisfaction and the second dimension to job dissatisfaction (Herzeberg, et al., 1959). Factors which bring job satisfaction are commonly called intrinsic factors, satisfiers or motivators and factors that cause low job satisfaction or job dissatisfaction are called extrinsic factors or dissatisfies or hygiene factors .

Motivating factors: Motivating factors are seen as intrinsic factors because they drive a person to perform the work itself (Beaufort and Longest, 1996). They are related to the sense of achievement, recognition for work well performed; work itself, responsibility and autonomy at the work, job security, advancement, fairness, work value, potential and possibility for growth and cooperation with hierarchy and others (Marriner-Tomey, 1996). When motivators are absent, employees are neutral toward work while when motivators are present, workers are highly motivated (Daft, 2000).

Many researchers supported the theory of Herzberg related to motivating factors. Some of them are McClelland three-need theory and Maslow's hierarchy theories. McClelland three-need theory supported Herzberg's motivating factors in fact that he identified achievement as one of the factors that directs a person's behaviour in the workplace (Robbins, 1988). Maslow's hierarchy supported Herzberg's theory by underlining the esteem needs which include achievement, status and recognition.

Hygiene factors: Dissatisfiers are present in the organization (Morrison, 1993). Herzberg, *et al.*, (1959) called them hygiene or maintenance factors. Marriner-Tomey (1996) demonstrated that dissatisfaction occurs when people perceive that

they are being treated unfairly with salaries, benefits, incentives, job security, supervision and poor interpersonal relationship. On the other hand, when people are highly motivated and find their job interesting and challenging, they will tolerate dissatisfaction (Chung, 1997). Hygiene factors or extrinsic factors are external variables which are generally considered as primary sources of job dissatisfaction. They include policies and administration of the organization, supervision, and interpersonal relations with hierarchy, work conditions, salary, and relationship with peers, personnel life, and relationship with subordinates, status and security (Herzeberg, *et al.*, 1959).

It was shown that poor hygiene factors lead to dissatisfaction of work. When there are good hygiene factors, dissatisfaction is absent. Good hygiene factors simply remove dissatisfaction and do not make employees highly satisfied and motivated in their work. For example, the interpersonal conflicts will cause people to be dissatisfied and the resolution of them will not lead to a high level of motivation or to a high level of job satisfaction. Hygiene factors are concentrated only in the area of job dissatisfaction while motivators focus on job satisfaction (Daft, 2000).

2.1.5 Job Characteristics Model by Hackman and Oldham

A very influential job design model emerged during the 1970s when Hackman and Oldham (1976) introduced the Job Characteristics Model (JCM). In this model, it was argued that five (5) core characteristics of job such as skill variety, autonomy, feedback, task significance, and identity engender three critical psychological states in individuals. These are experienced meaningfulness of work, experienced responsibility for work outcomes, and knowledge of results. These enhance internal

work motivation, quality of work, growth and job satisfaction, performance and reduce absenteeism and turnover with a positive impact on retention of the experienced workers as outcome (Hackman and Lawler, 1971).

The overall motivating potential of the job can be calculated by averaging employees' scores on skills variety (complexity of skills and talents needed to perform the job), task identity (the extent to which the job is seen as involving a whole identifiable task), and task significance (how the job affects the well-being of others), and multiplying this score with their scores on autonomy (how the job allows for personal initiative) and feedback from the job (the extent to which the job itself provides information about job performance). Another relationship for the first three characteristics indicates that they can compensate for lack of another, whereas the multiplicative function indicates that autonomy and feedback are important.

2.1.6 Interaction Model of Client Health Behavior (IMCHB) by Cox

The Interaction Model of Client Health Behavior (IMCHB) was introduced by Cox in 1982. This model underlines the relationship between nurses and patients by acknowledging the importance of nurses' interaction with their patients considered as clients. This model establishes relationship between client singularity or client individuality, client-provider relationship, and subsequent client health care behavior (Cox, 1982). Client-singularity and client-provider relationship influence health outcomes but they also have an effect on each other. The client singularity shows the unique and holistic components of a patient followed with the client–professional interaction. The positive or negative health provider behavior has a negative or a positive impact on client behavior.

Leach (2005) explains that the clinician's behavior and communication methods can have a significant impact on the practitioner-client relationship. He mentioned that developing rapport between provider and client is an important step in achieving positive health outcomes. To achieve this positive health outcome, the health providers have to be addressed to each client as an individual and not as an object; they also have to identify specific barriers that result to negative health outcomes in order to cut them and promote appropriate health interventions among clients (Carte, 2003).

Nurse-patient interaction comprises four components. These are affective support, health information, decisional control, and professional or technical competencies. The relative importance of these interaction components vary within each nurse-patient interaction based on the patient's singularity and health needs (Cox, 1982). The Interaction Model of Client Health Behavior (IMCHB) was chosen to support the main thinker of this study because of its focus on identification of factors and elements of nursing interactions to the clients who come to seek health services in hospitals and health outcomes of these hospitals.

2.1.7 Conceptual Framework of the Study

Based on the model of Heskett Service Profit chain (Heskett et al., 1994), the conceptual framework of this study creates a function of three key interacting variables including the nurses' job satisfaction variables, patient care satisfaction variables and hospital outcomes. A modified conceptual framework presented in Figure 2.3 below was used by this study.

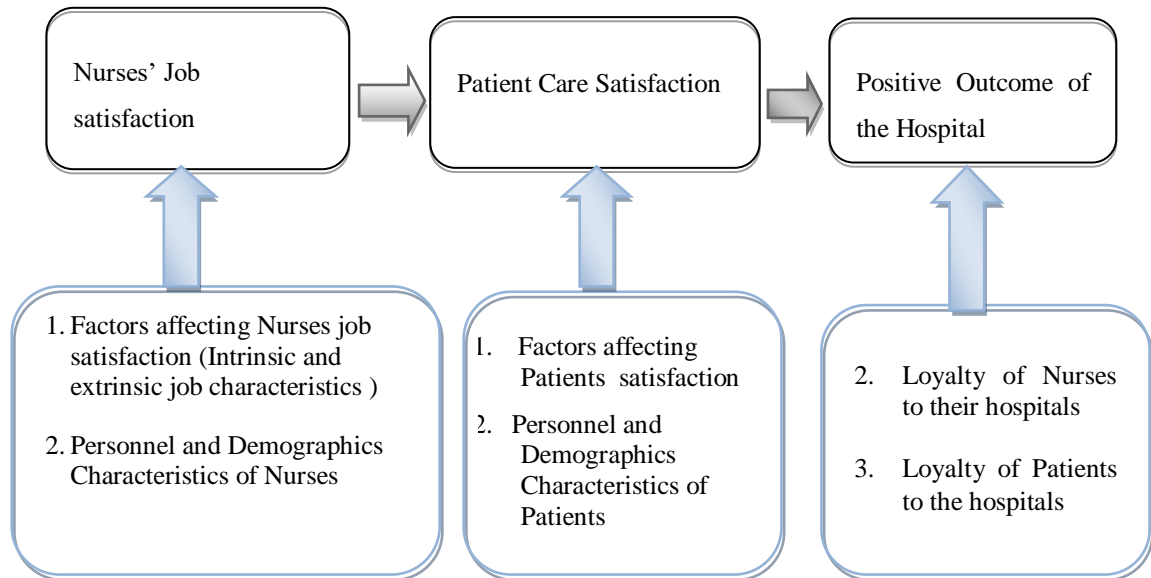


Figure 2.3: The Conceptual Framework for Analysing the Role of Job Satisfaction of Nurses on Provision of Hospitals Services to Patients in Rwanda

Source: A modified figure by the Researcher (2015) from Heskett Service-Profit Chain (1994).

The figure above is adopted theoretical framework from Heskett Service-Profit Chain (1994). It has three (3) categories which help to meet the objectives of the study. These are nurses' job satisfaction variables, patient care satisfaction variables and the hospital outcomes variables. This model shows that there is a direct relationship between job satisfaction among nurses and satisfaction of patients which leads to the positive outcome of the hospital.

Factors affecting Nurses Job Satisfaction: Many researchers have found many factors related to employees' job satisfaction (Spector, 1997). These factors can also be linked to nurses' job satisfaction. The paragraphs below explain first of all factors affecting job satisfaction and factors affecting job dissatisfaction among nurses. Other factors are personal which are focused on individual attributes, characteristics and work demographics. Job satisfaction is very important in any

organization such as hospitals. In hospitals, when nurses are not satisfied, their work performance, productivity, commitment as well as their interpersonal relationships tend to be lowered and it will have a negative effect on healthcare delivered to patients. Factors affecting job satisfaction are called intrinsic factors or internal factors on the side of Heskett Service Profit Chain or motivating factors on the side of Herzberg et al., (1959) while factors that lead to job dissatisfaction are called hygiene factors or extrinsic factors.

Motivating factors or satisfiers are the inspiring needs that push the person to achieve higher. These include achievement, feedback from hierarchy, recognition and reward, responsibility and autonomy, fairness at work, job security, work value, cooperation with colleagues, work itself, growth and development (Herzberg et al., 1959). Achievement is viewed as a drive to overcome challenges and obstacles in the pursuit of goals (Newstrom and Davis, 1997). Achievement is present when employees have feelings of personal accomplishment or need to accomplish. The manager can increase opportunity for on-job achievement by delegation of authority and responsibility, by involving employees in planning of the organisation and availing the information on the performance of the employees (Marriner-Tomey, 1996).

To facilitate the achievement of organizational goals, it is important for managers to promote job satisfaction in the work environment. According to Low (1997), job satisfaction is promoted when the individual is a work-oriented and invests energy and effort in his/her work. If an individual is a worker-oriented, it becomes easier for him/her to work towards attainment of the organization's goal, because he/she is

aware of the work procedures of the organization.

Feedback from hierarchy for employees allows them to know how well they are doing their jobs (Herzberg, 1993). In hospitals, the feedback for nurses could be from supervisors, chief of nursing, nurses' managers, co-workers and sometimes patients. An effective feedback is specific but its function is general especially to job satisfaction. A feedback is closely related to respect and recognition because employees at all levels want to be aware and to be recognized for their efforts (Kruger, 2003).

Recognition refers to the respect and the appreciation of employees for their good performance. Managers can use many forms to recognize and promote good work done by nurses such as give positive feedback, use verbal or written praise, additional payment and bonuses, opportunities to participate in goal-setting and in decision-making of the company (Gerber, et al, 1998). Recognition promotes self-confidence and raises self-esteem among employees which increase the performance of the institution. Organizations that do not recognize the efforts and the performance of their employees cause low satisfaction among them because they may feel that they are not seen as active members of the organization (Harrell, 2001).

Responsibility and Autonomy refer to what must be done to complete a task and the obligation created by the assignment. The job is experienced as interesting if employees are given power to exercise autonomy, allowed to participate in decision-making and to be creative on their jobs. Managers and supervisors of nurses should

make sure that responsibilities are allocated to nurses according to their expertise and abilities. Responsibilities should be specific, standardized for each job level and divided into daily or weekly basis as to prevent employees from overworking (Chelladurai, 1999). In hospitals, nurse managers encourage subordinates to accept responsibility by making sure that they are aware of their capabilities, knowledge and their personal characteristics (Rosenthal, 2004). When nurses' capabilities are inappropriate for the responsibilities delegated, they feel frustrated because they lack skills to accomplish the delegated tasks and it results to job dissatisfaction. On the contrary, when nurses have the required skills they tend to work hard and become more satisfied and motivated on their tasks delegation (Chelladurai, 1999).

Fairness at work is based on the principle of equity theory. Employees not only desire rewards for their work done but also they look on the rewards gained by other employees who are doing similar jobs (Ellis and Dick, 2003). Therefore, when people do not feel to be treated equally with others on the same position, it will have a negative effect on their job attitudes. Fairness at work includes the equity of working conditions, distributive and procedural justice (Adams, 2000).

Job security is defined as the state of feeling or being safe and protected. Cornell model investigated the labor market and drawn a conclusion that the labor market condition which directly determines job security may influence job satisfaction. Workers in secure jobs record higher levels of job satisfaction. Thus, job security is one of the major determinants of job satisfaction (Hulin et al., 1985). Work value is seen by many employees as a choice of the meaningful and interesting job and not challenging job. The higher the work value is the higher job satisfaction will be

(Hackman and Oldham, 1976).

Cooperation with colleagues and other departments is associated with task independence. When other departments rely on work performed by the employee, job satisfaction will be expected when an employee relies on work flows from other departments. This means that the lack of cooperation between departments negatively affects job satisfaction (Hulin et al., 1985). *Work Itself* is an aspect that encourages creativity and self-expression Morrison (1993). Luthans (1998) said that work itself could be a source of satisfaction when managers create organizational climate that facilitate employees to have opportunities to point out areas that need a great attention in order to advance in their field of work. Managers should also allow employees to exercise autonomy and offer them challenging tasks as means of enhancing the quality of work life. The organizational climate should provide promotional opportunities to motivate nurses to work harder and strive for excellence on their job (Gibson, *et al.*, 1997).

Growth and Development refers to the personal and professional development by means of formal and informal trainings in line with his or her job requirements (Muller 1996). Growth and development of employees are of paramount importance to the organization because they help to ensure achievement of organizational goals. Marriner–Tomey (1996) saw a staff development as a continuing liberal education of the whole person to develop his or her full potential. Therefore, managers have to identify staff development needs in relation to organizational needs and to ensure that employees are trained according to the identified gaps in order to update their knowledge. Clear work procedures, guidelines, hospital protocols and work policies

direct nurses' actions and contribute to their satisfaction because they know what is expected from them (Gibson, *et al.*, 1997). Nurses that are not given chances to improve and develop their knowledge and skills, feel frustrated when they face new situations. On the other hand, nurses with chances to be professionally and personally developed, feel motivated and can provide relevant patient healthcare (Marriner–Tomey, 1996).

Hygiene factors or dissatisfiers are satisfying needs that enable employees to stay within the particular organization. Herzberg, *et al.*, (1959) called them hygiene or maintenance factors because they are motivated by the need to avoid unpleasantness in the organization. These are organization structure, policies and administration, rules and regulations of the organization, supervision, work groups and interpersonal relations, work conditions, salary, status, workload, public opinion and work schedule.

Organizational Structure, policies and administration consist of general management, human resources policies that play a major role in attracting and satisfying employees. A mismatch can hamper the attainment of both personal and organizational goals by leading to dissatisfaction (Gerber, *et al.*, 1998). Organizational policy is the guide that defines responsibilities and shows action to be taken under a given set of circumstances. Leaders are responsible to define the vision and mission of the organization, ensuring that employees understand the key-message of the vision of the company (Beaufort and Longest, 1996). A policy can be implied, expressed, written or in an oral form. Whatever form it can appear in, managers have to make sure that policy is consistently applied because inconsistency

of it leads to uncertainty, feelings of bias and preferential treatment and unfairness.

Managers are advised to see if policies are reviewed periodically to ensure that they are applied to current situations within the organization (Marriner-Tomey, 1996). The policies could be developed at unit level to help a direct implementation by employees. They can as well be developed at the organizational level. When these policies are formulated, managers should give a chance to subordinates to put their inputs so as to feel they are part of the development of these policies and therefore, it becomes easier for them to follow and implement them (Marriner -Tomey, 2000).

Poor communication and inadequate explanations of decisions affect negatively jobs and lead to dissatisfaction. Thus, managers of the hospitals should invite nurses to participate in decision-making. When inputs from nurses are considered, the understanding between them and their managers as well as their motivation will be promoted. When the power of decision is only concentrated in the hands of a few people, employees feel that they are relatively powerless and consequently feel frustrated (Greenberg and Baron, 1993).

Rules, regulations, procedures refer to the regulation process that guides the organization. When this regulation process is not known and communicated to employees, there is misunderstanding in the workplace, feeling of bias, preferential treatment and unfairness at work (Marriner –Tomey, 1996).

Supervision is a dynamic process in which employees are encouraged to participate in activities designed to meet the organizational goals and to be developed as an

employee and as a person (McFarland et al., 1984). It helps employees to perform their jobs because where a good supervision exists, employees are aware of their strengths and weaknesses and necessary assistance would be put in place to improve the performance of employees. When supervision is not in place, employees tend to feel lost on their workplace. Due to the lack of a good direction, employees become dissatisfied especially where the supervisor lacks assertiveness, willingness to make decisions and when supervisors lack planning skills (Gerber et al., 1998). Satisfaction is ensured when there is good supervision. Poor supervision includes unfair treatment by the supervisor which in turn leads to job dissatisfaction (Chung, 1997).

Supervisors and managers of units have a responsibility to identify areas with weaknesses and create opportunities of employees' trainings to improve their skills. As explained above, if employees lack skills of doing their jobs properly, they feel frustrated and dissatisfied. The supervision factor contains important elements which influence the level of employee job satisfaction. These elements include the involvement of employees in the decision-making process, getting useful feedback and conducting performance appraisal (Greenberg and Baron, 1993).

Work Groups help employees to make-work interesting, promote creativity and share ideas with peers. However, working in groups can lead to job dissatisfaction when there is a poor working relationship between colleagues or when participants of the group work are not well coordinated by hierarchy (Gerber et al., 1998). Therefore, managers should create and develop a good relationship among employees.

Interpersonal relationship is defined through the theories of Herzberg (1993) and the theories of Maslow needs' hierarchy (1993) who showed that man is a social animal. One of the most important needs is a love, both giving and receiving. Interpersonal relationship plays an important role in job satisfaction for two reasons. First, good relationship improves people's interest in staying at work which can maintain high job satisfaction (Herzberg 1993). Second, good relationship may lead to positive intervention, which is proved to be the social information. People rely on to form their attitudes towards jobs (Salancik et al., 1977). As far as nurses are concerned, obviously, the relationship between doctors, supervisors, and peers tremendously affects nurse job satisfaction (Adams and Bond, 2000). The lack of friendliness, team spirit and the lack of participation in decision-making among employees contribute to job dissatisfaction (Booyens, 1998).

Working conditions are created by the interaction of employees with their organizational climate. Working conditions include psychological work conditions and physical layout of the job. The physical working conditions include the availability of facilities like protective clothing, equipment and appliances. Failure to provide these facilities to employees makes impossible to carry out their job which leads them to job dissatisfaction (Gerber et al., 1998).

In fact, psychological work conditions include the psychological expectations of both employees and their employers. Employees will perform better when they know what the employer expects from them and vice versa. They will be productive because they know the benefits that they will get from their employer. If employees are not aware of what the employer expects from them, they will be unsure, less

productive and feel dissatisfied.

Physical Working Environment such as ventilation, lighting, tools, space, the amount of work, the facilities of the institution and other related environmental features are instruments which lead to employee satisfaction. Poor physical working environment causes dissatisfaction because employees find it difficult to carry out their work under dirty, noisy and unsafe surroundings (Herzberg, 1966). Physical layout of the job refers to the neatness, organization, convenience and attractiveness of the work environment. Luthans (1998) stipulated that if working conditions are good for example clean and attractive surroundings, employees find it easier to carry out their jobs. On the other hand, if the working conditions are poor like hot and noisy surroundings, employees find it difficult to get their work done, and experience dissatisfaction.

Salary promotes satisfaction and makes employees to feel happy especially when it is adequate to meet their basic needs (Morrison, 1993). Salaries are compensation in money which employees receive from their employers for the work provided or services rendered. It is an obligation of employer to inform their employees on how they will be compensated for good work. Many times, employees view their salaries as a reflection of how managers view their contribution to the organization; therefore, managers should communicate to employees how a good performance is rewarded or compensated (Greenberg and Baron, 1993).

Unclear reward systems lead to conflict and unfair practices within the workplace. According to Chung (1997), poor salaries that are uncompetitive would lead to

unhappiness and discontent. Organizations should try as much as possible to make salaries competitive on the market because it has shown that salary does motivate employees to work hard and to experience job satisfaction. Uncompetitive salaries demotivate employees; push them to leave their organizations (Banjoko, 2006).

Status refers to attempts made to differentiate between the degree of formal and informal authority given to employees by an organization. It is accomplished through the use of status symbols for instance symbols that reflect the position of an individual within an organization's hierarchy (Greenberg and Baron, 1995). Job satisfaction is positively linked to employees' position within the company. Luthans (1998) showed that lower level status does affect achievement because there is little opportunity for creativity, judgment and initiation to come into play. The higher the job levels, the greater the opportunity will be to tackle new problems. People with a high need to achieve are likely to seek tasks where they are fully responsible, they set goals for themselves and value competent colleagues.

Public opinion refers to an organization's users in the community. Organizations' promote the use of public satisfaction to achieve quality service. To this effect, several studies have examined the role of customer satisfaction within the quality service framework (Parasuraman et al., 1988). According to Heskett et al. (1997), the employee-customer-service-profit chain suggests that increasing employees' satisfaction and loyalty lead to more satisfied customers, which leads to higher profits of the organization.

Workload is relevant to the strength level of the job role and pressure, such as the number of working hours per week, workforce in a shift, magnitude of the goals,

frequency of pace of job. The pleasant workload influences employees' job satisfaction (Herzberg, 1993). Many researches indicate that high workload in hospitals cause nurses' job stress and job dissatisfaction among them (Downey et al. 2002).

Work schedule is about the job flow setting which can influence the chains of steps to be carried out exactly and efficiently during the work time, and impact job satisfaction depending on whether it is suitable and reasonable. Work schedule includes paces and frequency of operation such as regular coffee break. Organizations that offer flexible work schedule and compressed work schedule can gain much including increased employee job satisfaction, decreased absenteeism and increased productivity (Kornhaber, 2009).

Other factors that affect job satisfaction among nurses are personal or demographic characteristics. Personal or demographic variables are crucial to evaluate and determine the level of employees' job satisfaction; they are frequently measured to identify the factors that influence employees' job satisfaction. Demographic factors, such as sex, age, marital status, education level, years of experiences and job levels or employee' position are often used to represent some of the convincing predictors in the employee job satisfaction (Miller, 2007). It was also shown that demographic factors have been used in many studies to identify the relationship between job satisfaction and customer satisfaction.

Sex is the most important demographic variable that was given much attention by many researchers in job satisfaction. A number of studies on job satisfaction have

found that female workers have lower level of job satisfaction than male workers because male officials dominate most of the private and public organizations. However, other results from many studies regarding relationship between job satisfaction and sex are not coherent and contradictory (Alemshet et al., 2005). Some studies showed that men are more satisfied than female on one side while other studies found women to be more satisfied than men on the other side (Ellickson and Logsdon, 2001).

Age has shown that people with different groups of age have different tendency towards their jobs due to different experiences. However, workers' age was shown to have a negative impact on workers' job satisfaction. This means that younger professional workers are more satisfied with their jobs than their senior professional workers (Buzawa, 1984).

Marital Status has shown in some studies that married and divorced employees were found to be more satisfied with their jobs than employees who were never married, remarried or widowed. Other researchers found married employees to be more committed, oriented, focused and cooperative with higher levels of job satisfaction than single workers. However, Herzberg found marital status to be not related to any aspect of the job satisfaction (Herzberg et al., 1957).

Educational level does indicate a relationship between job satisfaction and education, even though studies are inconclusive regarding whether or not workers increase or decrease their job satisfaction when they increase their educational level (Herzberg et al., 1957). However, Griffin et al., (1978) indicated that increasing the educational level of employees can result in increasing their level of job satisfaction

and showed that workers with higher educational level would tend to be more satisfied with their jobs than workers with lower educational level.

Job level or employee position appears as positively linked to job satisfaction within the company (Cranny et al., 1992). A study by Tzeng (2002) found that job satisfaction increases with the job level. Position here is not only points to the place one owns but also the title of a technical post one possesses. However, position not only means the job characteristics but also special knowledge and skills at some extent. People in different positions face different job characteristic and technical requirement, which definitely influence job satisfaction (Tzeng, 2002).

Years of experience refers to the time or number of years an employee has spent working for a specific organization. According to some researchers, such as Clark et al. (1996) and Oshagbemi (2000), workers with longer service may experience greater satisfaction since they have found a job that matches with their needs. Similarly, a study by Al-Ajmi (2001) among 153 managers in the Kuwaiti oil industry from three (3) different oil companies reported that the number of years of experience has a positive effect on job satisfaction. He found that organizational managers with more than ten years' experience were more satisfied than organizational managers with less experience.

i. Factors that Lead to Patient Care Satisfaction on the Aspect of Nursing

The right relationship between nurses and patients has been described as an important element and is specifically based on the elements like friendly attitude, concern, trust and discretion of the healthcare professionals for the patient's

condition. There are three aspects which are taken into consideration in the process of factors affecting patient satisfaction on the aspect of nursing. These are demographic or socioeconomic of the patient aspect, attitudes or characteristics of nurses in the art of patient care and the aspect of nurse-client relationship.

Demographic or socioeconomic characteristics of the patient are such as age, ethnicity, sex, occupational level, education level, and marital status are often used by many researchers as factors to lead to patient satisfaction or patient dissatisfaction (Bleich et al., 2009). Older people were found to have lower expectations thus likely to be more satisfied with healthcare than younger people. Older people expect lesser information from doctor and more likely to comply with medicine or prescription advice than younger people (Bleich, *et al.*, 2009). Sex variable was found to be an inconsistent predictor of patient satisfaction in studies reviewed, as few studies showed that females tend to be lesser satisfied with their health care services received from health providers as compared to males. High expectations from females, diverse experiences or lack of decision making in Pakistan were the potential reasons (Sultana et al., 2010).

Educational aspect was identified as having a significant impact on patient satisfaction. Some researchers showed that a high level of education is associated with lower level of patient satisfaction. This is because educated patients are more likely to have good understanding of diseases and they expect better communication from health care providers (Sultana, *et al.*, 2010). People from low social class with low incomes were found to be more satisfied with the health services provided to them as compared to people from higher social class with increased incomes. A

survey conducted in one of the hospitals in Pakistan aimed to identify the factors affecting patients care satisfaction showed that patients belonging to low social class with an income between 5000-1000 Pakistan rupees were 1.68 times more likely to be satisfied as compared to other classes (Reiner and Zhao, 1999).

The attitudes or characteristics of nurses in the art of patient care include the art of care (caring attitude), the technical quality of care and organizational skills. The art of care is the most frequently measured dimension of satisfaction pertaining to the amount of "caring" shown toward patients. On the positive end of this satisfaction continuum, questionnaire items focus on provider characteristics such as concern, consideration, friendliness, patience and sincerity. On the negative end, satisfaction with art of care is measured in terms of abruptness, disrespect, and the extents to which providers embarrass, hurt, or unnecessarily worry their patients (Johlke and Duhan, 2000).

It is up to nurses to provide quality of patient care as prescribed by medical doctor. This means that they should show concern for their patients' well-being and treat them with kindness. Even if patients are rude or aggressive towards them, nurses must display professionalism at all times and not let their personal feelings get in the way. In order to provide adequate comfort, nurses also need to demonstrate empathy in difficult and painful situations that their patients encounter. However, even though nurses need to be sympathetic to their patients' conditions, they also need to be able to control their own emotions. Nurses constantly deal with stressful situations, including emergencies, traumatic events, and tragic illnesses. To be successfully able carry out their duties, nurses must remain calm and think clearly under these

circumstances (Bowie, 1996).

Technical quality of care: This dimension focuses on the competence of providers and their adherence to high standards of diagnosis and treatment. On the positive end of the continuum, questionnaire items refer to ability, accuracy, experience, thoroughness, and training of providers as well as the extent, to which they pay attention to details, avoid mistakes, give good examinations, and clearly explain what is expected of their patients. The negative end of the continuum is also defined in terms of defects in equipment and facilities, over prescribing, out-dated regimens, and the tendency to take unnecessary risks (Bowie, 1996).

Organization skills: nursing as a profession within the health care sector is focused on the care of human beings, individuals, families, and communities with a purpose of curing, maintaining and recovering optimal health and quality of life. Therefore, nurses can't survive without being organized themselves, unless they work in a department where they have only one non-critical patient. Nurses generally care for more two patients in the ward and each patient needs medications and treatments, often at the same time. Unless a nurse has more than two arms, he/she can't be everywhere at once otherwise he/she needs to prioritize care.

Nurse-client relationship is considered as a therapeutic relation. It is the foundation of nursing practice across all populations and cultures and in all practice settings. It is focused and based on client' needs, on trust between nurses and clients, mutual respect and on professional intimacy, and it requires the appropriate use of authority. The elements such as autonomy, client's dignity, responsibility and privacy are kept

safe within the nurse-client relationship. Within nurse-client relationship, the client is often vulnerable because nurse has more power than client; nurse has influence, access to information, and specialized knowledge and skills and therefore he/she is the one who has competencies to develop and reinforce a therapeutic relationship and set appropriate guidelines or rules with patients (Hupcey, 2001).

The aspect of nurse-client relationship includes four standard statements. These are therapeutic communication, client -centered care, maintenance of boundaries and protection of the client from abuse. The therapeutic communication is used by nurses as a wide range of effective communication strategies and interpersonal skills to appropriately establish, maintain, re-establish and terminate the nurse-client relationship. At the beginning of nursing health services provided to patients, a nurse should introduce her/himself to the client by name and discussing with the client the role of nurse and patient in therapeutic communication.

Secondly, in daily provision of health service, the nurse has to address the client by the name and/or title that the client prefers (Forchuk, 2000). In therapeutic communication, nurse gives the client time, opportunity and ability to explain himself/ herself, and listening to her/him with the intention to understand without diminishing the client's feelings or immediately giving advice. The client should be aware that the information from nurse will be shared with the health care team for a purpose of the continuity of care. The therapeutic communication between nurse and client considers the client's preferences, client choices in order to enable the client to make informed decisions. Informed consent is also the process of communication between a patient' and nurse that results in the patient's authorization

or agreement to undergo a specific medical intervention (AMA, 1998). Listening to, understanding and respecting the client's values, opinions, needs and ethno cultural beliefs and integrating these elements into nursing care plan lead to the happiness of patients (Bowie, 1996).

Client centered care is an aspect to be considered in the relation between nurses and patients. Nurses work with the clients who have their preferences, needs and values; therefore a nurse has to ensure that all professional behaviours and actions meet therapeutic needs of the clients. Nurse meets this healthcare standard by actively considering and including the clients as partners in care because clients are experts of their life. Therefore, the clients' needs, goals, wishes and preferences have to be included into nursing care plan (Hupcey et al., 2001).

The third aspect in the relation of nurse- client relationship is to maintain boundaries. Boundaries are important to healthy relationships and really, a healthy life. Nurses are responsible for effectively establishing and maintaining the limits or boundaries in the therapeutic nurse-client relationship. The nurse meets the standard by setting and maintaining appropriate boundaries within the relationship and helping clients to understand when their requests are beyond the limits of the therapeutic relationship (Peterneij et al., 2003).

Finally, the client is protected from abuse. Nurses protect the client from harm by ensuring them that any abuse is prevented, stopped and reported. Nurse meets this standard by intervening and reporting incidents of verbal and non-verbal behavior that demonstrate disrespect for the client (Peterneij, *et al.*, 2003).

ii. Positive Outcome of the Hospital

This study considers nurses loyalty and patients' loyalty as positive outcomes of the hospitals. As said Heskett, *et al.*, (1997), organizations are highly dependent on employees' loyalty. Employee loyalty is many times discussed in relation with job satisfaction, retention and turnover of employees. Employee' loyalty comes to employee commitment because committed employees want to continue working for the organization by supporting the organization's strategy and objectives. Employee loyalty increases as individuals become more satisfied with their jobs and are allowed to regularly care their customers. These employees remain in their companies and provide a high production which results to a good reputation of the company. A good reputation of the company is more valuable than money. Finally, loyal employees recommend new employees to apply for the job in their companies (Reichheld, 2003).

Patient loyalty is many times determined by patient satisfaction. When customers feel well cared in hospitals and feel loyal, they come back once they will feel sick and they recommend new patients, families and friends to seek health services at the same health facilities. Thus, the loyal clients become attached to the health facility and act as ambassador of the hospital. On the other side, when patients experienced a poor service, incompetent nurses who do not inform and communicate with and who do not involve them in decisions making; patients loose a sense of belonging and will not return to the same hospitals and cannot recommend others to consult the same health facilities. Reichheld and Earl (1999) added also that when five percent (5%) increases in customer loyalty, it can result in an increase of the organization's

profitability from 25 % to 85 %. They also expressed that loyal customers also serve as reference for future customers since they recommend and attract new customers to their organizations.

2.2 Literature Review

Tarja, *et al.*, (2014) studied the relationship between patients' perceptions of quality care and three factors namely, nursing staff job satisfaction, organizational characteristics and patient age. This study included 98 units at four acute care hospitals between autumn 2008 and spring 2009. Participants were 1909 patients and 929 nursing staff. Patients' perceptions of overall quality of care were positively related to general job satisfaction of nursing staff. Adequate number of staff appeared to be the clearest aspect affecting quality of care. Older patients were more satisfied with staff number than younger patients.

Patients cared for in outpatient departments felt more respected than patients in wards whereas patients in wards reported better care of basic needs. Meetings between patients and staff in outpatient departments were generally more private than the ones in wards. On the other hand, patients reported that their basic needs were better met in wards than in outpatient departments. This was probably because patients stayed longer in wards than in outpatient departments. In wards, patients frequently needed a help from nursing staff to meet their daily basic needs such as eating, hygiene and pain management. This study did not consider job satisfaction of nurses on provision of hospital services.

Mohammadreza, *et al.* (2013) carried out a study on determining job satisfaction of nurses working in Hospitals of Iran: a systematic review and meta-analysis. The study was a systematic review to determine job satisfaction of nurses working in Iran's hospitals. This study showed that nurses' job satisfaction in Iran was at a good level as compared to other countries. However, dissatisfaction of nurses was associated with higher resignation and turnover and therefore paying much attention to efficient factors on nurses' dissatisfaction and trying to overcome them is very important in order to improve their working conditions. The study was only limited on factors that determine job satisfaction of nurses; it did not consider its role on provision of hospital services to patients.

Lorber and Savic (2012) studied job satisfaction of nurses and identified factors of job satisfaction in Slovenian Hospitals. This study aimed to determine the level of job satisfaction of nursing Professionals in Slovenian hospitals and factors influencing Job satisfaction in nursing. This study included 509 nurses and used two questionnaires, one for leaders and one for nurses. Data analysis used statistical program SPSS 16.0 and the differences between individual variables were analyzed using the t test, while Person correlation was used to identify the relationship between the studied variables. Job satisfaction levels among nurses were determined with 20 questions.

The result showed job satisfaction at a medium level in both leaders (3.49 ± 0.5) and nurses (3.19 ± 0.6). However, there was a significant difference between their estimates ($t = 3.237$; $P = <0.001$). Job satisfaction was explained by characteristics of leaders ($P < 0.001$; $\beta = 0.158$), and managerial competencies of by age ($P < 0.05$; $\beta =$

0.091), years of employment ($P < 0.05$; $\beta = 0.193$), personal leaders ($P < 0.000$; $\beta = 0.634$) in 46% of cases. This study did not link job satisfaction with patient satisfaction through services provided to them.

Li-Se, *et al.* (2012) carried out a study entitled *nurses' job satisfaction on the relationship to professional commitment and friendship networks*. A cross-sectional survey design built on the questionnaire was used to fulfil the objectives of the study. This research surveyed 405 nurses in the Hospital of En Chou Kong but only 303 nurses representing 74.8 % have well completed and returned their questionnaires. The questionnaire included many variables three (3) among them were underlined. These are professional commitment scale, network nomination and nurses' job satisfaction scale (NJSS). Job satisfaction was constructed based on the regression model, using variables of friendship network in the ward and even across wards and professional commitment considered as independent variables. It was proven that the strong predictor in this study was professional commitment. The efficiency of friendship network in the ward was considered as good predictor in this study while the correlation to satisfaction of the work load was found as a negative predictor. The study did not demonstrate the role of job satisfaction of nurses on provision of hospital services.

Raddaha, *et al.* (2012) conducted a study entitled *Jordanian nurses' job satisfaction and intention to quit using cross-sectional design*. This study aimed to identify factors that influenced job satisfaction and dissatisfaction, and the intention of nurses to quit their job in three hospitals. The study targeted a sample of 180 nurses. Nurses completed a self-administered questionnaire consisting of demographic items, a job

satisfaction survey and the questions related to the intention to quit nursing job.

A descriptive and inferential statistics, ANOVA, correlation, regression were used to analyse the data collected from the field. The results of the study showed that the majority of nurses (60%) reported to be highly satisfied with the teamwork while the item of workload was reported by majority of nurses (62%) as a variable which causes low satisfaction of nurses. The respondents represented 59 % reported that they intended to leave their workplace. Therefore, nurses' levels of job satisfaction significantly predicted their intention to leave their workplace. This study did not show the importance of job satisfaction or dissatisfaction of nurses on provision of hospital services delivered to patients.

Vera and Paulina (2012) carried out a study on job Satisfaction: a quality indicator in nursing human resource management. This descriptive study was conducted in public hospital of São Paulo and emphasized on job satisfaction of nurses' managers and clinical nurses working at the hematology and chemotherapy services of the aforementioned hospital. The specific objectives of the study were to identify the factors that cause job satisfaction among nurses' managers and clinical nurses. The study concentrated on the components like autonomy, interaction between nurses and hierarchy, remuneration, professional status, job requirements and organizational norms. Participants in this research were 44 nurses. A Job Satisfaction Index questionnaire called JSI questionnaire was applied in data collection. This research identified clinical nurses group as the most satisfied one with a JSI of 10.5 while the nurses' managers group was scored at 10.0 of JSI. On the aspect of the satisfaction levels in relation of current activity, 88.9% of nurses' managers were satisfied while

90.9% of clinical nurses were also satisfied. For both groups, autonomy was an important component with the highest level of professional satisfaction. This study did not show the link between nurses' job satisfaction and provision of hospital services to patients.

Upenieks and Valda (2002) assessed differences in job satisfaction of nurses in Magnet and Non magnet Hospitals. This study aimed to determine whether there was a difference in the level of job satisfaction among clinical nurses employed in diverse hospital settings and whether this was linked to leadership provided by the nurse executive. A convenience sample of 2 magnet hospitals and 2 comparable non magnet hospitals constituted the sampling frame for this study. A triangulation used quantitative and qualitative analysis with a matrix system constructed to display the answers of nurses' leaders to interview the questions selected in relation to the institution's survey scores.

Results of this study suggested that clinical nurses at magnet hospitals had more autonomy and control over their practice setting compared to non-magnet nurses. This means that nurses at magnet hospitals had independence to deploy needed resources for patient care delivery and were accountable for patient care issues, and had relative freedom to make patient care decisions. Magnet hospital nurses characterized their work environment as one of support from administration more often than nurses in non-magnet settings. Factors that influenced nurse leader effectiveness included a strong commitment to nursing, recognition of professional nursing practice, leadership visibility, and support of an autonomous climate. The study was only concentrated on the aspect of relationship of nurses and did not show

the role of satisfied nurses in delivering health services.

Rubin (2009) conducted a research on work satisfaction of professional nurses in South Africa: a comparative analysis of the public and private sectors. This research used a cross-sectional survey of professional nurses with a self-administered questionnaire pretested before its administration. Univariate and bivariate statistical models were applied to measure the levels of satisfaction with various facets of work and drawn out the differences in satisfaction levels between various groups of nurses. This research involved a total number of 569 professional nurses. It was shown in this study that nurses from private-sector were generally satisfied while nurses from public-sector were generally dissatisfied.

Nurses from Public-sector were most dissatisfied with variables like workload, payment and the resources rendered available to them to facilitate their work. Public-sector nurses were only satisfied with the social context of their work. Nurses from private-sector nurses were dissatisfied only with their career development opportunities and their pay. Professional nurses working in rural provinces were dissatisfied with all variables of their work and had intentions to change sectors of work. They preferred even sectors which were more likely not to be in their current positions within the next five years. The link between job satisfactions of nurses on provision of hospital services to patients was not studied.

Unni, *et al.*, (2006) carried out a research on predictors of job satisfaction among doctors, nurses and auxiliaries in Norwegian hospitals: relevance for micro unit *culture*. A postal survey including all types of personnel at 11 acute somatic

hospitals across Norway was performed in 2000. Participating hospitals represented two (2) out of the five (5) university hospitals in Norway, three (3) out of the 12 county hospitals and six (6) local hospitals in the country. All five (5) health regions in Norway were represented. Nurses (three years' college education) and auxiliary nurses (18 months' vocational training) were employed at ward level in Norway. Their immediate leader was a head nurse.

A total of 1814 doctors, nurses and auxiliaries working at 11 Norwegian hospitals were interviewed at a rate of 65%. The only domain of work that significantly predicted high job satisfaction important for all groups was a positive evaluation of local leadership. Professional development was most important for interviewed health providers. For registered nurses, experiencing support and feedback from the nearest superior was the main explanatory variable for job satisfaction. Job satisfaction of auxiliaries was equally predicted by professional development and local leadership. The results were discussed and interpreted as reflections of cultural values, loyalties and motivation. The study considered many healthcare providers and did not isolate the role of job satisfaction of nurses on services rendered to patients.

Hamdan (2014) conducted a study on intention to leave, job stress, burnout and job satisfaction among nurses employed in the Ha'il Region's Hospitals in Saudi Arabia. This study identified nurses' intention to leave using psychometric measures of job stress, burnout and job satisfaction within a population of nurses (N=297) working in the northern province of Ha'il in the Kingdom of Saudi Arabia. A survey design method was employed using a descriptive correlation analysis and factor analysis to

test relationship within and between four concepts: job stress, burn-out, job satisfaction and intention to leave. A questionnaire containing these concepts was used as the research instrument. The results showed a relationship between nurse job satisfaction and burn-out, although there was no relationship between job satisfaction and job stress. Respondents who were emotionally exhausted and depersonalised tended to have low job satisfaction. The role of job satisfaction of nurses on hospital services rendered to patients was not studied by this research.

Bozionelos (2009) investigated the relationship between job satisfaction and turnover intentions using cross-cultural training, mentoring, peer support and culture. The study concerned 206 expatriate nurses working in Saudi hospital. The researcher found that experience was the most significant influence on job satisfaction and on turnover intentions while cultural trainings had no effect on job satisfaction. Expatriate nurses' experience and peer support, where provided, resulted into higher job satisfaction for expatriates of Arab origin. However, Al-Faify (2013) studied occupational stress and job satisfaction in acute environments in 113 hospital radiologists in the Eastern province of Saudi Arabia and showed a significant correlation between occupational stress factors and overall satisfaction with the working environment. The study linked only job satisfaction of nurses to turnover intentions of nurses.

Janicijevic, *et al.*, (2013) studied a linkage between Healthcare workers satisfaction and patient satisfaction. Data was collected through questionnaire-based surveys, from 18,642 healthcare workers and 9,283 patients across 50 secondary healthcare institutions in Serbia. Data analysis was based on descriptive statistics and

correlations. In their final phase of the research, mutual influence of employee satisfaction indicators and patient satisfaction indicators were analyzed. Statistically significant correlations were presented and it has been proven that there was a low degree of correlation between employee satisfaction and patient satisfaction. The analysis of correlation showed a slight but statistically significant relationship between healthcare workers satisfaction with the time available to them to accomplish their tasks and patient satisfaction with the result of treatment and their general satisfaction with the services provided by the health workers. This study considered healthcare workers in general; it did not link satisfaction of nurses to the provision of hospital services to patients.

Shibu, et al., (2013) investigated *the role of employee satisfaction in influencing patient satisfaction*. A structured questionnaire was used in conducting the study. A questionnaire for employees consisted of employees' details and a total of 19 questions out of which 14 were close ended and 5 open ended. On the other hand, a questionnaire for 158 patients consisted of patient details and it had 12 questions out of which 11 were close ended and one (1) open ended question. The findings showed that the employees were not at all happy with the received benefits from the organization and expressed that the organization exploited them more than expected. A large percentage of employees asserted that they were guided by unclear and old organizational rules and regulations.

In addition, the description and job profile of the employees did not provide a clear picture of employees' duties and responsibilities and they were employed as multipurpose workers. The new employees who joined the organization in the

previous year were not informed on their job profile. The study focused on all employees' job satisfaction and did not find out the role of nurses' job satisfaction on services rendered to patients.

Jill, *et al.*, (2012) studied the relationship between patients' experiences of care and the influence of staff motivation, affect and wellbeing. In total, 498 patients experience surveys and 106 patients interviews were conducted while 301 staff was also involved in this study. Descriptive statistics in this study showed seven (7) variables positively correlated to patient experience variables. These were: local (team)/work, group climate, co-worker support, job satisfaction, organisational climate, perceived organisational support, low emotional exhaustion, and supervisor support. The study did not demonstrate how nurses' job satisfaction can be linked on provision of hospital to patients.

Huey et al., (2005) investigated the relationship among health care providers' perceptions toward their jobs and outpatient satisfaction in Taiwan. This quantitative project was conducted in 10 Taipei public hospitals in Taipei with 312 patients and 2 507 health care providers. They found that if physicians had higher intention to quit; outpatients would be less willing to use personally Taipei public hospitals again. Moreover, if nurses had higher satisfactory levels toward their professional roles, outpatients would be more willing to use Taipei public hospitals again personally. These findings were extremely encouraging to the endeavour of enhancing the quality of work environment through human resource strategies. In addition, in most of the cases, patient satisfaction with physicians, nurses, or medical technologists' service attitudes would predict the levels of outcomes. The study showed that

dissatisfied physicians might contribute to lower overall patient satisfaction levels with less willingness to use again personally (patients), and less willingness to recommend Taipei public hospitals to friends and relatives (patients). The study considered overall healthcare providers, the role of nurses was not isolated.

Melkidezek, *et al.*, (2008) did a study on motivation of health care workers in Tanzania. He took Muhimbiri National Hospital as a case study. This was a cross sectional study involving a sample of 448 hospital workers. A stratified sampling was used to randomly pick 20% of doctors, nursing staff, auxiliary clinical workers and other administrative and supporting staff. The findings revealed that almost a half of both doctors and nurses were not satisfied with their jobs, as was the case for 67% of auxiliary clinical staff and 39% of supporting staff. Amongst the contributing factors reported, there were low salary levels, inadequate performance evaluation and feedback from hierarchy, poor communication channels in different organizational units and between workers, lack of participation in decision-making processes, and a general lack of concern for workers welfare by the hospital management. However, the study did not link satisfaction of nurses to services rendered to patients.

Ntirenganya, *et al.*, (2015) studied a surgical care delivery at University Teaching Hospital of Kigali on the aspect of patient satisfaction. The objectives of this study were to assess patients' degree of satisfaction, to document the main reasons for non-satisfaction and to identify the potential areas for improving surgical care delivered at mentioned hospital. This study used a prospective cross sectional survey with a pre-established questionnaire. A simple random sampling was used and included 80

patients. Descriptive statistics were used to analyse the data under SPSS 16.02.

The findings showed that 94 % were overall satisfied, 93.8 % of respondents have been well oriented. However, 52.5 % of respondents reported a long waiting time which exceeded more than three hours before being seen by medical doctor in Out Patient Departments (OPD). Respondents representing 41.46 % were not given appointment for elective surgery and 62.5 % were not satisfied by the information received on their disease and its treatment. A high percentage of patients (91.87%) declared to be not involved in their treatment plan and in decision making on their diseases. This study did not show any role of healthcare providers in the improvement of patient care satisfaction.

INGABIRE L. (2016) conducted a study on *patients' satisfaction with perioperative care at Oshen King Faisal Hospital in Rwanda*. The objective of this study was to assess the patients' satisfaction with perioperative care at Oshen King Faisal Hospital. A descriptive cross Sectional study was conducted from March-April 2017. The study use stratification based on each health specialty found in the hospital, 145 patients participated in the study and completed a self-administered questionnaire. Chi-square was used to analyse data collected from the field. The result showed that one hundred forty-five consecutive patients over a 6 weeks period were originally enrolled in the study.

The overall level of patients' satisfaction was 67.43%. The result showed also that 25.5% of patients were operated in surgery. Satisfaction among these patients was low for the dimension of fear and concern (mean=57.32, \pm 13.91), while patients'

satisfaction score was high for the dimension of service (mean=82.58, \pm 19.09) and finally, there was no statistically significant correlation between patients' socio-demographic and characteristics with perioperative and patients' satisfaction. It has been suggested and approved that the patient is the best judge and his/her judgment plays a lot on the quality that many people expect from the hospitals. This study did not consider job satisfaction of nurses and therefore it did not create any link between nurses' satisfaction and patients' satisfaction with perioperative care.

2.3 Research Gaps

The synthesis of literature shows that there are few explanations on the role of nurses' job satisfaction on provision of hospital services to patients using the theory of Heskett Service Profit Chain (SPC). This theory stipulated that there is a direct and strong relationship between customer satisfaction and employee satisfaction which leads to organization profit (Heskett, *et al.*, 1994). In this model, customer equals to patient, employee is parallel to nurse while organization is defined here as a hospital. In fact, many studies conducted around the World as shown above did not apply the model of Heskett Service Profit Chain to test if it can be applied in health facilities such as a hospital in order to show the role of nurses' job satisfaction in delivering health services to patients.

A little has been written about the role of job satisfaction of nurses on provision of health services to patients in Rwanda. Few studies done in Rwanda such as a study done by Kamanzi (2011) and Habagusenga (2012) discussed only on the motivation levels among nurses worked respectively in University Teaching Hospital of Butare and University Teaching Hospital of Kigali and did not link nurses' satisfaction to

patient care received from nurses. Another study conducted by INGABIRE Leóntine (2016) on patients' satisfaction with perioperative care at Oshen King Faisal Hospital in Rwanda was concentrated only on satisfaction of patients in surgery department and did not intend to link patients care satisfaction to nurses' satisfaction. Finally, the study of Ntirenganya, *et al.*, (2015) on surgical care delivery at University Teaching Hospital of Kigali did not also show if healthcare providers can be an important key in improvement of healthcare delivery for the purpose of patient satisfaction.

These few studies done in Rwanda considered only one aspect which was motivation or job satisfaction of healthcare providers or satisfaction of patients in health facilities. There is no available study which links two aspects which are job satisfaction of nurses and provision of hospital services rendered to patients. Thus, so far there is an absence of evidence on whether a comprehensive study has been carried out on understanding the role of job satisfaction of nurses on provision of services to patients. Therefore, this research intended to fill these aforementioned knowledge gaps and add to the existing body knowledge by investigating the role of job satisfaction of nurses on provision of hospital services to patients in Rwanda and using a Model of Heskett Service Profit Chain.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

The present study is focused on the impact of job satisfaction of nurses on provision of hospital services rendered to patients in sampled hospitals of Rwanda. In order to effectively carry out this study, two (2) questionnaires were developed. The first aimed at evaluating job satisfaction of nurses while the second looked at patients' care satisfaction. These two (2) questionnaires were built on the 5 Likert scales whereby satisfaction level of nurses and patients was measured. This chapter explains and gives a detailed presentation of the methods used in carrying out this research. It describes the research Philosophy, research approaches, research design, the study area and study population, study sample and sample selection, tools used in data collection procedures, data analysis and processing and finally the ethical consideration.

3.2 Research Philosophy

A research philosophy is a belief related to the way in which data about phenomenon should be gathered, analyzed and used (Wilson, 2010). In simple words, research philosophy deals with the source, nature, and development of knowledge by creation of new ideas. The creation of new knowledge will be marked by the collection of secondary and primary data and through the engagement in data analysis to the answers from the research questions. Generally, research philosophy has many branches related to a wide range of disciplines. Within the scope of business studies, four main research philosophies are used. These are pragmatism, positivism, realism

and interpretivism. The choice of a specific research philosophy is guided by the practical implications. This study adopted positivism philosophy.

Positivists believe that reality is stable, observable and measurable (Collins, H. (2010). In a positive study, the researcher has a role of data collection and interpretation of them in an objective way. The findings from positivism philosophy are normally observable and quantifiable and that lead to statistical analysis. Positivism provides an opportunity to identify the relationship between two or more facts and then provide an analytical view of observed relationships (Crowther and Loncaster, 2008). Thus, this study established the role of nurses' job satisfaction on provision of hospital services to patients.

3.3 Research Approaches

A mixed approach was used in this study. A mixed approach is a design that collects and analyses data to produce integrated findings by using both qualitative and quantitative methods in a single research (Teddlie and Tashakkori, 2009). In fact, qualitative and quantitative methods were used in this study. Qualitative method was applied for the purpose of collecting information related to opinions, views, and feelings of nurses and patients. Quantitative method was applied for the purpose of collecting statistical data related to nurses and patients.

3.4 Research Design

A research design is a master plan specifying the methods and procedures for collecting and analyzing the needed information (John, *et al.*, 2007). Kerlinger

(1996) added that research design is the plan, structure and strategy of investigation conceived as to obtain answers to research questions in order to control variables. This study used a cross sectional design to answer questions posed by the research. A cross-sectional design is used when the information wanted has to be collected at once time of point (Kat Ann Levin, 2006). Therefore, the reason for choosing a cross-sectional study is due to the limitation of time and its large nature of the area of study. Finally, a cross-sectional survey design was justified on the reason that the data was collected for the first time in five (5) sampled hospitals on factors affecting job satisfaction among nurses on the one hand and factors affecting patients' care satisfaction from the health services provided by nurses on the other hand and finally to determine the relationship between job satisfaction of nurses on health services rendered to patients.

3.5 Study Area

This study was conducted in Rwanda. Rwanda is divided into four (4) Provinces and Kigali City. A total of 48 public hospitals are distributed in these four (4) provinces and Kigali City. Eight (8) hospitals are found in Kigali City, nine (9) hospitals in Eastern Province, twelve (12) hospitals in western province, seven (7) Hospitals in Northern Province and twelve (12) hospitals in Southern Province (MOH, 2014).

Figure 3.1 (a map) shows exactly with the red point the location of each sampled hospital.

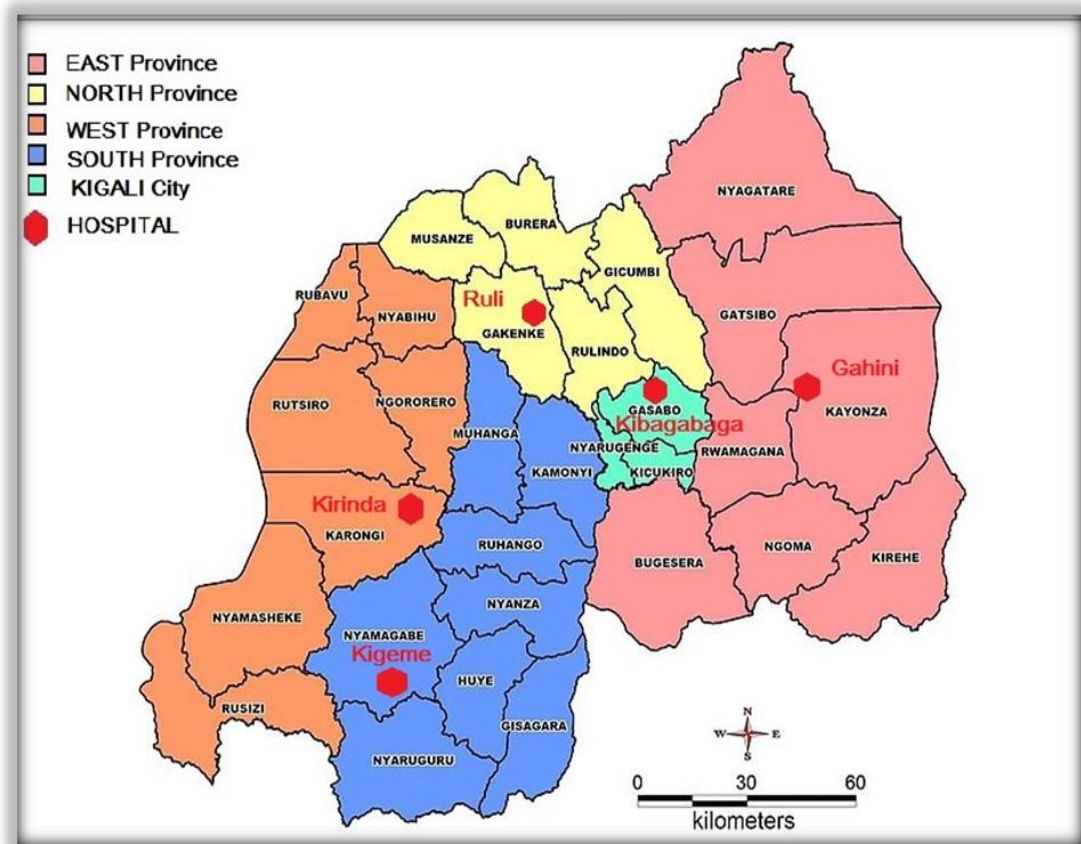


Figure 3.1: A Map Showing the Location of Research Areas

3.6 Population of the Study

The population of the study consisted of nurses and patients in five (5) sampled hospitals of Rwanda. Five (5) sampled hospitals of Rwanda were selected for this study as shown in sampling procedures for the hospitals. These are (A) Kirinda Hospital (Karongi District in Western Province); (B) Gahini Hospital (Kayonza District in Eastern Province); (C) Ruli Hospital (Gakenke District in Northern Province); (D) Kigeme Hospital (Nyamagabe District in Southern Province) and (E) Kibagabaga (Gasabo District in Kigali City).

An overview of information such as location of the hospital, year of foundation, covered population, beds capacity, beds occupancy rate, hospital staff and health

centres located in the catchment's area of each sampled Hospital was given below in the Table 3.1.

Table 3 1: Information on the Research Areas

Name of the Hospital	Location	Year of foundation	Covered Population	Beds capacity	Beds occupancy rate	Hospital Staff number	Health centers covered
A(<i>Kirinda</i>)	Karongi District in Western Province	1958	108 113	144	66	105	6
B(<i>Gahini</i>)	Kayonza District in Eastern Province	1927	196 424	158	72	185	7
C (<i>Ruli</i>)	Gakenke District in Northern Province	1994	107 879	184	62	134	8
D(<i>Kigeme</i>)	Nyamagabe District in Southern Province	1942	198 173	198	68	136	10
E(<i>Kibagabaga</i>)	Gasabo District in Kigali City	2006	625 686	203	80	275	16

Source: Field survey Result (2016)

3.7 Sampling Procedures

3.7.2 Sampling Procedure for the Hospitals

Gay. L.R (1987) suggests a sample size of 10% for large populations and 20% of sample size for small populations as minimum. As said above, Rwanda has 48 public hospitals. These hospitals are large organizations; therefore, the principle of 10% was applied to get the sample size of the hospitals of the study. Based on this principle, the number of the hospitals was obtained by getting the total of hospitals times 10 % ($48 \times 10\%$) which is equal to 4.8 Hospitals. Therefore, five (5) hospitals were taken as a sample size of the Hospitals. A convenience sample was applied in

order to get the names of five (5) hospitals with a purpose of getting one hospital in each Province of Rwanda and one hospital in Kigali City.

Based on the convenience sampling method, the following hospitals were chosen for this Study: (A) Kirinda Hospital (Karongi District in Western Province); (B) Gahini Hospital (Kayonza District in East Province); (C) Ruli Hospital (Gakenke District in Northern Province); (D) Kigeme Hospital (Nyamagabe District in Southern Province) and (E) Kibagabaga (Gasabo District in Kigali City). The hospitals were chosen according to their easy accessibility in each province.

3.7.2 Determination of Sample Size for Nurses

The determination of sample size for nurses was based on a sample frame of five (5) selected hospitals drawn from 48 hospitals of Rwanda as shown in sampling procedures for the hospitals. The statistical information regarding the number of nurses in selected hospitals as at November, 2015 is shown in the Table 3.2.

Table 3 2: Distribution of Nurses in Five (5) Sampled Hospitals

Code	Sampled Hospitals	Location of the Hospital by District	Number of Nurses (Population of Study)
A	<i>Kirinda</i>	Karongi	54
B	<i>Gahini</i>	Kayonza	64
C	<i>Ruli</i>	Gakenke	68
D	<i>Kigeme</i>	Nyamagabe	72
E	<i>Kibagabaga</i>	Gasabo	163
			Total : 421

Source: Field survey Result (2016)

Sampling of nurses was not based on 10 % of the total population of nurses because five (5) sampled hospitals registered 421 nurses; therefore the nurses' sample calculation of 10% would be very low and would not represent the total population. Therefore, the researcher resorted to the formula of ROBERT and DARYL (1970) used to determine the sample size for estimating means. After the calculation, a sample size of 384 nurses was made.

$$n = \frac{(Range/2)^2}{(Accuracylevel / Confidencylevel)^2} \quad \text{Where}$$

n= required sample size

Range= Highest-Lowest of the population

Accuracy level =Range*desired level of accuracy (expressed as a proportion)

Level of confidence= 0.05

$$\text{Finally, } n = \frac{(163 - 54 / 2)^2}{(109 * 0.05 / 1.96)^2} \quad n = \frac{(163 - 54 / 2)^2}{(109 * 0.05 / 1.96)^2} = \frac{(109 / 2)^2}{(5.45 / 1.96)^2} =$$

$$\frac{2970.25}{7.73} = \mathbf{384}$$

Therefore, a sample size for nurses was three hundred eighty-four (**384**) in five (5) mentioned hospitals.

The number of sampled nurses in each selected hospital, number of administered questionnaires, number of returned questionnaires and finally the total number of analyzed questionnaires were shown in the Table 3.3.

Table 3.3: Number of Sampled Nurses, Administered Questionnaires, Returned and Analysed Questionnaires

Code	Name of the Hospital	Number of Nurses	Copies of administered Questionnaires	Copies of returned questionnaires	Analyzed Questionnaires
A	Kirinda	54	54	48	48
B	Gahini	64	64	42	42
C	Ruli	68	68	58	58
D	Kigeme	72	72	68	68
E	Kibagabaga	163	126	92	92
	Total	421	384	308	308

Source: Field survey Result (2016)

The entire populations in first four (4) hospitals (A, B, C, and D) were covered by this study. As presented in the table above, 258 questionnaires were distributed among 258 nurses working in the in first four (4) hospitals while 126 were administered in the fifth hospital. The total population in first four (4) hospitals was considered as the sample size because the total population for these four (4) hospitals was relatively small and it was used as census in order to avoid the incidence of low responses' rate from the respondents.

This principle is in line with the assertion of Asika (2000) and Otokiti (2005). They stated that the best sample size is a complete census of the population and added that all the elements of the population are expected to be involved in the survey. Collins and Hussey (2003) also admitted that a good sample is the one which is chosen randomly with a chance to every number of the population to be chosen; it can be large enough to satisfy the needs of the investigation being undertaken. Devellis (2003) also underlined that usually the larger the sample size, the more representative the results are.

Finally, the sampled nurses in the last hospital (E) were proportional equal to the relative weight of the total population. Based on this principle one hundred and twenty-six (126) nurses were obtained. Based on the nature of the study, in first four (4) hospitals a convenience sampling technique was applied to fulfil the questions. This technique was used because nurses were not always around the hospital. Some nurses came to the hospital for night shift, others came to work for day shift while others had days off. Therefore, nurses completed the questionnaires according to their availability based on timetables displayed by their respective departments. Within the last hospital (E), the selection was conducted using the simple random sampling.

The total of the sampled nurses in five (5) sampled hospitals equals to three hundred eighty-four (384). The number of administered questionnaires to sampled nurses in each hospital and the number of returned questionnaires was also shown in the Table 3.3. The number of returned questionnaires was three hundred and eight (308) and this number was subject to the analysis.

3.7.3 Determination of Sample Size for Patients

The sample size of patients in five (5) sampled hospitals was determined on basis of the monthly number of patients who already came to seek health care services in the previous month before starting the data collection. The statistical information regarding the number of patients in sampled hospitals as at November, 2015 is given in Table 3.4.

Table 3.4: Distribution of Patients in Five Sampled Hospitals

Code	Name of the Hospital	Location of the Hospital by District	Number of Patients (Study population)
A	<i>Kirinda</i>	Karongi	1 624
B	<i>Gahini</i>	Kayonza	2 188
C	<i>Ruli</i>	Gakenke	1 668
D	<i>Kigeme</i>	Nyamagabe	2 093
E	<i>Kibagabaga</i>	Gasabo	4 156
			Total : 11 729

Source: Field survey Result (2016)

The determination of sample size for patients was not based on 10 % because the statistical information regarding the number of patients as at November, 2015 was high as shown in the Table 3.4 (11 729 patients) in five (5) sampled hospitals during the period of data collection. To apply 10% of the total population for sample would be 1172. This number is very high and could be difficult to afford it. Therefore, it was imperative to resort to the formula of Lynch et al. (1972) and cited by Ardoles (1992) to get a reasonable sample size as presented in the calculations below.

$$n = \frac{N \times Z^2 \times p(1-p)}{N \times d^2 + Z^2 \times p(1-p)}$$

Where

- n= Sample size
- N = Population
- Z= The value of the normal variables (1.96) for a reliability level of 0.95 ; confidence level
- p = The largest possible proportion (0.50)
- d = Margin of error and concretely,

$$n = \frac{11729 \times 1,96^2 \times 0,5 \times 0,5}{11729 \times 0,05^2 + 1,96^2 \times 0,5 \times 0,5} = \frac{11264,5316}{30,2829} = 371,97 = 372$$

The correction for finite population (True sample size) is:

$$Newss = \frac{ss}{1 + \frac{ss-1}{pop}} = \frac{372}{1 + \frac{372-1}{11729}} = \frac{372}{1.032} = 360$$

Where *ss* = sample size and *pop* = population

Finally, true sample size for patients in five (5) sampled hospitals was three hundred sixty (360).

The sample size of patients in each hospital was determined by its proportion in the study population to produce a self-weighting sample as shown in the Table 3.5

Table 3.5: Number of Sampled Patients Interviewed in Five (5) Sampled Hospitals

Code	Name of the Hospital	Study Population	Proportion (%)	Sample size for Patients
A	<i>Kirinda</i>	1 624	14	50
B	<i>Gahini</i>	2 188	19	69
C	<i>Ruli</i>	1 668	14	50
D	<i>Kigeme</i>	2 093	18	65
E	<i>Kibagabaga</i>	4 156	35	126
	Total	11 729	100	360

Source: Field survey Result (2016)

Using a systematic sampling method, 360 patients were interviewed in five (5) sampled hospitals. Systematic sampling is a type of probability sampling method in which sample members from a larger population are selected according to a random starting point and a fixed periodic interval.

This interval, called sampling interval, is calculated by dividing the population size by the desired sample size, and once the beginning point is established; all other

choices are determined (L. R. Gay, 1987). In our case, the calculation of interval (n) for each sampled hospital was determined by dividing the monthly number of patients in each hospital by the number of patients required in each sampled hospital. The first patient was initially selected from the identified patient population at random and the interview was given to every n th patient in the identified patient population thereafter. This exercise continued until the sample size of patients in each selected hospital was obtained.

3.8 Design of Research Instruments

As usual, before going to the field for data collection, a research instrument is designed to be used in data collection. This study focused on the questionnaire as the main research instrument to collect data. Focus groups discussions and interviews were also used. A questionnaire was built and adapted on a format of a questionnaire on job satisfaction or dissatisfaction of nurses on one side and another questionnaire was built and adapted on a format of a questionnaire on patient care satisfaction on the other side.

The following steps were undertaken to design the research instruments:

- i. To make the questionnaire very clear before using it, a pilot study was conducted to establish the adequacy and reliability of the instrument especially in content, wording sequences of the questions and bias. This process was considered as a way of providing ideas and testing the relevance of questionnaire in the environment of the Hospital.
- ii. No structured interview was conducted with nurses in a hospital after the pilot study in order to test if all the questions of the study were well structured, simple

and understandable.

- iii. Finally, the adapted questionnaire was administered to sampled nurses from the sampled hospitals and patients were interviewed with structured questionnaire in the same sampled hospitals.

3.9 Pretesting of Research Instruments

Before applying the survey questionnaire, it was tested through a pilot study in order to verify if the questionnaire measured what it was supposed to measure. The system of instruments' pretesting has also helped to identify questions without sense to participants and problems with the questionnaire that would lead to biased responses; therefore, one hospital was chosen to test the questionnaire.

Ten copies of the questionnaires were administered to ten nurses in one hospital which was chosen for this purpose. Nurses were asked to fill up the questionnaire. While the nurses were answering the questions in the questionnaire, the researcher was making some observations from them and was taken into consideration. The nurses' attitudes observed while answering some questions, confusions and unclear situations from the questionnaire were noted in order to improve the final questionnaire which was finally became a perfect tool to conduct the present study.

3.10 Data Collection Methods

3.10.1 Introduction

Data collection is defined as a process of identification of subjects and gathering data from them (Burns, 2000). Data collection was divided into two categories namely, primary and secondary data.

Primary data is the source of information, which provides the original and more specific data in order to answer the problem of the research. It is the category of data collected from techniques such as surveys, interviews, focus groups or in-depth interviews, observations, analysis or through experiments for the first time of data collection. Primary data is always given in the form of raw materials and originals in character. These types of data need the application of statistical methods for the purpose of interpretation together with analysis. The primary data method is either quantitative or qualitative. As far as the present research is concerned, written surveys or questionnaires were used in this study to collect quantitative data while in-depth interviews for a group of hospital leaders was typically used as qualitative method in collecting data.

The term secondary data stands for data information collected from the existing sources or data collected from different internal and external sources (Ghauri Gronhog, 2005). Secondary data is the information used in a research that has already been collected by individuals or agencies for another purpose rather than directly by the researcher. Secondary data may be qualitative (descriptive) or quantitative (numerical). Concerning this study, qualitative secondary sources such as books, documents, thesis, reports, as well as many other sources related to job satisfaction or dissatisfaction of nurses on the one hand and to patients care satisfaction based on health services provided to them on the other hand were used in this study.

The theory of Heskett Service Profit Chain (SPC) developed by Heskett, *et al.*, (1994) was considered as the main thinker to guide this study. Apart the main

thinker, the study used also other models to support the main thinker in order to build a strong research foundation and to design a good research model of this study. These models are Vilares and Coehlo (2000) on relationship between employees and customer satisfaction, Newman, *et al.*, (2001) on a chain of connectivity between nurses and customer satisfaction, Herzberg Duality theory of job satisfaction (1959), job characteristics model of Hackman and Oldham (1970) and interaction model of client health behavior (IMCHB) by Cox (1982).

Quantitative secondary sources such as statistics from Health Management Information system (HMIS) databases of the Ministry of health in Rwanda were also used as references. This database records monthly statistics for patients from each hospital of Rwanda and shows the monthly statistics and trends of diseases in each hospital of the all country. The database of Human Resource Information System (HRIS) which records all information regarding the monthly statistics for human resources including the statistics of nurses in each hospital of Rwanda. Other statistics from many documents such as national policy of human resources in health sector, norms and standards of hospitals were served as references in order to know the policies of health care providers and patients in Rwanda. This study used both primary and secondary data collection methods.

3.10.2 Qualitative Approach

The in–depth interviews for a group of hospital leaders to collect qualitative primary data and focus group discussion (FGD) for nurses in each hospital were applied in this study.

i. In-depth Interview

The in-depth interview technique was applied as a research tool for one-on-one interview in this study to allow open discussions face to face in order to identify and to explore factors affecting job satisfaction or dissatisfaction among nurses in hospitals and factors affecting patients' care satisfaction through a provision of hospital services rendered to them. The in-depth interview was considered as adaptable for this study because it helped the interviewees to be confident and have more freedom while responding to the questions related to job satisfaction/dissatisfaction among nurses and questions related to health services rendered to patients. Therefore, a group of five (5) senior officials of each hospital namely, the medical director, administrator, human resource manager, chief of nursing and chief medical staff were selected for the interview on the aforementioned topic.

The following steps were considered while conducting the interview:

- i. As explained above, the interviews were conducted face-to-face with a group of five (5) senior leaders in each sampled hospital. This means that twenty five (25) senior leaders in five (5) hospitals participated in the study.
- ii. As an introduction of interview, explanations of the purpose and objectives of the study were given to the interviewees. After that they were invited to talk freely and comfortably to the research topic. With the permission from participants, some of them accepted to be recorded and others refused.
- iii. In order to investigate in depth, open-ended questions were used. This kind of questions gave participants flexibility and a freedom to give as many answers as

possible without any predefined responses.

- iv. Participants were asked to respond five (5) main open-ended questions with a purpose to permit the interviewees to explain and discuss factors that contribute to job satisfaction/dissatisfaction among nurses and its role on hospital nursing services rendered to patients.
- v. Participants were appreciated and thanked at the end of the interview for taking part in the research and were promised to be informed on the findings at the end.

ii. Focus Group Discussion (FGD)

A focus group discussion is defined as a small group of at least six (6) people invited by investigators to participate through discussions and comments on the selected topic guided by a skilled moderator through an open discussion (Powell and Single, 2005). The following steps were followed in our focus group discussion:

- i. Our focus group discussions included eight (8) nurses in each hospital. This means forty nurses were composed our focus group discussions in five sampled hospitals.
- ii. In collaboration with the hospital, eight (8) nurses from different departments in each sampled hospital were invited and the arrangement of meeting time of the session, location and comfortable room was made available by the administration of each sampled hospital.
- iii. Normally, this kind of discussion is conducted by a team of moderator and his or her assistant. In this study the researcher was the moderator. The moderator and his assistant welcomed the participants, oriented them to their seats and opened the session. The main role of the moderator was to generate

and to maximize the respondents' opinions, thoughts and ideas in due time. The assistant moderator was responsible for making sure that the questionnaire, the marker, pens, blank paper and the recorder were available. These materials helped to record the session and take notes in case the recorder is not possible as well as to check if all the questions were covered by the group.

- iv. The moderator had prepared seven (7) structured and predefined questions. The group did not have a chance to look on the questions before the interview. The comments of one nurse about one of the predetermined questions stimulated and influenced other nurses to give their opinions. It was noted that a reasonable number of nurses could even change their ideas during the session. This session took between 60 minutes to 90 minutes.
- v. At the end of the focus group, the moderator and his assistant summarized what had been covered in the meeting. He also invited nurses to amend, comment and make corrections regarding what had been reported.

3.10.3 Quantitative Approach

A questionnaire was applied in this study as a research instrument to collect quantitative data specifically to collect the information related to nurses' job satisfaction on one side and the information on provision of health services provided to patients on the other side.

i. Questionnaire Administration Method

The purpose of the study and the benefits of taking part of it were explained to participants before administrating the questionnaire in each sampled hospital. A

questionnaire was administrated and filled by nurses in each sampled hospital. The structured questionnaires were administrated to each hospital under study in person. The researcher himself administered the questionnaire in order to give any clarification related to the questionnaire and ensure the high return rate of the questionnaires. The anonymity of nurses was respected in order to secure their identities and make them confident. Considering the volume of the questionnaire and the nature of the research, nurses were given enough time to go through the structured questionnaire to be answered. Finally, the filled questionnaires were collected.

ii. Interview

The interview was carried out with patients. Each selected patient was asked to respond the same structured questions by the interviewer himself. The advantages of this mode of administration included the collection of more detailed and complex data, the possibility to clarify misunderstandings and the opportunity for the interviewer to probe for additional information. Recording the information was also undertaken by the interviewer. This technique gave much chance to illiterate patients to participate in the survey.

iii. Parts of the Questionnaire

The questionnaire started with a cover letter to describe the information, the purpose and objectives of the research. The anonymity, the confidentiality, the security of information provided by participants and the estimated time needed to fill out the questionnaire were also described in this cover letter. The questionnaire was divided

into four parts namely, identification of nurses, questions related to job satisfaction of nurses and the questions related to the satisfaction of patients, open –ended questions and finally questions of focus group discussion.

While designing the questionnaire, this study took a model of Five-Point Likert Scale according to Likert Scale (Dane Bertram, 2007). Five-Point Likert Scale is a psychometric response scale developed in 1932 used to collect participant's preferences or degree of disagreement or agreement. The mentioned model was used to measure the degree of job satisfaction of nurses and patient satisfaction with a given specific statement and this scale is ranged from 1=Strongly Disagree; 2=Disagree; 3=Neutral or Undecided; 4=Agree and 5= Strongly Agree.

3.11 Validity and Reliability of the Research Instrument

Validity and reliability of the research instrument were used in order to ensure that it measured what it intended to measure.

3.11.1 Validity

Validity is the extent of an instrument to measure what is supposed to measure and to perform using various variables as it is constructed to perform. In normal conditions, every instrument is designed to measure a specific unit (Asika, 2000). The instrument of this study was validated by content validity through the judgment of the experts of the area of research as discussed below.

Content validity also known as logical validity of an instrument is the degree to which a test appears to measure a concept by logical analysis of the items. Validity

is the most important consideration in test evaluation. The concept refers to the appropriateness, meaningfulness, and usefulness of the specific inferences from the test scores and is considered as an evaluation of how well the instruments represent all the different aspects of the variables to be measured (Brink, 1996). This study refers to content validity in order to make sure that all the relevant aspects of the topic were fully explored and to make sure that measuring instrument was adequately covered a good representation of all the dimensions of the topic of this research.

For this study, senior researchers, statisticians and supervisor reviewed the objectives of the study and all variables of the questionnaire to decide on the appropriateness and meaningfulness of the test items and to ensure that all the questions asked in the questionnaire were clear and related to the objectives of the study. All mentioned senior researchers examined each item and made their judgments by paying attention to the content and all relevant items of the study' topic. Further, all questions of the research were answered based on the data of the pre-test done in one hospital chosen by that purpose to ensure the consistency of the variables. The answers and comments from the pilot group were used to check for the accuracy, the truthfulness and the clarity of the questionnaire in order to avoid ambiguity in final phase.

3.11.2 Reliability

Reliability refers to the consistency of a research study or a measuring test which should be done over a repeated test of research instrument. The purpose of the researchers who measure repeatedly the research instrument is to find out that the

results of the research instrument give similar, close or the same results over a repeated number of trials or simply in the other words, is to see if the research instrument would give the same or similar result when different researchers use it. Thus, reliability is the consistency between independent measurements of the same phenomenon at different point of time (Asika, 2000). Therefore, reliability is characterized by its stability, accuracy or precision, dependability and predictability of the measuring instrument by different researchers place in the same conditions at the different point of time. Four (4) types to test reliability are test-re-test reliability, multiple (alternate) form, split half technique and Cronbach's alpha test (Asika, 2000).

This study used the test-re-test reliability. This test is used when the same measuring instrument is used to see the scores that should be obtained between two separate measurements on the same population at different points of time. To establish the reliability of the measuring instrument is based on the correlation between the two measurements and then, the higher will be the reliability of the measuring instrument. In the pilot study, the researcher administered the questionnaire two times to the same respondents to fill and refill in order to verify whether the consistency of the results across time.

As explained above, assessing test-retest reliability requires using the measure on a group of people at one time, using it again on the same group of people at a later time, and then looking at test-re-test correlation between the two sets of scores. The reliability was also measured by computing Pearson's r to show the correlation between two sets of scores from questionnaires administered to nurses during the

pilot study. Pearson's r for these data is $+0.95$. For this study, a test-re-test correlation of $+0.80$ was considered to indicate good reliability in pilot study.

3.12 Data Processing, Analysis and Presentation

3.12.1 Quantitative Data Processing

The quantitative data analysis of this study was performed based on the data collected from the questionnaire administration method and interview. After data collection, the next step was to code the provided responses and to make data entry into the computer by using the software named statistical Package for Social Sciences (SPSS-16) for statistical analysis. Data entry took a period of three months.

3.12.2 Qualitative Data Processing

Qualitative data were processed by means of content analysis. This is a technique for systematically describing written, spoken or visual communication. Many current studies use qualitative content analysis. It addresses some of the weaknesses of the quantitative approach. Qualitative content analysis emphasizes an integrated view of speech, words, texts and their specific contexts. It goes beyond merely counting words or extracting objective content from texts to examine meanings, themes and patterns that may be manifest or latent in a particular text. It also allows researchers to understand social reality in a subjective but scientific manner (Yan Zhang and Wildemuth, 1996).

Text or narrative data came from responses to open-ended questions, focus group discussion among nurses and written comments on questionnaires which generated single words, brief phrases, or full paragraphs of text among respondents. Interviews

from senior leaders of the hospitals and focus group discussion among nurses were produced data in the form of notes, summaries or word-for-word transcripts involved full transcripts and notes from a researcher. Finally, the narrative data in this study came from the documents, reports, news articles, journals, and any written material related to this research which was published.

Qualitative content analysis in this study was done and performed by NVivo program. This program was designed for qualitative research and it is normally working with non-numerical or unstructured data but with very rich text-based and/or multimedia information, where deep levels of analysis on small or large volumes of data are required. This program was used in organizing, managing, and coding qualitative data in a more efficient manner. With this program the functions such as text editing, note and memo taking, coding, text retrieval, node/category manipulation, classify, sort and arrange information; examine relationships in the data; and combine analysis with linking, shaping, searching and modelling have easily facilitated. A software version of NVivo for Mac Beta - 2014 or NVivo for Mac commercial release – 2014 was applied in this study.

3.12.3 Data Analysis

Both the descriptive and analytical statistical methods were applied in this study.

Descriptive Statistical Method: Hakim (1982) mentioned that the descriptive statistical technique is used to measure and describe data collected from important sources to the research sample and is mainly matched with research during fieldwork.

The descriptive statistical technique was used to describe data collected from our research instruments at the field. This technique helped in calculation of the numerical average (mean) of scores for studied variables, median, mode, minimum, maximum values for a studied variables, frequency distribution, percentage distribution and standard deviation. A meaningful mean is calculated from interval and ratio data; a mean is the sum of a set of scores divided by the number of scores. Median is calculated from ordinal, interval, and ratio data; the mode was calculated for all levels of mentioned measurement; frequencies are the number of times a response has occurred and finally, standard deviation measures variability around the mean.

Analytical Statistical Method: The analytical statistical technique was used in this study to make decision from obtained statistics to the population parameters; the inferential statistical techniques used in order to take a decision in this study are described below:

Significance Level: A level of significance or significance level is a probability. To make it clear, it explains that a given result is significant on the 5% level means that some events have probability of 0.05. If the probability is less than or equal to the significance level, then the null hypothesis is rejected and the outcome is considered as *statistically significant*. Traditionally, researchers used either the 0.05 level (also called 5% level) or the 0.01 level (1% level); the choice of the level is sometimes subjective. The lower the significance level, the more the data could diverge from the null hypothesis to be significant. This study considered a significance level of 5%.

Pearson Correlation Coefficient: Pearson's correlation coefficient measures the linear correlation and this linear correlation is between two variables x and Y ; it shows the linear relationship between two sets of data. The result of Pearson correlation coefficient is located between -1 and $+1$ and -1 . It means that 1 is the total positive correlation, 0 shows that there is no correlation while -1 is the total negative correlation. The closer the value gets to zero, the greater the variation the data points are around the line of best fit. Pearson correlation coefficient was used in this study by examining bivariate analysis of some variables such as years of experiences, characteristics of nurses and patients, factors affecting job satisfaction of nurses.

3.13 Ethical Consideration

3.13.1 Permission to Conduct Research

Before starting data collection, the approval to conduct this research justified by the research clearance was obtained from the Directorate of Research, Publications and Postgraduate Studies of the Open University of Tanzania, Kibungo Coordination Centre. This approval was presented to the administration of each sampled hospital, which gave thereafter the permission to collect data at the field.

3.13.2 Consideration and Respect for Participants

Respect for participants is a basic human right, therefore participants were explained the purpose of the study in their language, the benefits in taking part of this research. Participants as autonomous individuals have the right to choose voluntary by giving their informed consent as voluntary participants or not.

3.13.3 Confidentiality and Anonymity

Confidentiality is a basic principle of ethic while anonymity is one aspect in which confidentiality is maintained. The anonymity was respected and ensured by not mentioning name of participant on the questionnaire. Therefore, there was not any correlation between any information to any person.

3.13.4 Informed Consent

Before participating in the study, the informed consent was applied as a legal requirement. After providing an explanation of the nature of the study, participants were asked to take responsibility by giving their consent. This was oral for patients and written for nurses.

CHAPTER FOUR

THE FINDINGS

4.1 Introduction

This chapter presents the research findings from respondents on the study "the role of job satisfaction of nurses on provision of hospital services to patients in Rwanda". First of all, socio-demographic characteristics of nurses and patients were presented. Secondary, to operationalize the aim of this study, the information on factors affecting nurses' job satisfaction and levels of satisfaction of nurses on one hand and the information on factors affecting patients' satisfaction and levels of satisfaction of patients were also presented and finally, the link between the level of nurses' job satisfaction and services delivered to patients by nurses was determined.

4.2 Socio-Demographic Characteristics of Respondents

As described earlier, the questionnaire survey in this study consisted of two parts, namely, questions related to nurses and questions related to patients. This section reports on the socio-demographic characteristics of nurses and patients.

4.2.1 Socio-Demographic Characteristics of Nurses

This section describes the data collected on socio-demographic characteristics of nurses which includes age, sex, marital status, educational level, job level, years of experience and working hours per week spent by nurses in sampled hospitals.

The Table 4.1 shows that the majority of respondents are females (68.2%) in middle age of 30-40 (35.4%) and married (64.6%). Regarding the level of education, the highest proportion of our participants (59.5%) holds an advanced Diploma (59.5%)

followed by respondents with A1 (37%) while 3.2% of respondents hold Bachelor's degree others with 0.3 % respectively. Few nurses (15.9 %) are heads of departments with a moderate (6-10) number of years of experience (33.1%). Finally, three-quarters of respondents reported to work more than 45 hours per week (71.1%) while 27.9% of the sample indicated to work 45 hours or less per week.

Table 4.1 : Nurses Socio -Demographic Characteristics

Variable	Characteristics	Frequency	Percentage
Age Groups	20-34	102	33.1
	35-44	109	35.4
	45-54	80	26
	55-64	17	5.5
Gender	Female	210	68.2
	Male	98	32.8
Marital status	Single	86	27.9
	Married	199	64.6
	Widow/Widower	21	6.8
	Divorced	2	0.7
Education Level	A2	114	37
	A1	183	59.5
	A0	10	3.2
	Other	1	0.3
Job levels	Heads of Departments	49	15.9
	Nurses of Departments	259	84.1
Years of Experience	0-5	81	26.3
	6-10	102	33.1
	11-15	84	27.3
	16+	41	13.3
Hours per Week	45	86	27.9
	Above 45 hours	222	72.1

Source: Field survey Result (2016)

4.2.2 Socio-Demographic Characteristics of Patients

This section describes the data collected on socio-demographic characteristics of patients which includes profession, age, sex, marital status, educational

level, model of health services payment and monthly net incomes by patients.

Table 4.2: Nurses Socio - Demographic Characteristics

Variable	characteristics	Frequency	Percentage
Profession	Famers	225	62.5
	State employees	60	16.7
	Business men/women	53	14.7
	Others	22	6.1
Age Groups	< 19	14	3.9
	20-34	126	35.0
	35-44	134	37.2
	45-54	50	13.9
	55-64	25	6.9
	65+	11	3.1
Gender	Female	196	54.4
	Male	164	45.6
Marital status	Single	81	22.5
	Married	250	69.4
	Widow/Widower	23	6.4
	Divorced	6	1.7
Education Level	Illiterates	34	9.4
	Primary	188	52.2
	A2	113	31.4
	University Degrees	25	6.9
Mode of Payment	CBHI	248	68.9
	RSSB (X-RAMA)	66	18.3
	Other insurances	8	2.2
	Out of Pocket Money	38	10.6
Monthly Incomes (Rwf)	0	13	3.6
	1-10 000	41	11.4
	10 001-150 000	126	35.0
	15 001- 50 000	100	27.8
	50 001- 100 000	57	15.8
	100 001 +	23	6.4

Source: Field Survey Result (2016)

The Table 4.2 shows that the majority of patients are females (54.4%) in middle age of 35-44 (37.2%) and married (69.4%). The highest proportion of our participants is famers (62.5%). The highest proportion of our participants is famers (62.5%). More than a half of the respondents studied primary school (52.5 %) followed by

respondents with secondary certificate (31.4%), illiterates represent 9.4 % while few respondents hold university degrees (6.9 %). Community Based Health Insurance (CBHI) is the most insurance used by the patients at the highest rate of 68.9 %; Rwanda Social Security Board (Ex-RAMA) covers 18.3 % of respondents while the percentage who did not have any insurance was 10.6 %. Regarding the monthly net incomes, the highest category of respondents was ranged between 10 001 and 15 000 Rwandan francs (35%).

4.3 Factors that Lead to Job Satisfaction of Nurses in Sampled Hospitals

4.3.1 Introduction

The first objective was to determine the factors that lead to job satisfaction of nurses in five (5) sampled Hospitals. To get data on this objective, a variety of questions was formulated and each of the questions was asked to the respondents. The questions asked included thirteen variables namely salaries structure of nurses, allowances of nurses, recognition and rewards of nurses, promotions opportunities, supervision from hierarchy, communication between nurses and hierarchy, relation with co-workers and other departments, professional development for nurses, organizational policy and administration, working conditions in various departments, public perceptions, job characteristics and personal characteristics of the nurses.

Each question has its own variables presented one by one; under each variable there are statements to be answered by respondents as shown below starting on Table 4.3. For this objective, data was collected on 308 respondents on each question; the information from respondents was compiled in SPSS program, version 16. Thirteen mentioned variables with their statements were correlated to the overall job

satisfaction of nurses using Pearson's Correction Coefficient to examine whether there was any relationship between studied variables and overall job satisfaction of nurses. The statements comprised in each variable were computed to generate a total factor score. In turn, this factor was correlated to overall job satisfaction of nurses.

The findings from many studied variables show a positive or negative correction between them and overall job satisfaction of nurses even if the results differed among variables. The aforementioned factors were considered as independent variables while overall job satisfaction of nurses correlated to them was considered as dependent variable.

As explained in the chapter of methodology, the Pearson Correlation Coefficient also called to as the Pearson's r , used to measure the strength of the association or the linear relationship that exists between two or more continuous variables to be informed on their significant relationship. Coefficient values of this test are ranged from +1 to -1, where +1 indicates a perfect positive relationship, -1 indicates a perfect negative relationship, and a 0 indicates no relationship exists.

Five degrees of correlation were used to take decision namely; perfect as first degree of correlation which is used when the value of r is near ± 1 ; high degree used when the coefficient value lies between ± 0.50 and ± 1 , and is considered as a strong correlation; moderate degree used when the value lies between ± 0.30 and ± 49 , and is considered as medium correlation; low degree used when the value lies below + 0.29, and is considered as a small correlation and finally no correlation when the value is zero (Cohen 1988, 1992). The level of statistical significance (p value)

showed by *sig (2-Tailed)* indicated that there was statistically significant correlation between two considered variables, this significance was shown by one star (*) at significant correlation of 0.05 level (2-tailed) or two stars (**) at a significant correlation of 0.01 level (2-tailed) as seen below.

4.3.2 Salary of Nurses

The question related to salary of nurses included four (4) variables formulated based on the respect on structure salary scale, period of salary payment, adequacy of salary payment and salary advancement. Each variable has various statements; these statements were presented to the respondents. They had to tick the appropriated case after reading and having full understanding them carefully. The total respondents on the respect of structure of salary scale were 308 among them respondents representing 44.5 % agreed that the sampled hospitals do respect the structure of salary scale defined by the Ministry of Health; respondents representing 39.9 % confirmed that the hospitals did not respect the structure of salary scale while respondents representing 15.6 % did not have any information about the structure of salary scale. Thus, majority of respondents agreed that hospitals did not respect the structure of salary scale.

With regard to getting monthly salary on time; nurses representing 20.8 % agreed that they are paid on time; 52.6 % of nurses said the salary did not come on time while 26.6% did not know anything about the calendar of monthly payment of staff. Thus, the majority of nurses did not agree that staff receive their monthly salary on time. The variable on adequacy of salary payment shows that respondents

representing 27.6 % certified that their salaries were adequate to meet their basic needs.

Respondents representing 44.5 % were not comfortable with their salaries; consequently, their salaries were not adequate to meet their basic needs while respondents representing 27.9 % did not want to talk about it. Therefore, majority of respondents were not comfortable with their salaries. With salary advancement at the end of the year, respondents representing 91.2 % mentioned that the salary advancement is not done at the end of each year while 8.8 % declared that salary advancement is done at the end of each year. Thus, majority of respondents confirmed that the salary advancement is not done at the end of each year.

The majority of focus group participants described salary as one of the most frequently repeated factor affecting job satisfaction or job dissatisfaction among nurses in the hospitals. In fact, one of them stated that,

"We know many factors affecting job satisfaction of employees such as incentives, good salaries, working in good conditions, promotion, trainings, effective communication between colleagues and superiors and so on, but in my opinion, salary is one of the most factors which can negatively or positively affect satisfaction of nurses on their job".

The statements included in salary variables were correlated to the overall job satisfaction of nurses using Pearson Correlation Coefficient. The result served to decide if the analysed variable leads to job satisfaction or dissatisfaction of nurses in sampled hospitals as shown in the Table 4.4.

Table 4.3 : Correlation between Salary Variables of Nurses and the Overall Level of Nurses Job Satisfaction

Salary Variables for Nurses		Structure of Salary Scale Respect	Monthly Salary Payment on Time	Adequacy of Salary Payment	Salary Advancement	Overall level of nurses Job Satisfaction
Structure of Salary Scale Respect	r	1	.130*	.070	-.137*	.385**
	Sig.		.022	.223	.016	.000
	N	308	308	308	308	308
Monthly Salary Payment on Time	r	.130*	1	.355**	.057	.263**
	Sig.	.022		.000	.316	.000
	N	308	308	308	308	308
Adequacy of Salary Payment	r	.070	.355**	1	.014	.384**
	Sig.	.223	.000		.806	.000
	N	308	308	308	308	308
Salary Advancement	r	-.137*	.057	.014	1	.224**
	Sig.	.016	.316	.806		.000
	N	308	308	308	308	308
Overall Level of Nurses' Job Satisfaction	r	.385**	.263**	-.384**	.224**	1
	Sig.	.000	.000	.000	.000	
	N	308	308	308	308	308
*. Correlation is significant at the 0.05 level (2-tailed).						
**. Correlation is significant at the 0.01 level (2-tailed).						
		N			r	Sig
Salary Scale Structure Total Score		308			.477**	002

** . Correlation is significant at the 0.01 level (2-tailed)

Source: Field Survey Result (2016)

The correlation between salary variables and overall level of nurses' job dissatisfaction has shown that Pearson Correlation Coefficient analysis was performed at $r = 0.385$, $p < 0.01$ on respect of salary structure scale; $r = 0.460$, $p < 0.01$ on monthly salary payment on time; $r = 0.263$, $p < 0.01$ on adequacy of salary payment and $r = 0.224$, $p < 0.01$ on salary advancement each year. This result indicates a significant relationship between salary variables and job dissatisfaction of nurses.

The result indicates that if nurses have been paid according to the structure of the ministry of health, if they have received their salaries on time, if they were advanced each year, then their job satisfaction will be automatically increased while the lack of it leads to low satisfaction on their job.

4.3.3 Allowances for Nurses

The question related to the allowances for nurses contained four variables that are transport allowances, accommodation allowances, health insurance and social security. The question was to investigate if the hospitals offer transport facilities to nurses or if transport allowances are included in their salaries; if they avail accommodation of nurses or if accommodation allowances are included in their salaries and if hospitals pay monthly health insurances and contribute regularly to social security funds for nurses.

Concerning transport variables; respondents representing 38.6 % agreed that the hospitals include transport allowances in their salary payment; respondents representing 39.3 % did not agree that the hospitals organize their transport or include the transport allowances in their salaries while respondents representing 22.1 % were not informed on this variable. The majority of respondents did not agree that hospitals organize their transport or the transport allowances are included in their salaries.

Respondents representing 41.6 % agreed that accommodation facilities are included in their salaries; 39.6 % of respondents did not agree while respondents representing 18.8 % were not informed on the accommodation facilities. Therefore, the majority

of respondents agreed that accommodation facility is included in their salaries. Respondents representing 85.1 % agreed that health insurance is paid regularly; respondents representing 6.5 % did not agree that health insurance is regularly paid while 8.4% of respondents ignored it. Thus, the majority of respondents confirmed regular payment to the health insurance. Social security provision is regularly contributed at a proportion of 59.4 % of respondents; respondents representing 27.9% did not agree of regular contribution of social security while 12.7 % of respondents were not informed on their social security provision. Thus, majority of respondents mentioned that social security provision is regularly contributed.

Data from focus group interviews revealed that many nurses indicated that a number of benefits, such as transport allowances, accommodation allowances, health insurance payment and regular social security contributions would be helpful in assisting them to achieve a more positive work-life balance. The majority of respondents highlighted the importance of transport and accommodation on one hand; but also recommended that their basic salary should be increased because normally the transport and accommodation increased according to the basic salary.

One of them mentioned;

"Transport and accommodation are very important benefits, but our managers do not organize accommodation and transport of their workers. They always explain to us that accommodation and transport are included in our salaries".

On the other side, the majority of respondents highlighted that the monthly payment of health insurance deducted on employee' salary is very high and they request their employers to think about it. One of them said, *"Monthly payment of 15% of health insurance deducted on basic salary is very high, our employers should think about*

how to reduce this monthly rate “.

Table 4.4: Correlation between Allowances’ Variables for Nurses and the Overall Level of Nurses Job Satisfaction

Allowances’ variable for Nurses		Transport Facility	Accommodation Facility	Health Insurance Facility	Social Security Provision	Overall Level of Nurses’ Job Satisfaction
Transport Facility	r	1	.863**	.093	-.011	.390**
	Sig.		.000	.102	.846	.000
	N	308	308	308	308	308
Accommodation Facility	r	.863**	1	.069	.002	.345**
	Sig.	.000		.225	.977	.000
	N	308	308	308	308	308
Health Insurance Facility	r	.093	.069	1	-.034	.006
	Sig.	.102	.225		.556	.921
	N	308	308	308	308	308
Social Security Provision	r	-.011	.002	-.034	1	.072
	Sig.	.846	.977	.556		.210
	N	308	308	308	308	308
Overall Job Satisfaction	r	-.390**	-.345**	.006	.072	1
	Sig.	.000	.000	.921	.210	
	N	308	308	308	308	308
**. Correlation is significant at the 0.01 level (2-tailed).						
		N	r	Sig		
Allowances’ Variable	Total Score	308	.385**	.000		

** Correlation is significant at the 0.01 level (2-tailed).

Source: Field Survey Result (2016)

Two (2) variables of allowances for nurses were positively correlated to job dissatisfaction of nurses. These are transport variable ($r= 0.390$, $p<0.01$) and accommodation ($r= 0.345$, $p<0.01$). Other two remaining variables (health insurance contribution and social security provision) were not correlated to job satisfaction of nurses. Thus, it can be concluded that nurses pay much attention on transport and accommodation rather than on health insurance payment and social security contribution. Failure to avail nurses’ accommodation and transport or include them

in their salaries, it negatively affects satisfaction on their jobs.

4.3.4 Recognition and Rewards

Mechanism of recognition and rewards for good work done and overworking is the question addressed to nurses to know if there is a financial or other material reward they receive when they work hard or extra time or if otherwise, a hard work or overworking is not financially or materially compensated. Respondents representing 24.4 % stated that they receive financial or material rewards when they work hard. Respondents representing 65.3 % mentioned that overworking does not have any reward while 10.3 % of respondents were not informed about it. Therefore, it is clear that the majority of respondents did not receive any financial or material reward on a good work done or on overworking. The desire for recognition was an expressed need by all nurses in their focus group discussions. Many participants indicated that their knowledge, experiences and hard work were not valued or financially and materially compensated. One of them asserted;

"Our superiors do not recognize a good work done, our experiences and skills accumulated were also not taken into consideration".

Table 4.5 : Correlation between Recognition and Rewards Variable and the Overall Level of Nurses Job Satisfaction

Recognition and Rewards Variable		Mechanism of recognition and rewards for a good work done and overworking	Overall Level of Nurses' Job Satisfaction
Mechanism of recognition and rewards for a good work done and overworking	r	1	.510**
	Sig.		.000
	N	308	308
Overall Level Of Nurses' Job Satisfaction	r	.510**	1
	Sig.	.000	
	N	308	308

** . Correlation is significant at the 0.01 level (2-tailed).

Source: Field Survey Result (2016)

The variable of mechanism of recognition and rewards for a good work done and overworking is correlated to job dissatisfaction of nurses ($r = 0.510$, $p < 0.01$). Therefore, the result indicates that recognition and rewards are strong motivators. When they are available, they increase job satisfaction; when they are lacking, they cause job dissatisfaction among nurses.

4.3.5 Promotions Opportunities

Mechanism of regular promotions at the end of the year for a good work done is another question asked to nurses. The respondents representing 14.9 % stated that mechanism of regular promotions at the end of the year is done while 69.5 % of respondents did not agree with this statement. Respondents representing 15.6 % were not aware of the system. Thus, majority of respondents did not agree that mechanism of regular promotions is done at the end of each year. Focus group participants acknowledged the importance and necessity of evaluating employees at all levels of the hospitals and their effects on regular promotions. However, nearly all interviewees mentioned regular promotions as a nonexistent element. One respondent did mention, *"I have been in this hospital, seven (7) years ago, I know that a public servant is evaluated at the end of each year and is horizontally promoted after three years according to the score of the employee from the annual evaluation but I have never seen this system in this hospital"*.

Responses to the variable on mechanism of regular promotions at the end of the year for a good work done shows a significant correlation to job dissatisfaction of nurses using Pearson Correlation analysis ($r = 0.454$, $p < 0.01$). Therefore, the results on this variable indicate that mechanisms of regular promotion for a good work done are

strong motivators. When they are implemented by the managerial hierarchy, it increases job satisfaction while when they are absent; it causes job dissatisfaction among nurses.

Table 4.6 : Correlation between Recognition and Rewards Variable and the Overall Level of Nurses Job Satisfaction

Promotion opportunities variables		Promotion opportunities	Overall Level of Nurses' job Satisfaction
Promotion opportunities	r	1	.454**
	Sig.		.000
	N	308	308
Overall Level of Nurses' job Satisfaction	r	.454**	1
	Sig.	.000	
	N	308	308

** . Correlation is significant at the 0.01 level (2-tailed).

Source: Field Survey Result (2016)

4.3.6 Supervision

The question of regular supervisions evaluated if nurses are regularly or not regularly supervised by their managers. Otherwise, this variable intended to know if they do know the periodicity of supervision from their managers. Nurses were also asked if they are involved in decisions making during supervision and if they receive a feedback after their supervision. Finally, they were asked if the annual performance appraisal is done each year.

Respondents representing 39.3 % agreed that a regular supervision is done by their superiors. This variable showed that 47.1% of respondents rejected the principle of regular supervisions among nurses while respondents representing 13.6 % did not know the periodicity of supervision. Thus, majority of respondents confirmed a lack of regular supervision.

Also it was found out that during supervision, nurses are involved in decision making at different levels. In this regard, 31.5 % of respondents said that they are really involved in decision making. On the other hand, 50.3 % of respondents stated that all the decisions are taken by their supervisors while 18.2 % of respondents said that they did not know the system used in decision making. Therefore, majority of nurses mentioned unshared decision between supervisees and supervisors. The feedback from supervision was supported by respondents with a percentage of 46.4 %; respondents representing 36.4 % did not see any feedback from supervisions done by their managers while 17.2 % of respondents did not know if the feedback after supervision is given. The majority of respondents confirmed a regular feedback from supervisions.

The annual performance appraisal is conducted each year as confirmed by 29.5 % of respondents; 52.6 % of participants rejected the existence of the annual performance appraisal while 17.9 % did not know anything about it. From this finding, it can be concluded that the majority respondents denied the existence of the annual performance appraisal. Supervision was described by many nurses in their focus group discussions as one of the major factors affecting nurses' job satisfaction. Although many nurses reported that their supervisors had made significant efforts to keep workloads manageable when they take care of nurses' issues. However, most of the time supervisors could not be available to address issues from nurses. One respondent stated;

"I like the supervision from our managers in our departments because their presence helps us to resolve some issues which are not resolved by our colleagues; the problem is that our managers are not regular in our departments".

Table 4.7: Correlation between Supervision Variables and the Overall Level of Nurses Job Satisfaction

Supervision Variables		Regular Supervision	Decision making	Feedback from Supervision	Annual Performance Appraisal	Overall Level of Nurses' job Satisfaction
Regular Supervision from hierarchy	R	1	.796**	.715**	.715**	.345**
	Sig.		.000	.000	.000	.000
	N	308	308	308	308	308
Decision making during supervision	R	.796**	1	.917**	.555**	.275**
	Sig.	.000		.000	.000	.000
	N	308	308	308	308	308
Feedback from Supervision	R	.715**	.917**	1	.495**	.270**
	Sig.	.000	.000		.000	.000
	N	308	308	308	308	308
Annual Performance Appraisal	R	.715**	.555**	.495**	1	.329**
	Sig.	.000	.000	.000		.000
	N	308	308	308	308	308
Overall Level of Nurses' Job Satisfaction	R	.345**	.275**	.270**	.329**	1
	Sig.	.000	.000	.000	.000	
	N	308	308	308	308	308
** <i>. Correlation is significant at the 0.01 level (2-tailed).</i>						
		N	r		Sig.	
Supervision Variables Total Score		308	.346**		.000	

***. Correlation is significant at the 0.01 level (2-tailed).*

Source: Field Survey Result (2016)

The variables of supervision were carried out using the Pearson Correlation Coefficient. It was found that there is a correction with job dissatisfaction of nurses at regular supervisions ($r = 0.345$, $p < 0.01$); decision making ($r = 0.275$, $p < 0.01$); feedback from hierarchy ($r = 0.270$, $p < 0.01$) and annual performance appraisal ($r = 0.329$, $p < 0.01$). This result implies that when supervision is regularly done; it positively influences nurses' job satisfaction and motivation, while the lack of supervision influences negatively nurses on their job.

4.3.7 Communication Related to Nurses

Three (3) variables were measured on the question of communication related to nurses. These are listening from leaders, regular meetings and conflicts with colleagues. Respondents had to respond if their authorities try to understand them and find out the adequate solutions when they have problems. They also were asked if the hospital organizes regular meetings for them. Finally they were asked if their complaints or conflicts reported to their superiors are timely resolved.

Listening from leaders was supported by 35.7 % of respondents who agreed that their leaders find out of solutions to their problems. Respondents representing 46.8 % stipulated that their authorities did not intervene when they have problems while 17.5 % did not want to say anything about it. Thus, the majority of respondents declared that their authorities did not intervene when they have questions. Respondents representing 37 % stated that their leaders organize regular meetings of nurses; 45.5% stated that their leaders never organize regular meetings while 17.5 % did not know about regularity of nurses' meetings. Thus, the majority of respondents did not agree that leaders organize regular meetings.

With regard to conflicts resolution, respondents equal to 21.1 % stated that conflicts or complaints with colleagues reported to their superiors were immediately resolved; 23.4% of respondents said that they were resolved after a long time; 24.4 % of respondents mentioned that they were not resolved while 31.2 % of respondents mentioned that their authorities let them pending without providing any solution. Thus, the majority of respondents declared that leaders let pending their problems without any solution.

Through focus group discussions, many participants revealed that there is a problem of lack of communication between nurses themselves and between nurses and their superiors which creates unwillingness or inability to listen each other. Consequently, nurses feel disenfranchised and not involved in decision making. Nurses also explained that the inadequate communication in hospitals creates a climate of stress and additional work because the initial communication about a defined procedure might be inaccurate and has to be changed many times to be clear. One of them asserted;

"I like to communicate, but most of the time they are policies, procedures and regulations which are not implemented because our superiors did not inform at all, or they inform a small number of nurses representing a large group of nurses who finally did not also deliver a message to concerned colleagues and therefore, each nurse can work differently because of a lack of communication or miscommunication".

Table 4.8: Correlation between Communication Variables and the Overall Level of Nurses Job Satisfaction

Communication Variables		Listening from Leaders	Regular Meetings	Conflicts with Colleagues	Overall Level of Nurses Job Satisfaction
Listening from Leaders	R	1	.929**	.125*	-.366**
	Sig.		.000	.028	.000
	N	308	308	308	308
Regular Meetings	R	.929**	1	.127*	-.428**
	Sig.	.000		.026	.000
	N	308	308	308	308
Conflict with Colleagues	R	.125*	.127*	1	.024
	Sig.	.028	.026		.679
	N	308	308	308	308
Overall Level of Nurses' Job Satisfaction	R	-.366**	-.428**	.024	1
	Sig.	.000	.000	.679	
	N	308	308	308	308
**. Correlation is significant at the 0.01 level (2-tailed).					
*. Correlation is significant at the 0.05 level (2-tailed).					
		N	r	Sig.	
Communication Variables Total Score		308	.282**	.000	

** Correlation is significant at the 0.01 level (2-tailed).

Source: Field Survey Result (2016)

There was a correlation between two variables of communication and job dissatisfaction of nurses and these variables were listening from leaders variable ($r = -0.366$, $p < 0.01$) and regular meetings ($r = -0.428$, $p < 0.01$) while conflicts with colleagues variable was correlated to job satisfaction of nurses. Therefore, the result indicates that listening from superiors can be a great source of frustration for employees especially when their requests are not well taken into consideration or implemented.

4.3.8 Relation with Co-Workers and Other Departments

The question regarding the relation with co-workers and other departments contained four (4) variables. The first variable was a freedom of ideas or expression feeling. This variable measured if nurses feel free to express their opinions to their leaders. The second variable was about sharing weaknesses and strengths. It evaluated if weaknesses and strengths found on their work were discussed and shared with superiors on the meetings of nurses. Addressing problems related to work was the third variable and aimed at investigating whether managers address problems or issues raised by nurses on their work. The last variable was about organizing social events. The intention of setting this variable was to provide information on how often top managers organize social events for nurses.

Data on the first variable indicated that the majority of respondents feel free to express their ideas. In fact, 39 % of respondents said they have a freedom to express their ideas; 23 % of respondents said they are afraid to express their feelings while 38 % of respondents did not want to talk about this statement. Thus, majority of respondents are those who feel free to express their ideas.

Weaknesses and strengths were shared between nurses and superiors. In actual fact, 37 % of respondents asserted that weaknesses and strengths are shared. In addition, 34.4 % confirmed that weaknesses and strengths were not shared while 28.6 % of respondents did not say anything about this statement. The majority of respondents are found in the first category where weaknesses and strengths are shared between nurses and hierarchy.

Data on whether how superiors address problems clearly indicate that nurses' managers follow their own plans to resolve the problems of nurses without consulting them. In fact, 49.4% of respondents mentioned that leaders follow their own plans to resolve the problems of nurses without consulting them. The proportion of 38.6 % of respondents confirmed that their problems were addressed by their leaders. On the other hand, 12 % of respondents did not know the process used to resolve the problems claimed by nurses. Thus, the majority of respondents confirmed that their leaders follow their own plans to resolve the problems of nurses without consulting them.

With regard to organizing social events, it is evident that these events are not always taken into account in hospitals. In fact, only 19.2 % agreed that managers organize always social events for staff. The proportion of 41.6 % of respondents declared that managers sometimes organize social events. Respondents representing 35.7 % stipulated that no social event is organized by their managers while 3.6 % did not know if social events are organized in their hospitals. Thus, the majority of respondents agreed that managers organize sometimes social events for nurses.

Relation with co-workers and other departments was discussed in focus group discussions and majority of nurses confirmed to have a freedom of ideas or expression feeling, to share weaknesses and strengths, to address issues raised by nurses but they also mentioned a lack of organization of the social events for nurses. One of them said, *"I am free to explain my ideas, to share weaknesses and strengths with my colleagues but when you say organization of social events in this hospital in order to be relaxed, it does not exist"*.

Table 4.9: Correlation between Relations with Co-workers and other Departments' Variables and the Overall Level of Job Nurses Satisfaction

Variables of Relation with Co-workers		Freedom of ideas	Shared weakness and strengths	Addressing problems of nurses	Organization of the Social events for nurses	Overall Level of Nurses' Job Satisfaction
Freedom of ideas	r	1	.881**	.646**	.347**	-.444**
	Sig.		.000	.000	.000	.000
	N	308	308	308	308	308
Shared weakness and strengths	r	.881**	1	.715**	.395**	-.465**
	Sig.	.000		.000	.000	.000
	N	308	308	308	308	308
Addressing problems of nurses	r	.646**	.715**	1	.348**	-.494**
	Sig.	.000	.000		.000	.000
	N	308	308	308	308	308
Organization of the Social events for nurses	r	.347**	.395**	.348**	1	-.293**
	Sig.	.000	.000	.000		.000
	N	308	308	308	308	308
Overall Level of Nurses' Job Satisfaction	r	-.444**	-.465**	-.494**	-.293**	1
	Sig.	.000	.000	.000	.000	
	N	308	308	308	308	308
**. Correlation is significant at the 0.01 level (2tailed).						
				N	r	Sig.
Relation with Co-workers Total Score				308	.515**	.000

** Correlation is significant at the 0.01 level (2-tailed).

Source: Field Survey Result (2016)

A significant correlation between relationship with co-workers and overall level of

nurses' job dissatisfaction was found at all variables namely freedom of ideas ($r = -0.444$, $p < 0.01$); shared weaknesses and strengths ($r = -0.465$, $p < 0.01$); addressing problems of nurses ($r = -0.494$, $p < 0.01$) and organisation of the social events for nurses ($r = -0.293$, $p < 0.01$). The results indicate that all variables of co-workers influence negatively job satisfaction of nurses while the total score shows that there is cohesive relationship between relation with co-workers and overall level of job dissatisfaction of nurses. When this relationship is strengthened by managers, it positively generates feelings of happiness and satisfaction among them. This feeling enhances teamwork and productivity and can minimise conflict between nurses while the absence of it causes dissatisfaction among nurses and their leaders as seen in Table 4.10.

4.3.9 Professional Development for Nurses

Development plan, regular attendance in trainings, seminars, workshops and conferences, in service education or in job trainings, job rotation and expression of professional development needs for nurses are variables included in the question of professional development for nurses. With regard to development plan, it seems that development plans for nurses are absent in the sampled hospitals. In fact, data indicate that 26 % of nurses mentioned that their hospitals have development plan for nurses while 45.1 % denied.

On the other side, 28.9 % of nurses did not know whether such development plans exist. Thus, majority of respondents reject the availability of development plan for nurses in their hospitals. Considering regular attendance in the trainings, seminars and conferences in sampled hospitals; nurses representing 21.8 % stated that they

often go to trainings while 42.9 % of respondents participated sometimes in trainings. Respondents representing 35.4 % did not have any opportunity to attend the trainings. Thus, the majority of respondents confirmed to participate sometime in the trainings. As far as in service education is concerned, 70.5 % of sampled nurses stated such an education is regularly done. They attend it in order to develop and update their skills.

Nurses equal to 21.4 % sometimes attended in service education while 8.1% did not attend it. Thus, majority of nurses accepted the regularity of in service education. Job rotation was another variable under this variable. Nurses representing 69.5 % mentioned that regular job rotation is done in various departments while 17.2 % of nurses stated that job rotation is sometimes done. Only 13.3 % of respondents said that there was no job rotation in various departments. Therefore, the result concludes that there exists a regular job rotation of nurses in various departments.

During the study, nurses had opportunities to express their professional needs. In fact, a proportion of 35.7 % of respondents said there are opportunities to express needs in their hospitals while 35.4 % of respondents denied it. Nurses representing 28.9 % do not know anything about it. Thus, the majority of nurses confirmed the existence of opportunities to express their needs.

Professional development for nurses was discussed by nurses in focus group discussions. Nurses confirmed that trainings, workshops, in service education, rotation in various departments, and expression of professional development for nurses make nurses to perform their daily tasks. The lack of these elements or

inequality in distribution will lead to nurses' dissatisfaction with a poor performance as confirmed by one of the interviewees:

“When I receive training or a workshop, I feel very comfortable because it helps me to perform my daily work but in this hospital I do not know to whom, when and how they choose nurses to participate in various trainings and workshops”.

Table 4.10: Correlation between Professional Development for Nurses and the Overall Level of Nurses Job Satisfaction

Variables for Professional development for nurses		Development Plan for Nurses	Regular Attendance in Trainings	In Service Education	Job rotation of Nurses in Department	Expression of Professional development needs	Overall Level of Nurses' Job Satisfaction
Development Plan for Nurses	r	1	.801**	.025	.000	.562**	-.355**
	Sig.		.000	.660	.995	.000	.000
	N	308	308	308	308	308	308
Regular Attendance in Trainings	r	.801**	1	-.006	-.015	.681**	-.434**
	Sig.	.000		.921	.797	.000	.000
	N	308	308	308	308	308	308
In Service Education	r	.025	-.006	1	.915**	-.026	.396**
	Sig.	.660	.921		.000	.645	.000
	N	308	308	308	308	308	308
Job rotation of Nurses in department	r	.000	-.015	.915**	1	-.067	.380**
	Sig.	.995	.797	.000		.242	.000
	N	308	308	308	308	308	308
Expression of Professional development needs of nurses	r	.562**	.681**	-.026	-.067	1	-.423**
	Sig.	.000	.000	.645	.242		.000
	N	308	308	308	308	308	308
Overall Level of Nurses Job Satisfaction	r	-.355**	-.434**	.396**	.380**	-.423**	1
	Sig.	.000	.000	.000	.000	.000	
	N	308	308	308	308	308	308

***. Correlation is significant at the 0.01 level (2-tailed).*

	N	r	Sig.
Professional Development Total Score	308	.168**	.000

***. Correlation is significant at the 0.01 level (2-tailed).*

Source: Field Survey Result (2016)

The Pearson Correlation analysis indicates a significant correlation between professional development for nurses and overall level of nurses' job dissatisfaction on development plan for nurses ($r = -0.355$, $p < 0.01$); regular attendance in trainings ($r = -0.434$, $p < 0.01$), in service education ($r = 0.396$, $p < 0.01$); rotation of nurses in department ($r = 0.380$, $p < 0.01$) and expression of professional development needs of nurses ($r = -0.423$, $p < 0.01$). All mentioned variables show a correlation between professional development for nurses and overall level of nurses' job dissatisfaction among nurses. The findings indicate that professional development increases workers' skills and knowledge and, in turn, affects their satisfaction and positive productivity of the hospital. When managers do not take it into consideration, nurses fall into job dissatisfaction.

4.3.10 Organizational Policy and Administration

The awareness of clear mission, vision, core values and objectives, availability of job description of nurses, the strategic plan and action plan, the awareness of rules, procedures and regulation of nursing profession, definition of disciplinary procedures and information on new policies are six variables that were measured under the organizational policy and administration.

Findings related to the mission, core values and objectives revealed that 76 % of respondents were aware of their availability. On the other hand, 13.3 % of respondents stated that these elements were not present in their hospitals while 10.7 % of respondents were not aware. Thus, the majority of respondents are aware of the mission, vision, core values and objectives of their hospitals. As far as job description of nurses in various departments is concerned, the results of the study

showed that nurses in each hospital perform their daily duties according to their job descriptions available to them. This assertion was common among 91.2 % of nurses. However, 4.9 % of respondents proved the contrary. It is also important to note that 3.9 % of respondents did not know anything about job description. Thus, the majority of respondents are aware of their job description. The strategic and action plan of the hospital are known by 76.3 % of respondents while 7.8 % of respondents stated that their hospitals did not have any strategic and action plan. On the other hand, 15.9 % of respondents did not have any information about it. Therefore, the majority of respondents confirmed the availability of clear strategic and action plan of the hospitals.

Findings of this variable also revealed that rules, procedures and regulations were generally known by a good number of nurses. In fact, 67.2 % of respondents were aware of nurses' job regulation. However, some of the rules and regulations were known at a percentage of 24.2 of respondents while 8.8 % of respondents were not aware of the rules regulating their job. Thus, the majority of nurses are aware of rules and procedures regulating them.

Respondents representing 73.7 % agreed disciplinary procedures were defined and communicated to all personnel while 17.2 % of respondents said that the disciplinary procedures were not defined and communicated to them. The remaining proportion of respondents that is 9.1 % had not any information. Thus, majority of respondents are informed on disciplinary procedures of the hospitals. Participants representing 33.4 % agreed with the regularity of the information on new or revised policies; respondents representing 38.3 % were sometimes informed on new policies while

respondents representing 28.2 % confirmed that they were not informed on new or revised policies. The majority of respondents are informed on new or revised policies.

Data from focus group discussions confirmed the importance of the aspect such as awareness of clear mission, the availability of job description of nurses, the availability of strategic plan and action plan, the awareness of rules, definition of disciplinary procedures and information on new policies. However, these aspects are not well followed and not well implemented as defined. The following quote from one nurse illustrates the importance of these aspects:

yes, I know the mission, vision of the hospital and the availability of strategic plan and action plan of the hospital because our leaders explained them to us. However, the aspect such as action plan and strategic plan are not well implemented and are not realistic because we continue to have many problems which should be resolved by the implementation of these documents.

Four (4) variables out of six (6) included in the organizational policy and administration were positively correlated to job satisfaction. These are awareness on mission, vision, cores values, objectives ($r= 0.326$, $p<0.01$); clear strategic and action plan ($r= 0.219$, $p<0.01$); defined and communicated disciplinary procedures ($r= 0.324$, $p<0.01$) and information on new policies or revised policies($r=-0.423$, $p<0.01$). Other two remaining variables (awareness of rules, procedures and regulations and job description of nurses) were not correlated to job satisfaction of nurses. Thus, it can be concluded that organization policies and administration are taken into consideration by nurses. As seen above, this consideration is seen as a source of happiness and satisfaction among nurses. A failure to consider this variable may lead to the lack or low satisfaction of nurses on their job.

Table 4.11: Correlation between Organizational Policy and Administration and the Overall Level of Nurses Job Satisfaction

Variable of organizational Policy and Administration		Awareness on mission, vision, cores values, objectives	Job description of nurses	Clear strategic and action plan	Rules, procedures and regulations	Defined and communicated Disciplinary procedures	Information on new Policies or revised Policies	Overall Nurses Job satisfaction	
Awareness on mission, vision, cores values, objectives	r	1	.016	.783**	.057	1.000**	.010	.326**	
	Sig.		.775	.000	.319	.000	.865	.000	
	N	308	308	308	308	308	308	308	
Job description of nurses	r	.016	1	.016	.044	.016	.067	-.012	
	Sig.	.775		.786	.443	.775	.241	.829	
	N	308	308	308	308	308	308	308	
Clear strategic and action plan	r	.783**	.016	1	.015	.783**	-.054	.219**	
	Sig.	.000	.786		.787	.000	.348	.000	
	N	308	308	308	308	308	308	308	
Rules, procedures and regulations	r	.057	.044	.015	1	.057	.119*	-.075	
	Sig.	.319	.443	.787		.319	.036	.188	
	N	308	308	308	308	308	308	308	
Defined and communicated Disciplinary procedures	r	1.000**	.016	.783**	.057	1	.010	.324**	
	Sig.	.000	.775	.000	.319		.865	.000	
	N	308	308	308	308	308	308	308	
Information on new Policies or revised Policies	r	.010	.067	-.054	.119*	.010	1	-.423**	
	Sig.	.865	.241	.348	.036	.865		.000	
	N	308	308	308	308	308	308	308	
Overall Nurses Job Satisfaction	r	.326**	-.012	.219**	-.075	.324**	-.423**	1	
	Sig.	.000	.829	.000	.188	.000	.000		
	N	308	308	308	308	308	308	308	
**. Correlation is significant at the 0.01 level (2-tailed).									
*. Correlation is significant at the 0.05 level (2-tailed).									
					N	r	Sig.		
Organizational Policy and Administration Total Score					308	.407**	.000		

** Correlation is significant at the 0.01 level (2-tailed).

Source: Field Survey Result (2016)

4.3.11 Working Conditions

Working conditions were examined through three (3) aspects namely, physical working conditions, psychosocial working conditions and nurses' welfare at work places. Answers to questions related to working conditions were given according to the 5-point Likert scale ranged from 1 to 5 where 1 is strongly disagree and 5 is strongly agree. The average scores from the 5-point Likert scale for all the variables were calculated using the SPSS Computer Variables Version 16 to show the proportion of the respondents with regard to the levels of satisfaction of nurses.

Physical Working Conditions for Nurses: Ten variables of the question related to physical working conditions were examined. These variables are availability of adequate number of staff, enough space for workplace, availability of sufficient stationeries, tools and equipment in department, availability of medicines, drugs and other consumables, availability of regular electricity, availability of regular water, location of nurses' offices, cleanliness of basic sanitation facilities (bathrooms, toilets), availability of place for dining and dress changing room and finally security and safety of nurses at work place. Before correlating the variable of physical working conditions for nurses to job satisfaction, all statements related to physical working conditions in relation to each of the scales were dealt with. Their percentages are presented in Table 4.13.

The evaluation on the physical working conditions for nurses has shown that majority of respondents expressed their agreement with seven (7) variables while other majority of respondents disagreed with three (3) remaining variables.

Respondents were satisfied with the availability of medicines and drugs in their hospitals; electricity and water at 72.7 %; 72.1 % and 76.3 % respectively. Respondents representing 63.3 % also agreed that nurses' offices were not located far from the location of patients beds; 71.4 % of respondents agreed that toilets and bathrooms were clean and did not have a bad smell; respondents representing 76.7 % agreed that hospitals availed the place for dining and dress changing room and finally 60.7 % of respondents agreed that hospitals pay attention on security and safety on nursing' work.

Table 4.12: Physical Working Conditions for Nurses

Variable	Statements	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Physical Working Conditions for Nurses	I am satisfied with the adequate number of staff I am working together	5.2 %	46.8%	11.4 %	40.3 %	0.3 %
	I am satisfied with my workplace, it has enough space and not congested	7.5%	33.1%	21.4 %	37.3%	0.7%
	I am proud of the availability of stationeries, tools and equipment in my department which facilitate me to fulfill my mission	5.2%	25%	21.8 %	47.4%	0.6%
	I am satisfied with the availability of medicines and drugs in this hospital	0.3%	20.8%	7.1%	71.4%	0.3%
	In this hospital, electricity is regularly available	2.3%	18.8%	6.8%	67.9%	4.2%
	Water is regularly available	1.9%	15.9%	5.8%	71.4%	4.9%
	Nurses' office is not located far from the location of patient bed	4.5%	26.3%	5.8%	50%	13.3%
	Toilets and bathrooms are clean and do not have a bad smelling	5.5%	20.8%	2.3%	65.6%	5.8%
	This hospital has availed the place for dining and dress changing room	1.9%	17.9%	3.6%	70.5%	6.2%
	The hospital pay attention on my security and safety during the work	1.6%	27.3%	10.4 %	58.4%	2.3%

Source: Field Survey Result (2016)

However, 52 % of respondents were not satisfied with the number of staff in their hospitals because they were few. Respondents representing 40.6 % disagreed that workplace has enough space and not congested while the availability of stationeries, tools and equipment to facilitate nurses to fulfill their mission in various departments was disagreed by 30.2 % of respondents and 21.8 % were undecided.

Majority of respondents in their focus group discussions confirmed that working conditions in their hospitals were not pleasant. One of the participant said that;

“in this hospital, nurses are working extra time by the fact that many departments are short-staffed because managers said always they have financial constraints or they lack administration approval to hire additional staff in order reduce nurses’ workloads”.

They also revealed the importance of working conditions facilities such as air condition, enough light, and availability of equipment and uniform of nurses as important elements to perform their work. One nurse said *“all elements of working in good conditions are not meet, however I really appreciate some elements such as availability of enough light, air condition, uniforms of nurses which have been made available by our leaders to facilitate us to perform our work, but we also need new and modern equipment”.*

On the other side, nurses confirmed the availability of equipment, consumables and improved workplaces compared with the previous years and this facilitate them to work in good conditions. One nurse stated *“it is amazing to work in improved and renovated work places, to find new equipment and to avail consumables; it is for us a kind of satisfaction which was not found in previous years”.*

		Adequate Staff	Enough Space	Availability Stationeries	Availability Medicines	Availability of Electricity	Availability of water	Nurses' office	Cleanline ss Basic sanitation	Place for dining	Security safety of Nurses	Overall I am satisfied with my job
Cleanliness Basic sanitation	r	.423**	.321**	.293**	.341**	.174**	.257**	.733**	1	.683**	.354**	.282**
	Sig.	.000	.000	.000	.000	.002	.000	.000		.000	.000	.000
	N	308	308	308	308	308	308	308	308	308	308	308
Place For dining	r	.329**	.259**	.238**	.243**	.133*	.124*	.505**	.683**	1	.309**	.186**
	Sig.	.000	.000	.000	.000	.019	.029	.000	.000		.000	.001
	N	308	308	308	308	308	308	308	308	308	308	308
Security safety Of Nurses	r	.457**	.558**	.737**	.583**	.426**	.325**	.384**	.354**	.309**	1	.391**
	Sig.	.000	.000	.000	.000	.000	.000	.000	.000	.000		.000
	N	308	308	308	308	308	308	308	308	308	308	308
Overall I am Satisfied with my job	r	.703**	.652**	.502**	.285**	.191**	.182**	.323**	.282**	.186**	.391**	1
	Sig.	.000	.000	.000	.000	.001	.001	.000	.000	.001	.000	
	N	308	308	308	308	308	308	308	308	308	308	308
**. Correlation is significant at the 0.01 level (2-tailed).												
*. Correlation is significant at the 0.05 level (2 tailed).												
		N		r		Sig.						
Physical working conditions variables for Nurses		Total Score		360		.548*		.000				

** . Correlation is significant at the 0.01 level (2-tailed).

Source: Field Survey Result (2016)

The Correlation between ten variables of physical working conditions for nurses and overall level of nurses' job satisfaction of nurses was performed at all variables. Findings indicated that three (3) variables were strongly correlated to job dissatisfaction of nurses and these are relation adequate number of staff ($r= 0.703$, $p<0.01$); enough space at work place ($r= 0.652$, $p<0.01$) and availability of stationeries, tools and equipment ($r= 0.502$, $p<0.01$). Two (2) variables were moderately correlated to job dissatisfaction and these are safety and security of nurses at their work ($r= 0.391$, $p<0.01$) and nurses 'offices comparing with the location of patients ($r= 0.323$, $p<0.01$).

Finally, five (5) remaining variables have weak effects on job dissatisfaction of nurses considering their degrees of correlations. These are availability of medicines ($r= 0.285$, $p <0.01$); availability of regular electricity ($r=0.191$, $p<0.01$); availability of regular water ($r= 0.182$, $p<0.01$); cleanliness of basic sanitation ($r= 0.282$, $p<0.01$); and place of dinning and dress changing room for nurses ($r=0.186$, $p<0.01$). The total score of variable of physical working conditions and nurse' job dissatisfaction of nurses shows a strong correlation at $r= 0.548$, $p<0.01$). Therefore, nurses generally pay much attention on physical working conditions. In fact, findings show that all mentioned indicators were taken into consideration as conducive factors for the nursing job. This means that failure to improve them certainly affects their satisfaction of nurses as demonstrated above.

Psychosocial Working Conditions for Nurses: Psychosocial working condition is defined based on the elements included in this aspect. Therefore, Burton (2010) described the psychosocial work conditions as the elements that include the

organization of work and the organizational culture; freedom on work, trusting each other, the attitudes, values, beliefs and practices that are demonstrated on a daily basis within the organization.

Psychosocial working conditions of the employees include, among other things, a set of job factors related to the interaction between people, their work and the organisation. Psychosocial conditions also constitute a central part of wellbeing of employees on their work and affect employees' psychosocial and physical health conditions. This study divided psychosocial indicators into five (5) statements, namely a freedom to decide one's own tasks, a framework allowing deliverance of the same quality as desired by oneself, a freedom of nurses to organize daily duties including breaks, clarity of expectations at work and finally, trust and respect from leadership. Frequencies and percentages expressed in the 5-point Likert scale of all the statements included in psychosocial working conditions variable were calculated and finally, these statements were correlated to nurses' job satisfaction in order to know which statement is performed or not.

As displayed on the Table 4.14, the majority of respondents agreed on a number of variables such as having a freedom to decide their own work tasks, working in the framework allowing nurses to deliver the desired quality of care. The percentages of their agreement are respectively 63% and 58.1%. Majority of respondents also agreed to have a freedom to organize their daily work including breaks; to be aware of their expectations from their leaders and to be trusted and respected by their leaders at 53.9%, 80.3% and 71.2% respectively.

Table 4.14: Psycho-Social Working Conditions Variable for Nurses

Variable	Statements	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Psycho-Social Working Conditions for Nurses	I am free to decide my own work tasks	4.9 %	32.1%	0	52.9 %	10.1%
	I am working in framework allowing me to deliver the desired quality of care	1.6%	32.1%	8.1%	52.9 %	5.2%
	I am free to organize my daily work including my breaks	3.6%	33.4%	9.1%	46.8 %	7.1%
	I know what my leaders expect to me and what I expect to do	1.0%	12.0%	6.8%	73.7 %	6.5%
	I am trusted and respected by my leaders of this Hospital	2.9%	21.8%	3.6%	62%	9.7%

Source: Field Survey Result (2016)

During focus group discussions, majority of interviewees confirmed to be free in deciding their own work tasks, be free to organize their daily work including their breaks and to know their leaders' expectations. One of them stated;

“Yes, I am free to organize my daily duties, and I am free to decide my own tasks; I cannot always wait for my superiors to decide on my place because most of the time I have many patients in critical situation and when medical doctor has consulted a patient, prescribed exam and drugs, I always have an obligation to implement without waiting for any other person, unless when I have another option to discuss with my colleagues or when the patient situation is critically changed.

Table 4.15: Correlation between Psycho-Social Working Conditions for Nurses and the Overall Level of Nurses Job Satisfaction

Variable		Freedom to Decide	Framework to deliver the desired quality of care	Freedom to organize	Clarity of expectations	Trust respect from leadership	Overall I am satisfied with my job
Freedom to decide	R	1	.782**	.811**	.498**	.395**	.340**
	Sig.		.000	.000	.000	.000	.000
	N	308	308	308	308	308	308
Framework to deliver the	R	.782**	1	.721**	.343**	.379**	.389**
	Sig.	.000		.000	.000	.000	.000

Variable		Freedom to Decide	Framework to deliver the desired quality of care	Freedom to organize	Clarity of expectations	Trust respect from leadership	Overall I am satisfied with my job
desired quality of care	N	308	308	308	308	308	308
Freedom to organize	R	.811**	.721**	1	.460**	.366**	.370**
	Sig.	.000	.000		.000	.000	.000
	N	308	308	308	308	308	308
Clarity of expectations	R	.498**	.343**	.460**	1	.377**	.177**
	Sig.	.000	.000	.000		.000	.000
	N	308	308	308	308	308	308
Trust respect from leadership	r	.395**	.379**	.366**	.377**	1	.248**
	Sig.	.000	.000	.000	.000	.000	.000
	N	308	308	308	308	308	308
Overall I am satisfied with my job	R	.340**	.389**	.370**	.177**	.248**	1
	Sig.	.000	.000	.000	.002	.000	
	N	308	308	308	308	308	308
<i>**.</i> Correlation is significant at the 0.01 level (2-tailed).							
<i>*.</i> Correlation is significant at the 0.05 level (2-tailed).							
				N	r	Sig.	
Psycho-Social Working Conditions for Nurses				360	.395*	.000	
Total Score							

***.* Correlation is significant at the 0.01 level (2-tailed).

Source: Field Survey Result (2016)

All five (5) statements were found correlated to overall level of nurses' job satisfaction. Three (3) statements among them were moderately correlated to overall level of nurses' job satisfaction and these are freedom to decide their own tasks ($r = 0.340$, $p < 0.01$); framework allowing nurses to deliver the quality of care desired by themselves ($r = 0.389$, $p < 0.01$) and freedom to organize their daily work, including breaks ($r = 0.681$, $p < 0.01$). Two (2) remaining statements have weak effects on job satisfaction of nurses considering; these are expectations of nurses from their leaders ($r = 0.177$, $p < 0.01$) and trust and respect of nurses from their leaders ($r = 0.248$, $p < 0.01$).

The overall score of psychosocial working conditions variable was moderately correlated to the overall level of nurses' job satisfaction at $r=0.395$ and $p<0.01$. Therefore, we can conclude that, nurses take into consideration psychosocial working conditions variables; failure to keep making them better, it negatively affects the satisfaction of nurses.

Nurses Welfare at Work Place: Nurses' welfare at work place is the third variable tested in order to know other variables or indicators correlated to job satisfaction of nurses. Three (3) statements were included in this variable. These are job related injuries, work related stress and information related to hazardous material and conditions.

Table 4.16: Nurses Welfare at Work Places

Variable	Statements	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Work Well-being Conditions Variables	I have never meet any injury on my daily work	3.2%	17.9%	7.1%	66.9%	4.9%
	My daily work is very stressful	1.6%	24.4%	5.8%	64.3%	3.9%
	I am given enough information to protect myself against hazardous material	1.6%	35.4%	6.8%	52.3%	3.9%

Source: Field Survey Result (2016)

Majority of respondents 71.8 % agreed that they did not meet any injury on their daily work. Respondents representing 56.2 % agreed that they have received enough information against hazardous material. However, respondents representing 71.8 % agreed that their job is very stressful.

Data from focus group discussions revealed that majority of nurses did not meet injuries on their daily work. However, on the other side, some of them have confirmed nursing profession as one of the most stressful jobs. One of respondents said that *“I have seven years’ experience in this hospital. During my work, I did not meet any injury, but I have seen many times my colleagues facing injuries on their work. Another important issue is the stress that you are talking about, as far as I’m concerned, I have never seen in my hospital, a stressful job like nursing.”*

Table 4.17: Correlation between Nurses Welfare at Work Places and Overall Level of Nurses’ Job Satisfaction

Variables		Work related injuries	Work related stress	Information on Hazardous Material	Overall level of Nurses job satisfaction
Work related injuries	R	1	.515**	.266**	.176**
	Sig.		.000	.000	.002
	N	308	308	308	308
Work related stress	R	.515**	1	.274**	.186**
	Sig.	.000		.000	.001
	N	308	308	308	308
Information on hazardous Material	R	.266**	.274**	1	.314**
	Sig.	.000	.000		.000
	N	308	308	308	308
Overall level of Nurses job satisfaction	R	.176**	.186**	.314**	1
	Sig.	.002	.001	.000	
	N	308	308	308	308
**. Correlation is significant at the 0.01 level (2-tailed)					
			N	r	Sig.
Nurses welfare at Work Places Total Score			360	.303*	.000

****.** Correlation is significant at the 0.01 level (2-tailed).

Source: Field Survey Result (2016)

The level of relationship between nurses’ job satisfaction and work related to injuries is $r = 0.176$, $p < 0.01$); work related stress is $r = 0.186$, $p < 0.01$ while information on

hazardous material is $r= 0.314$, $p<0.01$. The level of relationship is weak on two first statements while the third statement is correlated to nurses' job satisfaction at a medium level. The total score of nurses' welfare at work place was correlated to the overall level of nurses' job satisfaction at a medium level of $r= 0.303$ and $p<0.01$. Conclusively, nurses take into consideration the aspect of welfare at their workplaces. This means that if hospitals fail to maintain it well, it will be difficult for nurses to carry out their jobs effectively and it can lead to low satisfaction among nurses.

4.3.12 Public Perceptions /Opinions

Public complaints and strategies to improve public services are two variables tasted under the question of public perception. The first variable was to see if patient' complaints are or are not taken into consideration; the second variable was to see if the hospital has defined and availed or did not define the channels and clear strategies in order to improve public service delivery such as availability of suggestion boxes, complaints 'office and complaints forms.

Public complaints are taken into consideration by 33.2% of respondents while 36 % of respondents declared that hospitals did not take them into consideration. Also, 30.8 % of respondents did not have any information about public complaints. In addition, 74.4 % of respondents agreed that their hospitals have availed and defined the channels and clear strategies to improve public services delivery such as availability of suggestion boxes, complaints office and complaints forms. Furthermore, 7.8 % of respondents did not agree on the availability of channels and clear strategies used to improve public services. Finally, nurses representing 17.9 %

did not know anything about the strategies used to improve public services. Thus, the majority of respondents agreed on the definition and availability of the channels used to improve public services in sampled hospital.

Nurses discussed in their focus groups and majority of them confirmed that public complaints and strategies to improve public services are relevant aspects to improve public services in their current hospitals. One respondent said;

"I really confirm that this hospital has put into place the ways of public complaints and has defined strategies to improve public services; the hospital has availed suggestions boxes and the office of customer care in order to resolve any issue which can be raised by the patients".

Table 4.18: Public Perceptions Variables and Overall Level of Nurses Job Satisfaction

		Public Complaints	Strategies to improve Public Services	Overall Level of Nurses Job Satisfaction
Public Complaints	R	1	-.047	-.419**
	Sig.		.413	.000
	N	308	308	308
Strategies to improve Public Service	R	-.047	1	.326**
	Sig.	.413		.000
	N	308	308	308
Overall Level of Nurses Job satisfaction	R	-.419**	.326**	1
	Sig.	.000	.000	
	N	308	308	308
**. Correlation is significant at the 0.01 level (2-tailed).				
		N	r	Sig.
Public Perception Total Score			.252**	.000
308				

** Correlation is significant at the 0.01 level (2-tailed).

Source: Field Survey Result (2016)

All variables of public perception were correlated to job satisfaction of nurses. These are public complaints ($r=-0.419$, $p<0.01$) and strategies to improve public service ($r=0.326$, $p<0.01$). Thus, it can be concluded that nurses consider public complaints as one of the ways to be used in order to improve public services within the hospital.

4.3.13 Job Characteristics

This category of the questions includes seven (7) variables namely, working independently, initiative and creativity at work, working with colleagues, extra working time, compensation of extra working time, tasks related to the areas of studies and interference between work and personal plans. Each variable was correlated to job satisfaction of nurses as discussed and shown here below.

Under the question related to working independently, the respondents were asked to answer if they have opportunities to work independently or if they have to wait for their supervisors. Respondents representing 63 % agreed that they have opportunities to work independently while 37 % wait for their supervisors to take decisions on what to do. On the variable of initiative and creativity at work, the respondents representing 52.3 % agreed that their work requires creativity and initiative while 47.7 % of nurses confirmed that their work is routine and does not require any of them.

Regarding working with colleagues; nurses were asked to mention they were few nurses or enough nurses at their working place to complete the tasks assigned by

their heads of departments. Respondents representing 50.3 % agreed that nurses were few to complete their assigned tasks while 49.7 % mentioned they were enough.

On the variable of extra working time, respondents were asked to mention if their work requires some extra time or not. Extra working time was confirmed at 76 % of respondents while 34 % of respondents confirmed that they have never worked extra time to complete their assigned tasks. On the variable of compensation of extra working time, the respondents were asked to answer if their extra working time is compensated or not. Compensating extra working time was accepted by respondents representing 23.1 % while 76.9 % of nurses disagreed. In order to know whether respondents are assigned tasks in relation to their areas of study, they unanimously (100%) stated that their tasks are related to the area of studies.

The last variable on job characteristics was job interference with personal or family plans or social events. Regarding this variable, 42.9 % of respondents agreed that their work did not interfere with their personal or family plans while 57.1% of respondents confirmed that their work interferes with their personal plans and social events because they were frequently called to work while it had not planned.

The variables of job characteristics were discussed by nurses in their focus groups and majority of them emphasized on the importance of these elements on the aspect of job satisfaction. *One of participant said that "I work independently on my work. Initiative, creativity and working with colleagues at work are our principles. However, extra working time should be compensated even if it is not done today but we think that our managers will react in future".*

Table 4.19: Job Characteristics Variables and Overall Level of Nurses Job Satisfaction

Job characteristics' variables		Working Independently on my Work	Initiative and Creativity at Work	Working with Colleagues	Extra working Time	Compensation on Extra working Time	Tasks Related to the Area of Studies	Interference between Work and Personal Plans	Overall Level of Nurses Job Satisfaction
Working Independently On my Work	R	1	.695**	.207**	.073	.164**	. ^a	.324**	-.215**
	Sig.		.000	.000	.204	.004	.	.000	.000
	N	308	308	308	308	308	308	308	308
Initiative and Creativity at Work	R	.695**	1	.182**	-.172**	.307**	. ^a	.486**	-.444**
	Sig.	.000		.001	.002	.000	.	.000	.000
	N	308	308	308	308	308	308	308	308
Working with Colleagues	r	.207**	.182**	1	.338**	-.304**	. ^a	.060	.345**
	Sig.	.000	.001		.000	.000	.	.294	.000
	N	308	308	308	308	308	308	308	308
Extra working Time	r	.073	-.172**	.338**	1	-.414**	. ^a	-.235**	.533**
	Sig.	.204	.002	.000		.000	.	.000	.000
	N	308	308	308	308	308	308	308	308
Compensation on Extra working Time	r	.164**	.307**	-.304**	-.414**	1	. ^a	.243**	-.571**
	Sig.	.004	.000	.000	.000		.	.000	.000
	N	308	308	308	308	308	308	308	308
Tasks Related to the Area of Studies	r	. ^a	. ^a	. ^a	. ^a	. ^a	. ^a	. ^a	. ^a
	Sig.
	N	308	308	308	308	308	308	308	308
Interference between Work and Personal Plans	r	.324**	.486**	.060	-.235**	.243**	. ^a	1	-.500**
	Sig.	.000	.000	.294	.000	.000	.		.000
	N	308	308	308	308	308	308	308	308
Overall Level of Nurses Job Satisfaction	r	-.215**	-.444**	.345**	.533**	-.571**	. ^a	-.500**	1
	Sig.	.000	.000	.000	.000	.000	.	.000	
	N	308	308	308	308	308	308	308	308
** <i>. Correlation is significant at the 0.01 level (2-tailed).</i>									
<i>a.</i> Cannot be computed because at least one of the variables is constant.									
		N			r			Sig.	
Job Characteristics' Total Score		308			.272**			.000	

***. Correlation is significant at the 0.01 level (2-tailed).*

Source: Field Survey Result (2016)

Except the variable of tasks related to the area of studies which was not computed with overall level of nurses job satisfaction because this variable was constant; other six (6) remaining variables were correlated to job satisfaction of nurses. These variables are working independently ($r=0.215$, $p<0.01$), initiative and creativity at work ($r=0.444$, $p<0.01$); working with colleagues ($r= 0.345$, $p<0.01$); extra working time ($r=0.533$, $p<0.01$); compensation on extra working time ($r=0.571$, $p<0.01$) and interference between work and personal plans ($r=-0.500$, $p<0.01$). The total score from the correlation between job characteristics' and overall level of nurses' job satisfaction was $r=0.272$, $p<0.01$).

Hospitals leaders were interviewed on the factors affecting nurses' job satisfaction at the level of nurses and data from the interview show that majority of them were aware that factors such as salaries, allowances, good working conditions, supervision, communication, relation with nurses, professional development, good policies, regulations and promotions opportunities are important to ensure job satisfaction among nurses. These leaders promised to make regular effort in order to satisfy their nurses through these factors. One of the leaders said;

“We know the factors affecting job satisfaction among nurses, however it is not easy to fulfil all of them but we are trying to achieve one by one and we are confident to achieve majority of them in the future. Nurses do a good and complicated job, we know that their level of satisfaction is low because of the mentioned factors which are not responded but we plan accordingly and their future will shine”.

4.3.14 Personal and Demographic Characteristics of Nurses that Lead to Job Satisfaction among Nurses in Sampled Hospitals

Personal and demographic characteristics of the nurses included seven (7) variables

considered as independent variables were correlated to overall level of nurses' job satisfaction considered as dependent variable. These variables are age, sex, marital status, educational level, job level, work experience and working hours per week. Each variable was individually correlated to overall level of nurses' job satisfaction. The findings differed among variables as shown in Table 4.20.

Table 4.20: Age Group * Overall I am Satisfied with my Job: Cross Tabulation

% Within Age Group		Overall I am satisfied with my job				Total
		Strongly Disagree	Disagree	Neutral or Undecided	Agree	
Age Group	20-34	38.2%	34.3%	4.9%	22.5%	100.0%
	35-44	18.3%	44.0%	16.5%	21.1%	100.0%
	45-54	8.8%	32.5%	13.8%	45.0%	100.0%
	55-64	11.8%	23.5%	17.6%	47.1%	100.0%
Total		22.1%	36.7%	12.0%	29.2%	100.0%

Source: Field Survey Result (2016)

The majority of respondents in two (2) first age groups were not satisfied with their job. These are age group of 20-34 and age group of 35-44, respectively 72.5% and 62.3%. The majority of respondents in two (2) last age groups were satisfied with their job. These are age group of 45-54 and age group of 55-64, respectively 45.1% and 47.1%. Thus, nurses' job satisfaction in five (5) sampled hospitals increases with an increase in age.

Table 4.21: Correlations between Age Group and Overall Level of Nurses Job Satisfaction

Variable		Age Group	Overall Level of Nurses Job Satisfaction
Age Group	r	1	.294**
	Sig.		.000
	N	308	308
Overall Level of Nurses Job Satisfaction	r	.294**	1
	Sig.	.000	
	N	308	308

** . Correlation is significant at the 0.01 level (2-tailed).

Source: Field Survey Result (2016)

Pearson's Correlation was used to measure the relationship between age group and the overall level of nurses' job satisfaction. Table 4.27 shows a statistically significant correlation with overall job satisfaction of nurses ($r = 0.294$ $p < 0.01$). From this, it is clear that older nurses expressed a higher level of satisfaction than younger nurses. Thus, job satisfaction increases with an increase in age.

4.3.14.2 Sex for Nurses and Overall Level of Nurses Job Satisfaction

Table 4 22: Sex * Overall I am Satisfied with my Job: Cross Tabulation

% within Gender		Overall I am satisfied with my job				Total
		Strongly Disagree	Disagree	Neutral or Undecided	Agree	
Sex	Male	46.9%	28.6%	3.1%	21.4%	100.0%
	Female	10.5%	40.5%	16.2%	32.9%	100.0%
Total		22.1%	36.7%	12.0%	29.2%	100.0%

Source: Field Survey Result (2016)

Regarding the variable of sex, male nurses representing 75.5 % were not satisfied (strongly disagreed and disagreed) with their job while 51% of female respondents were not satisfied with their job. Thus, male nurses were less satisfied than female nurses.

Table 4.23: Correlation between Sex and Overall Level of Nurses Job Satisfaction

Variable		Sex	Overall I am satisfied with my job
Sex	R	1	.299**
	Sig.		.000
	N	308	308
Overall I am satisfied with my job	R	.299**	1
	Sig.	.000	
	N	308	308

** . Correlation is significant at the 0.01 level (2-tailed).

Source: Field Survey Result (2016)

Pearson's Correlation was used to examine the relationship between gender and overall level of nurses' job satisfaction. The correlation between gender and overall level of job satisfaction of nurses shows statistically significant correlation ($r = 0.299$; $p < 0.01$). Therefore, we can conclude that male exhibit a higher level of job disaffection than female.

Table 4.24: Correlation between Marital Status and Overall Level of Nurses Job Satisfaction

Variable		Marital Status	Overall I am satisfied with my job
Marital Status	R	1	-.010
	Sig.		.854
	N	308	308
Overall I am satisfied with my job	R	-.010	1
	Sig.	.854	
	N	308	308

Source: Field Survey Result (2016)

There was not any correlation between marital status and overall level of nurses job satisfaction ($r = -0.10$; $p > 0.854$). It shows that there is no statistically significant difference between two mentioned variables. Therefore, both groups of marital status exhibited almost similar levels of satisfaction towards their job.

Table 4.25: Education Level * Overall I am Satisfied With My Job: Cross Tabulation

% within Education Level		Overall I am satisfied with my job				Total
		Strongly Disagree	Disagree	Neutral or Undecided	Agree	
Education Level	A2	5.3%	37.7%	14.0%	43.0%	100.0%
	A1	31.7%	35.0%	10.9%	22.4%	100.0%
	A0	40.0%	50.0%	10.0%		100.0%
	Other		100.0%			100.0%
Total		22.1%	36.7%	12.0%	29.2%	100.0%

Source: Field Survey Result (2016)

As far as educational level is concerned, nurses who hold secondary level certificates (known as A2) representing 43 % were satisfied with their job; nurses with an advanced diploma (A1) representing 66.7 % were not satisfied with their job while 90 % of nurses with bachelor degree strongly disagreed and disagreed that they were satisfied with their job. Thus, nurses with higher levels of education were more dissatisfied with their job than those with lower levels of education.

Table 4.26: Correlation between Educational Level and Overall Level of Nurses Job Satisfaction

		Education Level	Overall I am satisfied with my job
Education Level	R	1	-.320**
	Sig.		.000
	N	308	308
Overall I am satisfied with my job	R	-.320**	1
	Sig.	.000	
	N	308	308

** . Correlation is significant at the 0.01 level (2-tailed).

Source: Field Survey Result (2016)

The Correlation between educational level and overall level of nurses' job satisfaction was negatively performed at $r = -0.320$; $p < 0.01$). It shows that there is a statistically significant correlation between educational level and overall level of job satisfaction of nurses. Therefore, we can conclude that nurses with higher levels of education have proven to be more dissatisfied with their job than those with lower levels of education as shown in the Table 4.27.

Table 4.27: Job Level * Overall I am Satisfied with my Job: Cross Tabulation

% within Job Level		Overall I am satisfied with my job				Total
Variable		Strongly Disagree	Disagree	Neutral or Undecided	Agree	
Job Level	Heads of departments	4.1%	8.2%	2.0%	85.7%	100.0%
	Nurses of Departments	25.5%	42.1%	13.9%	18.5%	100.0%
Total		22.1%	36.7%	12.0%	29.2%	100.0%

Source: Field Survey Result (2016)

Within job levels, heads of departments or nurses' leaders representing 85.7 % agreed to be satisfied with their job while 67.6 % of nurses out of leadership positions were not satisfied with their jobs. Therefore, nurse leaders were more satisfied with their job than other nurses as shown in the Table 4.28.

Table 4.28: Correlation between Job Level and the Overall Level of Nurses' Job Satisfaction

Variable		Job Level	Overall I am satisfied with my job
Job Level	R	1	-.466**
	Sig.		.000
	N	308	308
Overall I am satisfied with my job	R	-.466**	1
	Sig.	.000	
	N	308	308

** . Correlation is significant at the 0.01 level (2-tailed).

Source: Field Survey Result (2016)

The correlation between job level and overall level of nurses' job satisfaction shows a statistically significant correlation ($r = -0.466$; $p < 0.01$). It has shown that heads departments were more satisfied than other nurses without leadership positions.

Table 4.29: Correlation between Years of Experience and the Overall Level of Nurses Job Satisfaction

Variable		Years of Experience	Overall I am satisfied with my job
Years of Experience	R	1	.057
	Sig.		.316
	N	308	308
Overall I am satisfied with my job	R	.057	1
	Sig.	.316	
	N	308	308

Source: Field Survey Result (2016)

There was not a correlation between years of experience and overall level of nurses' job satisfaction ($r = 0.057$; $p > 0.316$). Therefore, both groups of years of experience

exhibited almost similar levels of satisfaction towards their job.

Table 4.30: Working Hours per Week * Overall I am Satisfied with my Job: Cross Tabulation

% within Working Hours Per Week		Overall I am satisfied with my job				Total
		Strongly Disagree	Disagree	Neutral or Undecided	Agree	
Working hours per week	45	5.8%	26.7%	16.3%	51.2%	100.0%
	Above 45	28.4%	40.5%	10.4%	20.7%	100.0%
Total		22.1%	36.7%	12.0%	29.2%	100.0%

Source: Field Survey Result (2016)

Respondents working 45 hours per week representing 51.6 % agreed that they were satisfied with their job while respondents working above 45 hours per week representing 68.9 % strongly disagreed and disagreed to be satisfied with their job. Thus, respondents working above 45 hours were less satisfied than nurses who work 45 hours or under 45 hours per week.

Table 4.31: Correlation between Working Hours per Week and the Overall Level of Nurses Job Satisfaction

Variables		Working hours per week	Overall I am satisfied with my job
Working hours per week	R	1	-.355**
	Sig.		.000
	N	308	308
Overall I am satisfied with my job	R	-.355**	1
	Sig.	.000	
	N	308	308

** . Correlation is significant at the 0.01 level (2-tailed).

Source: Field Survey Result (2016)

The correlation between working hours per week and overall level of nurses' job satisfaction shows negatively a significant correlation ($r = -0.355$; $p < 0.01$).

Therefore, nurses who work above 45 hours influence negatively satisfaction among nurses than nurses who work 45 hours per week.

4.4 An Investigation on the Level of Patients' Satisfaction on the Services they Receive from Nurses while at Hospitals

4.4.1 Introduction

The second objective was to investigate on the level of patients' satisfaction on the services they receive from nurses while at hospitals. In order to get information about this, a variety of questions were formulated and asked to patients. They were asked to answer to different statements using the 5-point Likert scale ranged from 1 to 5 where 1 is strongly disagree and 5 is strongly agree. For this objective, data was collected on 360 patients on each question. The questions asked included four (4) variables namely availability of nurses each time needed by patients in various departments, availability of healthcare services delivered to patients, patients' waiting time for health services and patients' loyalty and willingness to recommend the same hospital to another patient.

These four (4) variables with their statements were considered as independent variables and were correlated to the overall level of patient satisfaction considered as dependent variable using Pearson's Correction Coefficient. The statements in each variable were computed to generate a total factor score which also was correlated to overall level of patient satisfaction. After correlating these four (4) variables, personal and demographic characteristics of patients were also correlated to the overall level of patient satisfaction in order to examine which personal and demographic characteristics is correlated to the overall level of patient satisfaction.

The findings from all studied variables have shown a positive correlation between them and the overall level of patients' satisfaction even if the results differed among variables. The following is the presentation of the results for each of the variables.

4.4.2 Regular Rounds and Availability of Nurses Each Time Needed by Patients

The variables of regular rounds and availability of nurses each time needed by patients included four (4) variables. The first variable was to evaluate the distance between patient' bed and nurse' office, the number of rounds carried out by nurses to their patients, the professional knowledge and skills of nurses and finally, the time spent by nurses with their patients.

Table 4.32: Regular Rounds and Availability of Nurses Each Time Needed Patients

Variable	Statements	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Availability of Nurses each time needed by Patients	In this hospital, Nurse 'office is not located far from the location of patient bed	23.9%	30.3%	7.5%	34.2 %	4.2%
	I am satisfied with the availability of nurses in the patients' ward each time they are needed	21.9%	30.8%	7.5%	35%	4.7%
	I am satisfied with the professional knowledge and skills of nurses in this hospital	0.3%	17.5%	27.5%	53.1 %	1.7%
	I am satisfied with the time spent with nurses, every time I needed her/him	23.6%	28.6%	7.8%	34.4 %	5.6%

Source: Field Survey Result (2016)

Majority of Respondents (54.2%) rejected the idea that nurses' offices are not located far from the location of patients' beds. Respondents representing 52.7 % disagreed that nurses could be available whenever patients needed them in their

wards. Also, 52.5% of respondents were not satisfied with the time spent by nurses with patients. Finally, 54.8 % of respondents were satisfied with professional knowledge and skills of nurses. Thus, majority of respondents disagreed with the regular rounds of nurses and their availability in the patients' wards each time needed by patients.

Table 4.33: Correlation between Regular Rounds and Availability of Nurses Each Time Needed by Patients and the Overall Level of Patients' Satisfaction

Variables		Distance between patient bed and nurses' location	Satisfied with the Accessibility of Nurses	Knowledge and skills of Nurses	Satisfied with the time spent with Nurses	Overall level of Patient Satisfaction
Distance between patient beds and nurses' location	r Sig. N	.817** 0 360	1 360	0.041 0.438 360	.763** 0 360	.537** 0 360
Satisfied with the accessibility of Nurses	r Sig. N	.817** 0 360	1 360	0.01 0.845 360	.940** 0 360	.596** 0 360
Knowledge and skills of Nurses	r Sig. N	0.041 0.438 360	0.01 0.845 360	1 360	0.013 0.809 360	-0.017 0.746 360
Satisfied with the time spent with Nurses	r Sig. N	.763** 0 360	.940** 0 360	0.013 0.809 360	1 360	.560** 0 360
Overall level of Patient satisfaction	r Sig. N	.537** 0 360	.596** 0 360	-0.017 0.746 360	.560** 0 360	1 0 360

**Correlation is significant at the 0.01 level (2-tailed)

	N	r	Sig.
Total Score of availability of nurses each time by patients in various departments	360	.577**	.000

**Correlation is significant at the 0.01 level (2-tailed).

Source: Field Survey Result (2016)

Four (4) statements of the variable of the regular rounds and availability of nurses each time needed by patients was correlated to the overall level of patient satisfaction. Three (3) statements were strongly correlated to the overall level of patient satisfaction. The first statement to be strongly correlated to the overall level of patient satisfaction was the distance between the patients' bed and nurses' location which was found to be long at $r = 0.537$, $p < 0.01$. The accessibility of nurses in patients' wards did not satisfy the patients and was strongly correlated to patient dissatisfaction at $r = 0.596$, $p < 0.01$. Finally, the time spent by nurses with patients did not also satisfy the patients and was correlated to overall level of patient dissatisfaction at $r = 0.560$, $p < 0.01$. The total score variable of the availability of nurses each time needed by patients in various departments was correlated to overall level of patient satisfaction at $r = 0.577$ and $p < 0.01$.

This result indicates that there is a strong significant relationship between patients' satisfaction and variables of regular rounds and availability of nurses each time needed by patients in various departments. The findings indicate that patients take into consideration the distance between patients' bed and nurses' location, the regular rounds and availability of nurses each time needed by patients and the time spent by nurses with patients. Therefore, failure to consider this aspect causes dissatisfaction of patients as shown in the Table 4.34.

4.4.3 Availability of Health Services Delivered to Patients

The question of availability of health services delivered to patients includes one (1) statement which is to evaluate if nurses provides to patients all drugs and consumables such as tablets, injections, infusions as prescribed by Medical Doctor

(MD).

Table 4.34: Availability of Health Services Delivered to Patients

Variable	Statements	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Availability of health services	In this Hospital, I have received from nurses all drugs such as tablets, injections, infusions as prescribed by Medical Doctor	3.9%	23.3%	14.4%	55.8%	2.6%

Source: Field Survey Result (2016)

Respondents representing 58.4 % agreed that they had been given all drugs such as tablets, injections, infusions and other consumables as prescribed by Medical Doctor while 27.2 % of respondents disagreed with the mentioned statement.

Table 4.35: Correlation Between Availability of Health Services Delivered to Patients and the Overall Level of Patients' Satisfaction

Variable of Availability of Health Services Delivered to Patients		Reception of all drugs by patients as prescribed by MD	Overall level of Patient Satisfaction
Total score of Reception of all drugs by patients as prescribed by MD	r	1	.680**
	Sig.		.000
	N	360	360

** . Correlation is significant at the 0.01 level (2-tailed).

Source: Field Survey Result (2016)

The variable of reception of drugs such as tablets, injections, infusions by patients as prescribed by Medical Doctor was strongly correlated to the overall level of patient satisfaction at $r = 0.680$, $p < 0.01$. This result shows a great importance that patients give on the administration of drugs and consumables by nurses as prescribed by Medical Doctor. Failure to administer the drugs and consumables as prescribed by Medical Doctors certainly causes patients' dissatisfaction while there is a success when they are well administered as presented in Table 4.35.

4.4.4 Patient Waiting Time for Health Services

The variable of patient waiting time for health services was addressed to the respondents in order to evaluate the time spent by nurses with their patients. Four (4) statements were included in this variable. These are patients' waiting time for being taken vital signs by nurses before the patients meet medical doctors in consultation rooms and patients waiting time for receiving drugs and other consumables from nurses after being prescribed by medical doctor. The same variable was used to know the time spent by patients while waiting for healthcare invoice which identifies all provided health services and finally, the time spent by patients to get a written discharge established by nurses. Normally, for this last statement, when medical doctor takes a decision to discharge a patient; he/she writes it in the patient file and communicates it to patient. Therefore, the role of nurse is to implement the decision of medical doctor by establishing a written discharge for patients.

Table 4.36: Patient Waiting Time for Healthcare Services

Variable	Statements	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Patient Waiting time	Patient waiting time for being taken vital signs by nurses before meeting MD is not long	24.2%	31.9%	6.7%	34.4%	2.8%
	Patient waiting time for receiving drugs from nurses after being prescribed by MD is not long	20%	29.2%	6.7%	41.4%	2.7%
	Patient waiting time for a healthcare invoice identifying all provided health services to be paid is not long	18.9%	28.6%	6.1%	41.7%	4.7%
	Patient waiting time for a written discharge established by nurses after being communicated by MD is not long	19.2%	28.9%	6.9%	35.6%	9.4%

Source: Field Survey Result (2016)

Respondents representing 56.1% rejected the idea that patient waiting time for being taken vital signs by nurses before meeting MD in the consultation room is not long. Majority of respondents (49.2 %) disagreed the statement that patient waiting time for receiving drugs from nurses after being prescribed by MD is not long. The time is also long while waiting for healthcare invoice, an assertion which is common among 47.5 % of respondents. Finally, the majority of respondents (48.1%) disagreed with the statement saying that the patient waiting time for a written discharge established by nurses is not long. Thus, majority of respondents confirmed that patient waiting time for healthcare services is long.

Table 4.37: Correlation between Patient Waiting Time and the Overall Level of Patient' Satisfaction

Variables of Patient Waiting Time		Waiting time for Vital Signs	Waiting time for receiving Drugs	Waiting time for healthcare invoice	Waiting time for a Written discharge	Overall level of Patient Satisfaction
Waiting time for Vital Signs	r	1	.824**	.690**	.499**	.648**
	Sig.		.000	.000	.000	.000
	N	360	360	360	360	360
Waiting time for receiving Drugs	r	.824**	1	.814**	.603**	.670**
	Sig.	.000		.000	.000	.000
	N	360	360	360	360	360
Waiting time for a healthcare invoice	r	.690**	.814**	1	.727**	.681**
	Sig.	.000	.000		.000	.000
	N	360	360	360	360	360
Written discharge established	r	.499**	.603**	.727**	1	.590**
	Sig.	.000	.000	.000		.000
	N	360	360	360	360	360
Overall Level of Patient Satisfaction	r	.648**	.670**	.681**	.590**	1
	Sig.	.000	.000	.000	.000	
	N	360	360	360	360	360
** . Correlation is significant at the 0.01 level (2-tailed).						
		N	r	Sig.		
Total score for waiting time variable total score		360	.738**	.000		

** . Correlation is significant at the 0.01 level (2-tailed).

Source: Field Survey Result (2016)

All four (4) statements of patient waiting time were strongly correlated to the overall level of patient satisfaction. The first statement to be correlated to the overall level of patient satisfaction was the patient waiting time for being taken vital signs by nurses before meeting medical doctor (MD) in the consultation room at ($r = 0.648$, $p < 0.01$); the second was patient waiting time for receiving drugs from nurses after being prescribed by MD at ($r = 0.670$, $p < 0.01$); the third was patient waiting time for receiving a healthcare invoice ($r = 0.681$, $p < 0.01$) while the last statement strongly correlated to the overall level of patient satisfaction was patient waiting time for written discharge established by nurses at ($r = 0.590$, $p < 0.01$). The overall score variable of the patient waiting time for healthcare service was strongly correlated to the overall level of patient satisfaction at $r = 0.738$ and $p < 0.01$.

This finding indicates that there is a significant relationship between patient satisfaction and variables of patient waiting time for health services. Patients pay more attention on waiting time for health services delivered to them; failure to consider this aspect causes dissatisfaction of patients as shown above.

4.4.5 Patients Loyalty and Patients' Willingness to Recommend the Same Hospital to another Patient

To evaluate this variable, patients were asked to mention if they have an intention to return to the same hospital once they feel sick or if they can recommend his/ her relatives, friends and other patients to consult the same hospitals for health services. The following table present the results on these two statements.

Table 4.38: Patients Loyalty and Willingness to Recommend the same Hospital to Another Patient

Variable	Statements	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Patients Loyalty and Willingness to Recommend the same Hospital to another patient	Do you intend to return to this hospital, once you will feel sick?	15%	28.3%	6.4%	48.1%	2.2%
	I can recommend another patient to come for health services in this Hospital	12.5%	27.8%	6.1%	51.9%	1.7%

Source: Field Survey Result (2016)

On the statement of patients' loyalty, 50.3 % of respondents agreed that they intend to return to the same hospitals once they feel sick in the future while 43.3 % of respondents disagreed. Respondents representing 53.6 % agreed to recommend new patient or friend to come for health services to the same hospital while only 40.3 % of respondents disagreed.

Table 4.39: Correlation between Patients' Loyalty and Willingness to Recommend the Same Hospital to Another Patient and the Overall Level of Patients Satisfaction

		Patient willingness to recommend the hospital to another patient	Patients Loyalty	Overall Level of Patient Satisfaction
Patient willingness to recommend the hospital to another patient	R	1	.888**	.554**
	Sig.		.000	.000
	N	360	360	360
Patients Loyalty	R	.888**	1	.628**
	Sig.	.000		.000
	N	360	360	360
Overall Patient care Satisfaction	R	.554**	.628**	1
	Sig.	.000	.000	
	N	360	360	360
**. Correlation is significant at the 0.01 level (2-tailed)				
		N	r	Sig.
Loyalty of Patients and Recommendations of the Hospital to another patient Total score		360	608**	.000

**.

**.

Source: Field Survey Result (2016)

All two (2) statements were strongly correlated to the overall level of patient satisfaction. The first statement strongly correlated to the overall level of patient dissatisfaction was the loyalty of patients which performed at $r = 0.628$, $p < 0.01$ while the second statement also strongly correlated to overall level of patient dissatisfaction was patients' willingness to recommend the same hospital to another patient, relatives or friends at $r = 0.554$, $p < 0.01$. The overall score variable of the patients' loyalty and willingness to recommend the same hospital to another patient or friend was strongly correlated to overall level of patient dissatisfaction at $r = 0.608$ and $p < 0.01$.

Hospitals leaders were interviewed on the factors affecting patients' care satisfaction and the level of patients' satisfaction in providing health services. Data from the interview show that majority of leaders knew factors such as regular rounds of nurses and their availability near the patients, patient waiting time for health services and availability of healthcare services delivered to patients. In addition, these leaders showed their effort to improve factors affecting patients' care satisfaction and promised the continuous improvement in order to satisfy patients. However, they said that these factors could not be achieved in one day. One of them said;

"The factors that affecting patients' care satisfaction are always taken into consideration. However, it is not possible to deal with them in one day, but our annual action plan will have to consider these factors in order to improve the health services delivered to the patients from nurses".

4.4.6 Personal and Demographic Characteristics of Patients and Overall Level of Patient Satisfaction

Personal and demographic characteristics of the patients include eight (8) variables considered as independent variables. These variables were correlated to overall level

of patient satisfaction considered as dependent variable. The concerned variables are departments visited by patients, profession of patients, age group, sex, marital status, educational level, monthly income and payment of health services. Each variable was individually correlated to overall level of patient satisfaction and the findings differed among variables as shown in Table 4.40.

Table 4.40: Personal and Demographic Characteristics of Patients and Overall Patient Satisfaction

		Profession	Age	Sex	Marital status	Educational level	Monthly income	Mode of Payment	Overall Patient Satisfaction
Department	r	-.007	-.010	-.248**	.058	-.032	-.082	.004	-.010
	Sig.	.895	.847	.000	.274	.548	.120	.937	.848
	N	360	360	360	360	360	360	360	360
Profession of Patient	r	1	.008	-.159**	.000	.228**	.279**	.329**	.000
	Sig.		.886	.002	.994	.000	.000	.000	.999
	N	360	360	360	360	360	360	360	360
Age	r	.008	1	.028	.346**	-.148**	.083	-.001	.340**
	Sig.	.886		.600	.000	.005	.114	.977	.000
	N	360	360	360	360	360	360	360	360
Sex	r	-.159**	.028	1	.054	-.061	-.088	-.172**	.060
	Sig.	.002	.600		.306	.245	.095	.001	.254
	N	360	360	360	360	360	360	360	360
Marital status	r	.000	.346**	.054	1	-.035	.109*	-.059	.003
	Sig.	.994	.000	.306		.507	.038	.268	.954
	N	360	360	360	360	360	360	360	360
Education Level	r	.228**	-.148**	-.061	-.035	1	.362**	.084	-.291**
	Sig.	.000	.005	.245	.507		.000	.111	.000
	N	360	360	360	360	360	360	360	360
Monthly Income	r	.279**	.083	-.088	.109*	.362**	1	.197**	-.032
	Sig.	.000	.114	.095	.038	.000		.000	.549
	N	360	360	360	360	360	360	360	360
Mode of Payment	r	.329**	-.001	-.172**	-.059	.084	.197**	1	.069
	Sig.	.000	.977	.001	.268	.111	.000		.190
	N	360	360	360	360	360	360	360	360
Overall Patient Satisfaction	r	.000	.340**	.060	.003	-.291**	-.032	.069	1
	Sig.	.999	.000	.254	.954	.000	.549	.190	
	N	360	360	360	360	360	360	360	360

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

Source: Field Survey Result (2016)

Only two (2) variables out of eight (8) variables of personal characteristics of patients were correlated to the overall level of patient satisfaction. In fact, the age group of patients was moderately correlated to the overall level of patient satisfaction at $r = 0.340$, $p < 0.01$ while the education level was weakly correlated to the overall level of patient satisfaction at $r = -0.291$ $p < 0.01$.

The findings of this study indicate that majority of young patients were moderately dissatisfied with the health services received from nurses compared with the old patients. The same findings also show that majority of patients with secondary school levels and university levels were weakly dissatisfied with the health services received from nurses compared to the illiterate patients or to the patients with primary school education.

4.5 An Investigation on the Level of Satisfaction of Nurses in Providing Services to Patients

4.5.1 Introduction

The third objective was to investigate on the level of nurses' satisfaction in providing services to patients. A variety of questions were formulated and each of them was asked to nurses to get the information on this objective. The level of nurses' satisfaction was measured by asking them to answer the given statements according to the 5-point Likert scale ranged from 5 to 1 where 1 is strongly disagree and 5 is strongly agree. The average scores from the 5-point Likert scale for all the variables were calculated by SPSS Computer Variables Version 16 to show whether the proportion of the respondents is strongly disagreed or agreed according to the given statement of the variables.

For this objective, the specific metrics used in the investigation on the level of nurses' satisfaction were five (5) variables. These are recommendation to new nurses to apply for the job in their hospitals, the loyalty and commitment of nurses to their hospitals, the pride of working as nurses in their hospitals, the feeling of nurses when they leave their daily work and the nurses' intention to leave their hospital work during past six (6) months.

The five (5) mentioned variables considered as independent variables were correlated to the overall level of nurses' job satisfaction considered as dependent variable using Pearson's Correction Coefficient. The findings from all five (5) studied variables show that there is a positive correction to the overall level of nurses' job satisfaction even if the results differed among variables. The following is the presentation of the results for each of the variables.

4.5.2 Recommendation to New Nurses to apply for a job in Sampled Hospitals

This variable was measured by asking respondents if they would recommend new nurses to apply for a job in their current hospitals. Before correlating this variable to nurses' job satisfaction, this variable was first of all expressed in percentage as shown in the Table 4.42.

Table 4.41: Recommendation to New Nurses in Sampled Hospitals

I would recommend new Nurses in this Hospital		Frequency	Percent	Cumulative Percent
Valid	Strongly Disagree	13	4.2	4.2
	Disagree	139	45.1	49.4
	Neutral or Undecided	17	5.5	54.9
	Agree	138	44.8	99.7
	Strongly agree	1	.3	100.0
	Total	308	100.0	

Source: Researcher's Field Survey Result (2016)

The Table 4.42 shows that 4.2 % of respondents strongly disagreed to recommend new nurses to apply for a job in their hospitals; 45.1% disagreed; 5.5 % of respondents did not give their opinions; 0.3% of respondents were strongly agreed with this variable while 44.8 % agreed that they would recommend new nurses to apply for a job in their hospitals. From these findings, it is clear that the majority of respondents disagreed to recommend new nurses to apply for a job in selected hospitals.

In focus group discussions, nurses discussed if they would recommend new nurses or friends to apply for a job in their hospitals. The majority of them rejected the idea.

One of respondents stated;

“I am not satisfied in this hospital because I do not receive my salary on time, and my incentives called performance based financing is not received regularly, I also notice the overworking without compensation, how would I recommend my friends, relatives or a new nurse to apply for a job in this hospital?”

Table 4.42: Correlation between Recommendation to New Nurses, or Friends to Apply for a job in Sampled Hospitals and the Overall Level of Nurses’ Job Satisfaction

Variable		Overall level I am satisfied with my job	I would recommend new Nurse, Friends in this Hospital
Overall level I am satisfied with my job	R	1	.657**
	Sig.		.000
	N	308	308
I would recommend new Nurse, friend in this Hospital	R	.657**	1
	Sig.	.000	
	N	308	308

****.** Correlation is Significant at the 0.01 Level (2-tailed)

Source: Field Survey Result (2016)

The Correlation between the recommendation to new nurses to apply for a job in sampled hospitals and overall level of nurses' job satisfaction was performed at $r=0.657$ and $p < 0.01$. The result shows a positive strong correlation. This study shows that majority of nurses were not overall satisfied with their jobs (58.8%). The results of the study also show 49.3% of respondents could not recommend new nurses or friends to work in their current hospitals; it shows a positive correlation. Therefore, nurses pay much attention on their work and it has shown that when they are not satisfied, majority of them would not recommend their colleagues to apply for a job in their current hospitals. Failure to maintain job satisfaction of nurses negatively affects hospitals which in turn can have a bad reputation of hospitals. Consequently, it may be difficult to recruit new workforce in this area of nursing.

4.5.3 Loyalty and Commitment of Nurses to their Current Hospitals

This dimension was measured by asking respondents if they are loyal, committed to and concerned for the future of their hospitals. This variable was expressed in percentage before correlating it to the overall nurses' job satisfaction as shown in the Table 4.44.

Table 4.43: Loyalty and Commitment of Nurses to their Current Hospitals

In this hospital nurses are loyal, committed to and concerned for the future of their hospitals.		Frequency	Percent	Cumulative Percent
Valid	Strongly Disagree	9	2.9	2.9
	Disagree	136	44.2	47.1
	Neutral or Undecided	21	6.8	53.9
	Agree	142	46.1	100.0
	Total	308	100.0	

Source: Field Survey Result (2016)

Nurses' loyalty shows that 2.9 % of respondents strongly disagreed to be loyal, committed and concerned for the future of their hospitals. Additionally, 44. 2 % of them disagreed with the statement; 6.8 % of respondents did not give their views while 46.1 % agreed to be loyal, committed and concerned for the future of their hospitals. Based on this finding, this study can conclude that the majority of respondents are not loyal, committed and concerned for the future of their hospitals. Almost a half of the respondents in their focus group discussions said that they are loyal and committed even if, they were not well treated and considered by their leaders. However, some of them stipulated that the degree of their commitment would decrease as long as their leaders would do not change the way of motivating them. *“Today, we are always trying to be loyal and committed to our work, but if our leaders do not change the way they treat us today, it will not continue so”.*

Table 4.44: Correlation between Loyalty and commitment of Nurses to their Hospitals and the Overall Nurses' Job Satisfaction

Variable		Overall, I am satisfied with my job	Nurses Loyalty
Overall, I am satisfied with my job	R	1	.546**
	Sig.		.000
	N	308	308
Nurses Loyalty	R	.546**	1
	Sig.	.000	
	N	308	308

****.** Correlation is significant at the 0.01 level (2-tailed)

Source: Field Survey Result (2016)

The Correlation between nurses' loyalty and overall level of nurses' job dissatisfaction was performed at $r= 0.546$ and $p<0.01$. The result shows a positive strong correlation. This study showed that the majority of nurses were not overall

satisfied (58.8%) with their job and when correlated to the majority of nurses (47.1 %) who were not loyal to their hospitals, it shows a positive correlation. Therefore, nurses who are not satisfied are not also loyal to their hospitals. Hospital managers will have to think carefully about this kind of attitude because nurses who are not loyal and committed might cause a loss to their hospital.

4.5.4 The Pride of Working as Nurses in their Current Hospitals

This variable was measured by asking respondents if they were proud of working as nurses in their current hospitals.

Table 4.45: The Pride of Working as Nurses in their Current Hospitals

I am proud to work as a Nurse in this hospital		Frequency	Percent	Cumulative Percent
Valid	Strongly Disagree	24	7.8	7.8
	Disagree	126	40.9	48.7
	Neutral or Undecided	25	8.1	56.8
	Agree	132	42.9	99.7
	Strongly agree	1	.3	100.0
	Total	308	100.0	

Source: Field Survey Result (2016)

Respondents representing 7.8 % strongly disagreed to be proud of working as nurses in their current hospitals; 40.9 % of respondents disagreed to be proud of working as nurses in their current hospitals; 8.1 % of respondents were undecided while 43.2 % of respondents agreed that they were proud to work as nurses in their hospitals. Therefore, majority of nurses were not proud to work as nurses in their work.

The majority of nurses in their focus group discussions confirmed to be proud of their nursing profession. However, they stipulated they were not satisfied of working

in their current hospitals except one of them. She said;

“I am so happy and I am proud to be a nurse because I am working with my Lord and this is my mission and nothing is more gratifying than the simple power of giving hope to my patients. I do not work with a great purpose of gratification because my salary and incentives cannot compensate my work in this hospital”.

Another nurse said, *“I’m so proud to be a nurse in this hospital! It fulfills me. It is also so rewarding because the nursing profession is one of the appreciated professions by people in the world”.*

Table 4.46: Correlation between the Pride of Working as Nurses in their Current Hospitals and the Overall level of Nurses’ Job Satisfaction

Variable		Overall level I am satisfied with my job	I am proud to work as a nurse in this hospital
Overall level I am satisfied with my job	R	1	.664**
	Sig.		.000
	N	308	308
I am proud to work as a nurse in this hospital	R	.664**	1
	Sig.	.000	
	N	308	308

** . Correlation is significant at the 0.01 level (2-tailed).

Source: Field Survey Result (2016)

Correlation between the variable of the pride of working as nurses in their current hospitals and the overall level of nurses’ job satisfaction was performed at $r = 0.664$ and $p < 0.01$. The results show a positive correlation. Therefore, the majority of nurses who are not satisfied (58.8%) leads also to the majority of nurses (48.7 %) who are not proud to work as nurses in their hospitals.

4.5.5 Feeling of Nurses when they Leave their Daily Work

This variable was measured by asking respondents if they often leave their daily work with a feeling of satisfaction.

Table 4.47: Feeling of Nurses when they Leave their Daily Work

I often leave my daily work with feeling of satisfaction		Frequency	Percent	Cumulative Percent
Valid	Strongly Disagree	18	5.8	5.8
	Disagree	129	41.9	47.7
	Neutral or Undecided	20	6.5	54.2
	Agree	139	45.1	99.4
	Strongly agree	2	.6	100.0
	Total	308	100.0	

Source: Field Survey Result (2016)

Respondents representing 5.8 % strongly disagreed that they often leave their daily work with a feeling of satisfaction; 41.9 % of respondents disagreed with the mentioned statement; 6.5 % of respondents were undecided while 45.7 % of respondents agreed that they often leave their daily work satisfied. Thus, majority of respondents disagreed that they often leave their daily work with a feeling of satisfaction.

More than a half of respondents discussed in their focus groups and mentioned that they were tired at the end of their daily duties and therefore could not feel well when they leave their work. One of them said;

“Our work is very stressful, we do not know exactly what will happen after delivering health care to patients because sometimes patients are satisfied, and sometimes they are frustrated. Feelings are very diverse; we deal with complicated situations between the police and fugitives and then ambiguities emerge ”.

However, another nurse confirmed to leave her daily duties with a feeling of satisfaction. She stated;

“I often leave my daily work with a feeling of satisfaction because at the end of my daily duties I feel I am a person who fulfills the mission from my Lord. I’m doing the Lord's tasks. If my decision to become a nurse was to help people, why should I leave my daily work with a feeling of dissatisfaction? ”

Table 4.48: Correlation between the Feeling of Nurses when they Leave their Daily Work and the Overall Level of Nurses' Job Satisfaction

Variables		Overall level I am satisfied with my job	I often leave my work with feeling of satisfaction
Overall level I am satisfied with my job	r	1	.647**
	Sig.		.000
	N	308	308
I often leave my work with feeling of satisfaction	r	.647**	1
	Sig.	.000	
	N	308	308

** . Correlation is significant at the 0.01 level (2-tailed)

Source: Field Survey Result (2016)

The Correlation between the feeling of nurses when they often leave their daily work and the overall level of nurses' job satisfaction was performed at $r= 0.647$ and $p < 0.01$. The result shows a positive strong correlation. Therefore, the majority of nurses who were not overall satisfied with their job lead to the majority of nurses (45.7 %) who often leave their daily work with a feeling of dissatisfaction.

4.5.6 Nurses' Intention to Leave their Work during Past Six (6) Months

This variable was evaluated by asking respondents if they had an intention to leave their work during the past six (6) months.

Table 4.49: Nurses' Intention to Leave their Work during Past Six (6) Months

I have considered to leave my work during Past six months		Frequency	Percent	Cumulative Percent
Valid	Strongly Disagree	12	3.9	3.9
	Disagree	133	43.2	47.1
	Neutral or Undecided	16	5.2	52.3
	Agree	135	43.8	96.1
	Strongly agree	12	3.9	100.0
Total		308	100.0	

Source: Field Survey Result (2016)

Respondents representing 3.9 % strongly disagreed that they did have intention to leave their work during past six (6) months; 43.2 % of respondents disagreed with

the mentioned statement while 5.2 % were undecided. It is also shown that 47.7 % of respondents were strongly agreed and agreed that they did have intention to leave their work during past six (6) months. Thus, a slight difference was observed between respondents who agreed that they had intention to leave their work during the previous six (6) months and respondents who disagreed that they had such intention as the percentages are 47.7 % versus 47.1% respectively.

The majority of respondents in their focus group discussions confirmed that they had an intention to leave their work in past (6) months for another hospital or elsewhere.

One of them said;

“I have tried many times to change my job and leave this stressful job but in vain. It is currently very difficult to be oriented in another profession with my nursing diploma; however, I am still young. So, I will try to study another program at the university like management, sociology or computer science, otherwise, there is no way to escape from this profession!”

Another nurse with more than 30 years of experience in the profession of nursing said that he will be retired in this career;

“I have more than 30 years’ experience in this career; I did not have any intention to leave my current work during last six (6) months. I will be in this profession until I will retire”.

Table 4.50: Correlation between Nurses’ Intention to Leave their Work during Past Six (6) Months and the Overall Level of Nurses’ Job Satisfaction

Variables		Overall level I am satisfied with my job	I have considered to leave my work during past six months
Overall level I am satisfied with my job	R	1	.463**
	Sig.		.000
	N	308	308
I have considered to leave my work during past six months	R	.463**	1
	Sig.	.000	
	N	308	308

** . Correlation is significant at the 0.01 level (2-tailed).

Source: Field Survey Result (2016)

The Correlation between nurses' intention to leave their work during past six (6) months and the overall level of nurses' job satisfaction was performed at $r= 0.463$ and $p < 0.01$. The result shows a moderate positive correlation. It also shows that the majority of dissatisfied nurses are the ones who agreed that they did have intentions to leave their hospitals during past six (6) months.

4.6 An Assessment of the Relationship of the Level of Satisfaction of Nurses in Providing Services to Patients and Patient Satisfaction for Services Rendered to them by Nurses

4.6.1 Introduction

The fourth objective was to assess the relationship of the level of satisfaction of nurses in providing services to patients and patient satisfaction for services rendered to them by nurses. Under this objective, two variables namely the overall level of patient care satisfaction and the overall level of nurses' job satisfaction were correlated by using the Pearson Correlation Coefficient in order to measure the strength of the linear relationship between them and be informed on their significant relationship.

4.6.2 Relationship between the Overall Level of Nurses' Satisfaction in Providing Services to Patients and Overall level of Patient Satisfaction for Services Rendered to them by Nurses

Two dimensions were measured by asking nurses if they were generally satisfied with their Job on one side and by asking patients if they were generally satisfied with nursing care they received from nurses on another side as shown in the Table 4.51.

Table 4.51: Relationship between the Level of Nurses' Satisfaction and Patient Care Satisfaction

Variables	Statements	Strongly Disagree (%)	Disagree (%)	Neutral (%)	Agree (%)
Overall level of nurses' job satisfaction	Generally, as Nurse I am satisfied with my Job	22.1	36.7	12	29.2
Overall level of Patients care satisfaction	Generally as a Patient, I am satisfied with the nursing care I received in this Hospital	0.3	48.1	3.9	47.8

Source: Field Survey Result (2016)

The evaluation on the overall level of nurses' job satisfaction showed that 58.8 % of respondents were generally dissatisfied with their jobs (22.1% of respondents were strongly disagreed and 36.7 % disagreed). In addition, 12 % of respondents did not give their opinions while only 29.2% were generally satisfied with their Job. On the other side, the evaluation of patient care satisfaction showed that 48.4 % of respondents were dissatisfied with the nursing care they had received (0.3 % of respondents were strongly disagreed and 48.1 % of patients disagreed). However, 3.9 % of patients did not give their views while 47.8 % generally agreed that they were satisfied with nursing care they received.

Table 4.52: Correlation between the Overall Level of Nurses' Job Satisfaction and the Overall level of Patients' Care Satisfaction

Variables		Overall Level of Patient care Satisfaction	Overall Level of Nurses Job Satisfaction
Overall Level of Patient care Satisfaction	R	1	.578**
	Sig.		.000
	N	360	308
Overall Level of Nurses Job Satisfaction	R	.578**	1
	Sig.	.000	
	N	308	308

** . Correlation is significant at the 0.01 level (2-tailed)

Source: Field Survey Result (2016)

The correlation between the overall level of patient care satisfaction and overall level of nurses' job satisfaction has shown a strong positive correlation as seen in the Table 4.52.

The correlation between the overall level of patient care satisfaction and the overall level of nurses' job satisfaction was performed at $r= 0.578$ and $p <0.01$. This result shows a strong positive correlation. This study has shown that the majority of nurses (58.8%) were not overall satisfied with their job while the majority of patients (48.3%) were also not satisfied with the services they received from nurses. Therefore, it can be concluded that the aspect of job satisfaction is very crucial in the nursing profession on one side and in delivering health services to patients on the other side. Failure to maintain nurses' job satisfaction; it negatively affects patients' satisfaction which in turn causes a bad reputation of the hospitals as seen above.

CHAPTER FIVE

DISCUSSION OF FINDINGS

5.1 Introduction

Job satisfaction is an important aspect of nurses' work. When nurses are satisfied with their work, their performance can be enhanced, and their communication with patients is more likely to be effective. As seen in theoretical review, job satisfaction could be viewed as being important not only from the individual's perspective, but also from the organizational viewpoint. Failure to satisfy nurses, it leads to patients' dissatisfaction and to bad reputation of the hospital. The previous chapter presented the data analysis of the study while the current chapter discusses in general, the findings from this study.

5.2 Discussion of Findings

The findings were discussed according to the objectives. Within each objective; variables were grouped and ranged according to the strength of the linear relationship between two or more continuous variables. Therefore, variables with relationship from 0.5 and -0.5 to one (1) were grouped as ones with strong relationship and these are our main interest. Variables with relationship from 0.3 and -0.3 to 0.5 were grouped as another group with weak relationship and they were also considered by this study. Finally, the remaining variables with relationship below of 0.3 and -0.3 were ignored.

5.2.1 Factors that Lead to Job Satisfaction of Nurses in Sampled Hospitals

The first objective of the study was to determine the factors that contribute to job satisfaction or job dissatisfaction of nurses in hospitals of Rwanda. Fourteen

variables considered as independent variables were correlated to job satisfaction or dissatisfaction among nurses considered as dependent variable. Finally, personal and demographic characteristics of nurses were also correlated to the mentioned dependent variable. First of all, findings from the analysis indicated that three (3) variables were strongly correlated to job dissatisfaction of nurses. These are physical working conditions in the workplace ($r=0.548$, $p<0.01$); relation with co-workers ($r=0.515$, $p<0.01$) and recognition and rewards of nurses ($r=0.510$, $p<0.01$).

Secondly, seven (7) variables were moderately and weakly correlated to job dissatisfaction. These are salary of nurses ($r=0.477$, $p<0.01$); promotions opportunities ($r=0.454$, $p<0.01$); organizational policy and administration ($r=0.407$, $p<0.01$); allowances for nurses ($r=0.385$, $p<0.01$); supervision of nurses from hierarchy ($r=0.346$, $p<0.01$); psychosocial working conditions for nurses ($r=0.395$, $p<0.01$) and nurses welfare at workplace ($r=0.303$, $p<0.01$). On the other hand, the results indicated that communication between nurses and superiors ($r=0.282$, $p<0.01$), professional development of nurses ($r=0.168$, $p<0.01$), public perception ($r=0.252$, $p<0.01$), job characteristics ($r=0.272$, $p<0.01$) show a very weak effect on job satisfaction because of their degree of correlation and were not considered as factors that can cause job dissatisfaction of nurses.

Personal and demographic characteristics of nurses showed that three (3) variables out of seven (7) were moderately and weakly correlated to job dissatisfaction. These are education level ($r=-0.320$, $p<0.01$); job level ($r=-0.466$, $p<0.01$) and working hours ($r=-0.355$, $p<0.01$). Two (2) variables were very weakly correlated and were not considered because their degrees of correlation were under 0.3. These are age

group of nurses ($r=0.294$, $p<0.01$) and sex of nurses ($r=0.299$, $p<0.01$). Finally two (2) variables of personal characteristics of nurses were not correlated to job satisfaction of nurses.

One (1) question entitled "*tasks related to the area of studies*" was not computed with job satisfaction of nurses because it was constant from the first respondent to the last.

5.2.1.1 Group one: Variables with Strong Association

Three (3) variables were strongly correlated to job dissatisfaction of nurses as follow:

Physical Working Conditions in the Workplace for Nurses and Nurses' Job Satisfaction: The total score of variable of physical working conditions for nurses was strongly correlated to the total score of nurses' job dissatisfaction at $r= 0.548$ and $p<0.01$. This means that the findings have shown that there was a higher significant relationship between physical working conditions for nurses and nurses' job dissatisfaction in five (5) sampled hospitals. Working in a safe and healthy environment is a basic request and aspiration of all health professionals as demonstrated by Thompson and Yarnold (1995). The healthcare workplace is an important aspect considered by health workers because it can negatively or positively affect the health services delivery (Kris Siddharthan, *et al.*, 2006).

Generally, nurses like so many other employees prefer to work in appropriate conditions. Important and different resources required for achieving the assigned tasks such as sufficient and adequate staff, required material, consumables, linen,

ward furniture, stationeries, tools, equipment, infrastructures have to be considered by hospital managers in order to facilitate their staff to work in safe and healthy working conditions. Other facilities like provision of safe drinking water, basic sanitation facilities such as toilets and bathrooms, communication means, place for dining, place for dress changing room have also to be availed by employers. Each aspect which guarantees security and safety of staff on their work should not be neglected by employers because human being always needs to be secured.

In hospitals where medical equipment is often largely in use and do not function adequately; where replacement, repairing and maintenance of them are neglected and where most of hospital managers do not give working conditions as one of the first priority unless when this equipment is extremely bad, it results to poor working condition. Poor working conditions are negatively associated with job satisfaction and performance of the staff which results to poor productivity of the institution as demonstrated by Heskett's Service-Profit Chain (Heskett et al., 1997).

The study entitled; "*workplace environment and its impact on organizational performance in public sector organizations conducted by Chandrasekhar (2011)*" stipulated that comfort factors such as lighting, temperature, presence of privacy, office space, furniture and ventilation can have a direct impact on health workers. Findings show that a high temperature can cause stress on the work which results to poor performance of health professionals. It is also reported that the presence or absence of brightness in the office affects positively or negatively the concentration of workers, and task performance. Therefore, the adjustment of the type and quality of light can significantly improve the quality of work, employees' performance and

result to job satisfaction and productivity of the organization. The lack of important basic facilities such as water, electricity, toilets, examination tables affect negatively the performance of workers which leads to low satisfaction of workers (Hamilton, 2007).

Good working conditions are very important to the health facilities such as health centres and hospitals. The study done by Kreisler and associates (1997) found that if, nurses have a negative perception on their working conditions, they are likely to be absent on their daily work, to be dissatisfied, to have illness related to stress, and their productivity and commitment tend to be low. On the other hand, a good and friendly climate at hospital work with a safe environment leads to health workers' satisfaction with a great productivity of the health facility because employees are committed and trust each other.

Based on the findings of the present study, hospital managers should continue to improve physical working conditions because when they are good, nurses find it easier to carry out their jobs. In the absence of good working conditions, nurses find it difficult to get effectively and efficiently their work done. Instead, they lose their satisfaction and they cannot perform their job in such situation as stipulated by Luthans (1998).

Relation with Co-workers and other Departments: The relation with co-workers is strongly correlated to job dissatisfaction of nurses ($r=0.515$, $p<0.01$). This finding reflects the importance of social relations in the workplace on nurses' job satisfaction. In sampled hospitals, nurses emphasized the limited social events,

problems not addressed while claimed to their supervisors and unshared weaknesses and strengths between nurses and superiors. Failure to effectively address issues and complaints raised by nurses; it results to job dissatisfaction and eventually may lead to high nurses turnover, high patients turnover and finally to lose hospital revenues.

On the pyramid of Maslow's hierarchy of needs (1970), the issue of relationship with others is classified on the third category of psychological and social needs. Maslow referred to the need for belonging and love that employees require to be fulfilled for their motivation. This principle considers the importance of interpersonal relationships and socialization in overall job satisfaction. On the other side, Vroom (1964) showed that isolated individuals are in position of high turnover than those involved in a certain amount of interaction with their colleagues.

Lambert, *et al.* (2001) indicates that hospital managers must create opportunities of employees' integration in order to find group cohesion among employees and departments within their hospital. Therefore, it will increase job satisfaction and involvement on the work. It will also decrease nurses' turnover rate while increasing the productivity of the hospital. It is essential for hospital managers to facilitate efficient relations with co-workers as an important motivating factor. They also have to improve job satisfaction of old and experienced nurses in order to attract younger nurses to join the field of nursing profession.

Recognition and Rewards of Nurses: The majority of nurses rejected the idea of recognition and rewards of nurses at hospital work. This variable was strongly correlated to job dissatisfaction of nurses ($r=0.510$, $p<0.01$). Normally, organizations

utilise a combination of monetary and non-monetary benefits in order to recognise and reward individuals' contributions. However, as stipulated by many nurses, in the sampled hospitals, none of the reward was applied to nurses.

Recognition and rewards for a job well done or extra work performed by employees are often one of many techniques used to motivate employees. Person et al. (1993) and Koch (1990) consider recognition as one of the key factors affecting the level of job satisfaction. However, it is not the case in sampled hospitals because many nurses work extra time without any compensation. This can be one of the strongest causes of dissatisfaction and frustration among nurses.

Handy (1993) indicates that a high level of pay is not often sufficient to motivate employees. Instead, having employees who work in fair and equitable situations, where they can trust each other and interacted mutually and recognised by hierarchy; it leads to satisfaction. Hospital managers can use many techniques and many rewards to recognize and promote good work done among nurses such as giving positive feedback, increasing salaries, autonomy, create opportunities to participate in goal-setting of the hospital by involving nurses.

5.2.1.2 Group Two: Variables with Moderate and Weak Association

The second group includes seven (7) variables moderately and weakly correlated to job dissatisfaction of nurses:

Salary of Nurses: A moderate relationship between salary of nurses and job dissatisfaction was shown at a correlation of $r = 0.477$, $p < 0.01$.

The salary of nurses was demonstrated as the most powerful factor of job

dissatisfaction. The findings show that nurses pay a great deal of attention on their remuneration. They indicated that if nurses are paid according to the structure of the Ministry of health; if they receive on time their salaries and if they are advanced each year; then their job satisfaction will automatically increase. Failure to provide these advantages, it causes dissatisfaction among nurses.

This finding is consistent with previous studies which found salary and incentives to be an important positive source of job satisfaction or job dissatisfaction (Seo et al., 2004). According to Morrison (1993) low salaries promote dissatisfaction and will make workers feel frustrated on their daily work. Indeed, in normal conditions, salary should be in conformity and respond to physiological needs by Maslow's Hierarchy of Needs (1943). Provision of sufficient wages for the fulfillment of basic needs for life is one of the physiological needs. Their absence causes dissatisfaction because employee's needs are not met and negatively affect employees' motivation. Thus, it is very crucial for hospital managers to pay high attention to nurses' salaries and revise them regularly when it is possible. Generally, when companies put employees and customers first, their employees are satisfied, their customers are loyal, their profits increase, and their continued success is sustained (Heskett, *et al.*, 1997).

Promotions Opportunities: The mechanism of regular promotions at the end of the year for a good work done was demonstrated as a factor that leads to nurses' job dissatisfaction at a correlation of $r = 0.454$, $p < 0.01$. This finding shows that nurses pay much attention to the promotion opportunities. Majority of respondents revealed that hospitals do not advance and promote them at the end of the year. The sampled

hospitals have limited promotion opportunities and do not have clear promotion policies. The young nurses are considered as old nurses and are paid the same amount of salary without considering their work experiences. This situation creates demotivation and frustration among nurses.

According to the theories of Herzberg, *et al.* (1959), opportunities for growth and advancement are strong motivators that lead to employees' job satisfaction, their absence cause dissatisfaction. The findings of this study are parallel to the one of Ellickson and Logsdon (2001). They found out that promotion opportunities are positively related to job satisfaction. Travers and Cooper (1993) stated that limiting promotion and unclear promotion policies, negatively affect employees. Companies such as hospitals that do not provide good promotion opportunities create a negative aspect that influences employees to leave their jobs. Vroom (1982) stipulated that promotional opportunity is a goal desired by most employees. Nurses are satisfied when their hospitals place the right person in the right position, consider their work experiences and promote them accordingly. Therefore, it is important for the hospital managers to prepare efficient and clear promotion policies and implement them.

Organizational Policy and Administration: Organizational Policy and administration is moderately correlated to job satisfaction of nurses ($r=0.407$, $p<0.01$). The statements included in the organizational policies are awareness of the mission, vision and objectives of the hospitals, job description of nurses, clear strategic and action plan, rules and regulations, defined and communicated disciplinary procedures and information on new policies. These elements have a significant positive correlation to job satisfaction. According to Locke (1976), clear

policies, clear mission, and procedures play an important role in understanding organizational goals.

However, ambiguity in policies of the organization leads to sources of dissatisfaction and frustration among employees. Organizational and administrative policies intend to be fixed in the same way all of the time and need to be updated. To adapt to rapidly changing situations of the institutions, policies must be flexible (Betts, 1983). In sampled hospitals, majority of nurses mentioned the absence of strategic and action plan. Other nurses did not know rules and regulations regulating them while majority of them were not informed on new and revised policies.

The involvement of nurses in policy formulation of the hospitals promotes motivation and satisfaction among nurses. When authority decisions are concentrated on the hands of few people, other employees feel that they are relatively powerless and consequently lose their motivation, get dissatisfied and frustrated. On contrary, when nurses are allowed to give their inputs in hospital policies, they feel free to participate in decision-making and feel as part of the hospital and therefore, they fight for achieving the goals set by their hospitals (Greenberg & Baron, 1993).

Allowance for Nurses: Allowance for nurses was weakly correlated to nurses' job dissatisfaction at $r=0.385$, $p<0.01$. The majority of respondents admitted that transport and accommodation facilities were not included in their salaries. They added that accommodations were not made available near the hospitals and the transport was not organized for them. These findings are related to qualitative study

of health professionals in Samoa which revealed that several doctors and nurses who received regular pay, pensions and housing allowances appeared to be relatively satisfied with their jobs, comparing to their colleagues who did not receive the mentioned incentives (WHO, 2004). Hospitals managers have to define and implement a range of financial and non-financial incentives that are needed to encourage nurses on their workplace.

Supervision from the Hierarchy: Supervision from the hierarchy was correlated to job dissatisfaction of nurses at $r=0.346$, $p<0.01$. Findings showed that in sampled hospitals most important decisions are taken unilateral by supervisors without consulting nurses. It was noticed that nurses in sampled hospitals want to be involved by their supervisors in work related-decisions. This involvement could increase their job status and could allow them to be more interactive with others. Al-Fadley (1996) found that a lack of participation in decision-making and poor communications between managers and subordinates, negatively affect employees' motivation and satisfaction.

Issues related to job feedback are also an important element in sampled hospitals. Supervisors ignore to adequately inform their nurses as subordinates about their performance and expectations. They also ignore to discuss together with nurses work-related issues and personal problems. Yet, this could improve nurses' job performance and therefore, increase satisfaction levels as stipulated by Reiner and Zhao (1999) who indicated that feedback is one of the important sources that lead to job satisfaction.

In fact, if hospital managers take this important issue and give opportunity to share their opinions with their nurses, their productivity can be increased.

Psycho Social Working Conditions for Nurses and Nurses' Job Satisfaction: The findings indicated a significant relationship between psycho social working conditions for nurses and the overall level of nurses' job satisfaction ($r= 0.395$ and $p<0.01$). Nurses are satisfied and perform better on their work when they know what their employers expect from them and what they expect from their leaders. Nurses will be more productive because they know the benefits that they will get from their employers. If nurses are not aware of what their leaders expect from them, they will be unsure, less productive and dissatisfied.

Nurses should be given a freedom, responsibility and autonomy to decide on their own tasks and work in a framework allowing them to deliver a desired quality of care. Even if, the majority of nurses were given that responsibility and freedom, this study has shown that more than 30% of nurses were not responsible and free to take decisions on their own tasks. According to Morrison (1993), work itself is an aspect that encourages creativity and self-expression among employees which could be a source of satisfaction of workers.

When managers consider subordinates' knowledge and skills, they promote feelings of pride among them and in turn, it facilitates them to work as independent people. Workers feel encouraged, motivated and therefore their productivity will be increased (Muller, 1996). In hospitals, managers should encourage nurses to accept responsibility by making sure that they are aware of their capabilities and their

characteristics (Marriner-Tomey, 1996).

Therefore, the mentioned findings of the aspects of freedom, responsibility and autonomy of nurses are imperative aspects that managers have to consider in order to create a good climate in their hospitals. Nurses should be given opportunities to advance on their field of work so that they could accept responsibilities entrusted to them. Nurses' managers should make sure that nurses are given adequate feedback on performed tasks as well as point out areas that need attention and provide assistance when needed. Thus, nurses may feel that they are seen as active members of the hospital and not passive participants (Newman et al., 2001).

Nurses Welfare at Work Places and Nurses' Job Dissatisfaction: A weak relationship was observed between nurses' welfare at work places and overall level of nurses' job dissatisfaction ($r= 0.303$ and $p<0.01$). The majority of respondents agreed that they did not meet any injuries on their daily work and indicated that they had received enough information against hazardous materials. However, majority of them (71.8 %) confirmed that their job is very stressful.

The same result was shown by Tom et al. and Amanda (2010). They stipulated that nursing is taken as a stressful work. There is a need to understand the nature of this issue for better managing it. Both, anxiety on tangible hazards of nursing and exposure to the psycho-social hazards can lead to stress. In turn, stress can negatively influence job satisfaction, psychological well-being and physical health. Tan (1991) also stipulated that exposure to physical, psychological, biological, chemical, and environmental occupational hazards could have both short-term and

long-term effects on the health and safety of the health care giver and, ultimately, on the safety and quality of patient care. A high percentage of the victims of nonfatal violence are health professionals in hospitals and in nursing homes.

The study of Stacciarini et al. (2003) entitled *occupational stress and constructive thinking: Health and job satisfaction* emphasized on the relationship between job satisfaction and work related stress. They showed that an increase in job satisfaction among health workers may lead to a decrease in occupational stress. The present study has shown that a big number of nurses work with stress. To relieve it, managers of nurses in hospitals should deeply think about this issue and investigate the causes to find out the possible solutions. The perceived stressful work in nursing increases the desire to leave health facilities and subsequently bring the need to hire new nurses while loses the experienced ones.

Thomas and Valli (2008) explained that in normal conditions, stress is an important part of life, and it is a necessary challenge that every person is facing. However, problems arise when stress response is inappropriate to the size of the challenge that person is facing. If stress among nurses is not well managed, it results in high levels of dissatisfaction, illness, absenteeism, high turnover, decreased productivity, and finally in low quality services delivered to patients.

The third group of factors that lead to job dissatisfaction among nurses includes four (4) variables which are under 0.3 degree of correlation. These variables were ignored as factors that can lead to nurses' job dissatisfaction. These variables are provided

below.

5.2.1.13 Group Three: Variables with a very Weak Association

This group includes four (4) variables with very weak effects on job satisfaction because of their degrees of correlation. They were not considered by this study as factors that cause job dissatisfaction are here below identified.

Communication Related to Nurses: The results of the study show that communication was very weakly correlated to job dissatisfaction of nurses ($r=0.282$, $p<0.01$). This result indicates that careless listening from the hierarchy can be a great source of frustration among nurses.

It is known that communication within the job environment plays a positive role in increasing employees' motivation, job satisfaction and their performance on the work. According to Johlke and Duhan (2000), effective communication is not only linked to job performance, it can also influence the level of job satisfaction which, in turn, can reduce turnover among employees and lead to the productivity of the company. Therefore, hospital managers should define and provide good channels of communication, and well laid out administrative procedures, to deal with nurses' complaints and grievances in an effective and careful way.

Regular meetings, good listening from leaders and resolving timely the conflict between nurses and superiors are strategies to be used by hospital managers to improve communication process in hospitals. Failure to address complaints and problems of nurses results to job dissatisfaction with a negative impact on patients which leads to a bad reputation of the hospital.

Public Perceptions: Public perceptions are weakly correlated to job satisfaction among nurses ($r=0.252$, $p<0.01$). The findings show that the majority of nurses believe that public complaints are taken into consideration, nurses were considered favourably by the clients, and this good view represents the effective services provided. The majority of nurses also revealed that in sampled hospitals, clear channels and strategies such as suggestion boxes, complaints' office were put in place in order to improve public services.

This finding is consistent with the findings of Villars and Coehlo (2000). These scholars clearly showed that satisfied customers may result in satisfied employees and show that perceived public perception is one of the key predictors of job satisfaction among employees. This is particularly found in public service-providing organisations especially in hospitals where nurses have direct contact with patients. When nurses are satisfied with their jobs and work environment, they are proud of their work and are motivated to provide a high quality service to their patients as members of the public and thereafter the hospital profits increase. Creating an effective complaint system that allows a client to claim against any member of the hospital would be a good way to identify negative public views about nurses' work. Targeting such weaknesses and problems would increase patient satisfaction toward this policy and enhance the public-hospital partnership.

Job Characteristics: The findings have shown that nurses place a little importance on working independently for more freedom instead of waiting for orders from their supervisors ($r= 0.272$, $p<0.01$). The findings were consistent with the nature of the nurses' work. Herzberg (1966) emphasized on increased levels of employees'

satisfaction by increasing individuals' responsibilities, authority and freedom, as well as reducing the amount of supervision to which employees are subjected, and introducing more challenging and exciting tasks.

The Majority of nurses confirmed that their work requires initiative and creativity and does not a routine work. The nature of nursing work requires strict rules and procedures (Luthans (2005). However, managers of hospitals should provide opportunities for creativity and task variety which allow nurses to increase their knowledge, responsibility and allow them a freedom to generate innovative solutions. Findings also show that majority of nurses revealed to be few in their departments to fulfil their assigned tasks; they need to work in a team considering the volume of activities they handle. Nurses have to be as one member of a great team in order to fulfill their mission. Al-Enezi (2000) asserted that relationship with colleagues is the main source of job satisfaction.

Ellickson and Logsdon (2001) showed that positive relationship with co-workers results in an increase of job satisfaction. Therefore, hospital managers should organize and stimulate a climate where effective interaction between nurses is enhanced so as for them to easily achieve hospital goals. This, in turn, it will increase job satisfaction, job involvement and decrease staff turnover rate which results to hospital productivity (Lambert et al., 2001). Majority of nurses confirmed to work extra time without any compensation and many of them were called to work while they were not expected to be at work. This means that their work interferes with personal plans and it affects their social life in general. The conflict between work and family plans results to job stress and dissatisfaction among employees

(Allen et al., 2000). Therefore, hospital managers should reduce job stress and job dissatisfaction among nurses by availing job standards, definition of the scope of practice, and job descriptions. Such strategies will help to decrease nurses' workloads, interference between work and personal plans, and so that, nurses will feel free at work place and productive not only for their hospitals but also for their families (Herzberg, *et al.*, 1959).

Professional Development for Nurses: Professional development for nurses is very weakly correlated to job dissatisfaction of nurses ($r=0.168$, $p<0.01$). Professional development for nurses targets to increase professional capabilities for nurses by providing them continuous professional development opportunities. This study has confirmed that majority of nurses were not aware of their professional development plan in their respective hospitals. It was shown that majority of nurses sometimes attend trainings, seminars and workshops but do not have opportunities to express their needs.

The theories of Herzberg and Maslow consider professional development as important need that acts as a real motivator and also leads to high level of satisfaction. The same authors also mentioned that everyone in the institution has the skills and knowledge to do effectively his/her work, through the continuous professional plan. Thus, the success of professional development of nurses will depend on a number of factors such as freedom of expression of needs from nurses, availability and implementation of development plan for nurses, regular trainings, seminars, workshop, in service education and regular job rotation at the work place. Hospital managers who give many opportunities to their nurses to express their

needs and who plan accordingly, they improve nurses' performance and satisfaction and increase the productivity of their hospitals (Vilares and Coehlo, 2000).

Personal and Demographic Characteristics of Job Satisfaction of Nurses: The findings of personal and demographic characteristics of the nurses have shown that five (5) out of seven (7) of the personal characteristics of the nurses were statistically correlated to job dissatisfaction of nurses. These were age group, sex, educational level, job level and working hours per week. On the other hand, marital status and years of experience were not statistically significant correlated to job dissatisfaction of nurses.

Age Group: Age group variable was weakly correlated to overall level of job dissatisfaction of nurses ($r = 0.294$ $p < 0.01$). The results indicated that job satisfaction increases with an increase in age, young nurses were dissatisfied than old nurses. Similar findings were found by Hasselhorn et al. (2005) in the *European nurses' early exit study*. In this study, they revealed that dissatisfaction with the profession; working conditions and prospects are typical aspects of nurses at the age of 30 to 40 years. In addition, the results showed that nurses under age group between 45 and 55 years often reflect more positive perception of their work. Lopez et al. (2001) in the study entitled *work satisfaction of the professionals of a County Hospital of Murcia* showed that job satisfaction increases with age.

The Al-Aameri (2000) also supported that age has a positive impact on job satisfaction level of nurses where the author revealed that age was significantly related to job satisfaction of nurses as explained by 23% of the variance in job

satisfaction ($p < 0.01$). The result showed that the older nurses were more satisfied than younger nurses. Therefore, hospital managers in hospitals have to think deeply on how to motivate and satisfy young nurses in order to be retained on their work with a high performance.

Sex: Sex variable was also weakly correlated to overall job dissatisfaction of nurses ($r = 0.299$; $p < 0.01$). More specifically, male nurses in the sampled hospitals were much more dissatisfied than female nurses. This finding is parallel to those of Bender et al. (2005). They found out that female employees have significantly higher levels of job satisfaction compared to male employees. Thus, nurses' managers in hospitals will have to discuss and meet regularly with male nurses in order to investigate the reasons of their dissatisfaction and address them.

Educational level: Educational level was also found as a weak correlated personal variable to the overall level of nurses' job dissatisfaction ($r = -0.320$; $p < 0.01$). It was shown in this study that nurses with a higher level of education were more dissatisfied with their job than those with lower level of education. The similar findings were shown by Glenn and Weaver (1982) who revealed that more education leads to greater job dissatisfaction. Callaghan (2003) in his study entitled *nursing morale: what is it like and why?* He found that nurses with postgraduate degrees declared to be less satisfied than others who hold a Bachelor degree and advanced level ($p < 0.01$). For the author, post-graduate degree holders seem to be less satisfied and this has a negative impact on their work and especially on their expectations because of non-utilization of their capacity and knowledge among their colleagues.

Job Level: The correlation between job level and overall job dissatisfaction of nurses shows statistically a significant weak correlation ($r = -0.466$; $p < 0.01$). This study concludes that heads nurses were more satisfied with their job than nurses of department without leadership positions. This result is supported by Aziz and Al-Doski (2010). They revealed that nurses with much experience are those who often hold a higher position with a high salary. The position of leadership creates into them a professional confidence, feeling of higher accomplishments, and they have many opportunities to attend various trainings, conferences and workshops. On the top of everything, they have less workload because they establish themselves timetables of nurses and they have opportunity to choose their work shifts. Therefore, it could be recommended to hospitals managers to promote young nurses on higher leadership positions based on their performance so that they can be motivated and enjoy their job.

Working Hours per Week: Working hours were found as a correlated personal variable to the overall level of nurses' job satisfaction at a degree of $r = 0.355$, $p < 0.01$. It was shown that nurses who work more than 45 hours were dissatisfied than their colleagues who work 45 hours or less. The correlation between working hours per week and the overall level of job satisfaction of nurses shows negatively a significant correlation.

Nurses in some departments follow standard schedules of nine hours a day (7:00 am to 17:00 pm) during five days a week. In many other departments, nurses follow non-standard schedules (shift work) which include evenings, nights and weekends. Most of these nurses work on a shift basis because the nature of nursing duties. It

requires the availability of nurses during 24 hours per day in the week and therefore, it is necessary to use two shifts to cover the whole day.

This finding is related to the findings of Davey et al. (2001). They stated that nurses who work on a shift basis reported lower levels of job satisfaction compared to nurses who worked in some departments on standard work schedule. Daus et al. (1998) found that night shift work causes sleep disturbance, mental and physical health problems and therefore leads to poor quality of services. This situation, in turn leads to physical problems such as stomach upsets and anxiety (Spector, 2006). The same conclusion was drawn by Bohle and Tilley (1998) who carried out a *study among hospital nurses concerning their feelings about shift work*. In their study, they found that nurses who reported high levels of dissatisfaction are those who had much shift work per week.

Hospitals managers should think about how to reduce work shifts in some department where nurses' work non- standards schedules in order to reduce stress of nurses and therefore to increase the quality of care delivered to patients. They should also think about how to make regular job rotation of nurses in various departments as suggested by nurses in their focus group discussions.

Personal and Demographics Characteristics of Nurses that do not influence Job Satisfaction. This research did not find statistically a significant correlation between job satisfaction and marital status and years of work experience. Marital status was not a significant variable correlated to job satisfaction among nurses. A number of researchers came up with similar findings. First of all, Koustelios carried out a study

(2001) entitled the *role ambiguity and role conflict and satisfaction among physical education teachers in Greece*”, and reported that marital status had no effect on job satisfaction (Koustelios, 2004). Secondly, Al-Fadley (1996) found that employees’ marital status had no significant effect on the overall level of job satisfaction. Lastly, contralateral, Dawal, *et al.*, (2008) found that married employees have greater job satisfaction than single employees and they stipulated that married employees are more likely to be sociably stable than divorced or widowed employees.

The present study also revealed that job satisfaction among nurses is not influenced by years of work experience. A similar finding was found by Despena *et al.*, (2017) and Ahlam (2015) in their research whose title was *job satisfaction of nurses in various clinical practices*. Their study revealed that there is no statistically significant relationship between satisfaction and years in service ($p < 0.728$).

5.2.2 The Level of Patients’ Satisfaction on the Services they Receive from Nurses While at Hospitals

The second objective was to investigate on the overall level of patients’ satisfaction on services they receive from nurses while at Hospitals. To test this objective, four (4) variables considered as independent variables were correlated to overall level of patient satisfaction considered as dependent variable. Findings indicated that all four (4) variables were strongly correlated to overall level of patient satisfaction. These are regular rounds and availability of nurses each time needed by patients in various departments performed at $r = 0.577$, $p < 0.01$; availability of health services delivered to patients performed at $r = 0.680$, $p < 0.01$; patients waiting time for health services performed at $r = 0.738$, $p < 0.01$ and patients loyalty and willingness to recommend

the same hospital to another patient at $r = 0.608$ and $p < 0.01$. Personal and demographic characteristics of patients were also correlated to patient care satisfaction. Two (2) variables out of eight (8) were weakly correlated to patient satisfaction. These are age group of patients ($r = 0.340$, $p < 0.01$) and education level ($r = -0.291$, $p < 0.01$).

Regular Rounds and Availability of Nurses each Time Needed by Out and Admitted Patients and Overall Level of Patient Satisfaction: Regular rounds and availability of nurses each time needed by patients in various departments were strongly correlated to patient dissatisfaction at $r = 0.577$ and $p < 0.01$. Regular rounds among patients are used by nurses to check regular patients' status, interact with patients, address their concerns as well as to modify the unsatisfying situations. In the other words, regular availability of nurse near patient' bed provides an opportunity to identify and fulfil patients' needs through active nursing-client partnership. Therefore, nursing stations should be located not far from patients in order to facilitate interaction between patient and nurse and to discover timely any raised issue by patients (Meade et al., 2006).

Studer (2007) found hospitals that instituted regular rounding and closer nursing stations increases patient satisfaction. A regular rounding of nurse is a key component of hospital services as revealed by Desjardins (2008). He mentioned that regular nurses' availability and their rounds contribute to prevent both accidental and anticipated falls, and reduce patient' issues related to pain management, toileting, changing position, patient' comfort which finally result to improved patient care satisfaction score.

This study showed that patients were dissatisfied because of irregularity of nurses among patients. Therefore, hospital managers will have to put in place nursing stations located in front of patients in order to create immediate patient- nurse interactions and subsequently to promote the quality of health care delivered to patients.

Availability of Health Services Delivered to Patients and Patient Satisfaction:

The variable of availability of health services delivered to patients was strongly correlated to patient satisfaction at $r= 0.680$ and $p<0.01$. Availability of health services such as drugs and other consumable in hospitals is an essential factor for patient satisfaction. Patavegar et al. (2012) conducted a *cross- sectional study on patient's satisfaction towards services received at tertiary care hospital on outpatient department (OPD) basis* and showed a statistical significant association between total patients' satisfaction and availability of drugs in the health facility (Patavegar, *et al.*, 2012).

Shadrack Ochieng Opon (2016) in his study entitled *provision of essential health package in public hospitals as a case of Homabay County hospitals in Kenya* revealed that the availability of drugs influences patients' satisfaction. He also showed that a positive change in availability of drugs by one unit would result in an increase of patients' satisfaction. Contrary, non-availability of drugs, laboratory reagents and other health consumables compromise timely provision of quality services and lead to low satisfaction of nurses in general and specifically, to low satisfaction of patients.

The close relationship between patients' satisfaction and pharmacy service was also shown in the study conducted by Yakugaku (2001) with title *investigation of patients' demand for community: relationship between pharmacy services and patient satisfaction conducted*. This study clarified that the availability of special services, drugs, laboratory reagents result automatically in patients' satisfaction while the lack of them causes patient dissatisfaction.

The findings of the present study showed that the majority of respondents were satisfied to receive all drugs and all medical laboratory tests as prescribed by medical doctors. This factor can be justified by the policy of community based health insurance (CBHI) scheme which encourages health facilities to avail all essential drugs and consumables for their clients (MOH, 2012). As it was shown, almost of 68.9 % of patients held CBHI insurance and 18.3 % of patients held insurance of public servants. Therefore, patients pay much attention on the availability of drugs and it was found as one of the important factor determining patient satisfaction. Hospital leaders should continue to take action to improve the system of availability of drugs and other consumables in order to get more satisfied patients.

Patients Waiting Time for Health Services and Patient Satisfaction: The variable of patients waiting time for health services was strongly correlated to patient dissatisfaction at $r= 0.738$ and $p<0.01$. In the other words, patients were dissatisfied with long waiting time for their health services. These findings were similar to those of Dahab, *et al.*, (2008) who found out that a long waiting time for health services contributed to patients' dissatisfaction in clinic services. For this reason, patients were more likely to stop coming to the clinic to get their medications in their

departments such as in HIV Programme where they normally came for monthly appointments. Dissatisfied and reluctant patients who stop to pick up their medications might default on treatment which has a negative health outcome on them.

In Nigeria, waiting time in outpatient departments was found to be long and had negatively led to patients' dissatisfaction with medical services provided in these clinics. In addition, the lack of a specific appointment time was shown as a reason for this observation (Bamgboye and Jarallah 1994). Thompson and his follow stipulated that patients were least satisfied when waiting times were longer than expected, relatively satisfied when waiting times were perceived as equal to expectations, and highly satisfied when waiting times were shorter than expected (Thompson and Yarnold, 1995).

For many patients, waiting time for health services is viewed as a negative experience particularly if it is perceived to be high (Miles & Naumann, 2004). Rondeau (1998) suggested that when waiting time for health services is too long, patients' satisfaction may not only decrease but it may experience stress, lose time for other productive activities and therefore the morale of the hospital staff may be adversely affected. Fernandes, *et al.* (1994) in the study *emergency department, patients who left without seeing a health professional* showed a long waiting time as an important indicator of leaving health services without informing health workers. The amount of time a patient waited for being consulted by a medical doctor was one factor which affected utilization of health services. In the same study, patients perceived long waiting times as a barrier to receive quick health services needed.

This can result in stress, illness complications and leave the hospitals for another one which should provide health services on time.

Hospital managers should work on waiting time reduction and make sure that patients receive the right care at the right time. This will have a significant beneficial effect on the quality of care delivered to patients. Improving patients' satisfaction towards health services by reducing their waiting time and showing them sympathy will create a positive image of the hospital. In turn, this will attract clients to seek healthcare in a good climate and finally, leads to positive outcomes of the clients and the hospitals. The aspect of waiting time is tangible for patients to judge nurses, their knowledge and skills and finally to judge the hospital. A bad reputation of the hospital is correlated to long waiting time while a good reputation is positively correlated to a short waiting time (Fernandes, *et al.*, 2010).

Patients Loyalty and Willingness to Recommend the same Hospital to Another Patient and Patients' Satisfaction: The variable of patients' loyalty and willingness to recommend the same hospital to another patient was strongly correlated to patient dissatisfaction at $r= 0.608$ and $p<0.01$. The findings of this study were parallel to those found by Kotler and Keller (2009). He noticed that customer satisfaction is one of factors determining customer loyalty. Loyal customers are indeed valuable for the hospitals and generally other competitors feel difficult to divert them. These customers are considered as company marketers and contribute greatly to the company since they recommend new customers to purchase the same services at the same hospital.

Reichheld and Earl (1999) mentioned that when five percent (5%) increase in customer loyalty or retention can result in an increase of the organization's profitability from 25 % to 85 %; the same authors also expressed that loyal customer will also serve as reference for future customers since they recommend new customers to the organizations. McDougall and Levesque (2000) in the study entitled *customer satisfaction with services: putting perceived value into the equation* demonstrated that patient satisfaction is strongly related to the patient loyalty at $R^2 = 0.833$ for the four (4) units of health service. This similar trend was also found by Fornell et al., (1996). They created a model based on the American Customer Satisfaction Index (ACSI) and found that customers' satisfaction is positively related to customer loyalty. Additionally, the model of the European Customer Satisfaction Index (ECSI) developed by Gronhold et al., (2000) highlights this relationship. In fact, they conducted a pilot test in 12 countries and they found that customer satisfaction has a strong positive effect on the establishment of loyalty at $R^2 = 0.691$ on average.

Hospital managers are advised to attract, promote, and build relationships with their clients. The basis for sustained profitability and growth of the institution is customer satisfaction. Patients' satisfaction based on the appropriate nursing services increases a good experience of the patients, feelings of happiness and increase patients' loyalty and willingness to recommend the hospital to others (Vilares and Coehlo 2000).

Personal Characteristics of Patients and Patients Satisfaction: Eight (8) variables of personal and demographic characteristics of the patients were correlated to patient

care satisfaction. Two (2) among them were weakly correlated to patient satisfaction. These are age ($r= 0.340$, $p <0.01$) and education level ($r= -0.291$, $p <0.01$). In this study, it was revealed that the majority of young patients were moderately dissatisfied compared with old patients. The educational aspect showed that majority of patients with higher levels of education (secondary school and university degrees) was weakly dissatisfied compared to the illiterate patients and to patients with primary school education.

Similar findings were shown by Bleich, *et al.*, (2009) who stipulated that older people always tend to have lower expectations and thus, likely to be more satisfied with provided health care than do younger people. Older people expect lesser information from doctor and nurses and more likely to comply with medicines or prescription advices than younger people. The same author also emphasized that educational aspect was identified as having a significant impact on satisfaction. He further showed that a higher level of education is associated with a lower level of patient satisfaction. In fact, educated patients are more likely to have good understanding of diseases and expect better communication from health care providers than patients without higher levels of education.

5.2.3 The Level of Satisfaction of Nurses in Providing Services to Patients

The third objective of the study was to investigate the level of satisfaction of nurses in providing services to patients. To test this objective, five (5) variables considered as independent variables were correlated to job satisfaction among nurses considered as dependent variable. Findings have shown that four (4) variables among them were

strongly correlated to job dissatisfaction of nurses. These are recommendation to new nurses to apply for the job in sampled hospitals ($r= 0.657$, $p <0.01$); loyalty and commitment of nurses to their hospitals ($r= 0.546$, $p <0.01$); the pride of working as nurses in their current hospitals ($r= 0.664$, $p <0.01$); feeling of nurses when they leave their daily work (0.647 , $p <0.01$); and one (1) variable was moderately associated to job dissatisfaction; it is an intention to leave the hospital work during past six (6) months ($r= 0.463$ and $p <0.01$).

5.2.3.1 Group one: Variables with Strong Association

Four (4) variables were strongly correlated to job dissatisfaction of nurses and these variables are here below described.

Recommendation to New Nurses to Apply for the Job in Sampled Hospitals and Nurses' Job Satisfaction: The theories of Heskett et al., (2008) which guided this study have shown that when internal customers are happy they will try to make external customers happy and attract them to their companies. Awases and Chatora, R. (2003) in the *report of migration of health professionals in six countries showed that in Malawi*, 30% of nurses said that they would not recommend other people to apply for their job. Nurses representing 48 % agreed that they would recommend other people the same job but with some reservations. Only 20% of nurses confidently said that they would recommend their careers to other people. Similar findings were found in Lesotho where 44% of nurses said that they would not recommend their job to family members and friends; 36 % of nurses agreed with some doubts while only 20 % of nurses agreed without any reservation.

Based on the result of this study, majority of nurses (49.3%) would not recommend their friends or new nurses to apply for the same job in their current hospitals. Therefore, hospital managers should pay attention on this aspect because when nurses are dissatisfied, their relationship between internal employees and external customers is negatively affected and this affects the quality of care and ultimately has adverse effect on hospital profitability. They have to think about high quality support policies of nurses' satisfaction in order to attract new nurses (Heskett et al. 1997).

Nurses loyalty and commitment of Nurses and Nurses' Job Satisfaction: Heskett *et al.* (1997) showed that satisfied employees are loyal and productive to their organizations. These employees are highly productive, remain in their companies and lead to good reputation of the company. Employees' loyalty increases as the individuals become more satisfied with their jobs and then are allowed to take care of their customers. In this study, customers are patients who came to seek health services in sampled hospitals.

The study entitled *work satisfaction, stress, and quality of care and morale of older people in a nursing home conducted by Redfern, S. et al., (2002)* reported a strong relationship between job satisfaction and organizational commitment ($r = 0.60$, $P < .001$). The similar trend was found by Al-Aameri (2000) in the study *entitled job satisfaction and organizational commitment for nurses* who found a strong positive correlation between job satisfaction and organizational commitment with a sample of registered nurses in Saudi Arabia ($r = 0.59$, $P < 0.01$). Likewise, Mueller and Price (1990) indicated job satisfaction as the strongest predictor of organisational

commitment and organizational support as second strongest predictor. The findings indicated that there was a strong correlation ($r=0.90$, $p<0.05$) between job satisfaction and organizational commitment.

Nurses' managers should make sure that they know the factors that contribute to nurses' job satisfaction in their hospitals. They should also be aware of the issues related to nurses' loyalty, hospital commitment, future of their hospitals and organizational support such as unfair work conditions, salary inequities and lack of employees support in order to find out prompted solutions. Therefore, nurses' managers have to regularly review the policies, procedures and standards regulating nurses in order to motivate them on their work.

The Pride of Working as Nurses in their Hospitals and Nurses' Job Satisfaction: The report of Brown (2015) entitled *pay gap between male and female registered nurses continues* showed that only 56% of registered nurses would choose nursing as a career again. This measure of career satisfaction was divided into two categories. The first one is higher with 60 % for advanced practice nurses and the second is lower with 48% for practical nurses and categorized licensed practical nurses and licensed vocational nurses. Less than 30 % in each of the main categories of advanced practice nurses, registered nurses, and advanced practical nurses would choose their current practice setting again. Only 19% of registered nurses and 35% of advanced practice nurses said they would pursue the same level of educational preparation (Auerbach, *et al.* 2014).

Managers of hospitals should think about this aspect; in normal conditions, each employee should be proud of his/her position within the organization. When nurses

regret to be called nurses, it means that they are not satisfied and therefore not committed to their work. As seen in theory of this study, employee commitment corresponds to employee allegiance and devotion to help the company to achieve its goals. Therefore, employee satisfaction not only affects employee commitment and employee loyalty, but also has a direct and indirect impact on customer satisfaction which finally leads to a positive productivity of the organizations as indicated by Donthu & Kennett, 2000.

Feeling of Satisfaction of Nurses when they leave their Daily Work: Majority of nurses expressed at the end of the day, they feel anger, pity and each case they receive is different from another. Nurses also expressed that after delivering healthcare to patients; some patients are satisfied and others are frustrated; they have diverse feelings. Nurses have anxiety, and some of them are nervous a lot. They sometimes feel like they are losing their mind and fear of nothing. These feelings and situations lead to nurses' dissatisfaction (Alcântara et al., 2005). In view of such feelings that nurses experience in daily work; hospitals managers have to discuss together with their nurses on how to promote health and improve the quality of life on the work environment. Consequently, to improve professional life will help hospital managers to attract new nurses and new customers.

5.2.3.2 Group two of Variables which have Moderate Association

One (1) variable moderately associated to job dissatisfaction is an intention to leave the hospital work during past six (6) months.

Intention to Leave Hospital Work during Past Six (6) Months and Nurses' Job Satisfaction: The model of this study, service profit chain, Peltier et al.,(2003,

2004, and 2007) demonstrated that the outcomes from higher employee engagement levels are productivity, job stress reduction, employees' satisfaction, staff retention and staff turnover reduction within the organization.

Agezegn, *et al.*, (2014) in the study *factors influencing job satisfaction and anticipated turnover among Nurses in Sidama Zone Public Health Facilities, in South Ethiopia* found that 84.3% of respondents had their colleagues who had left the hospitals. The low salary (46.7%) and the lack of opportunity for further education (22.3%) were pointed out as reasons of nurses' departure to new health facilities. Most of the leaves were nurses at different professions in non-governmental organizational or others (45 %). Among those who reported to leave the health facility; 61.8% of them applied for a job in the same profession but in other health institutions while 30.6% applied for a job in another profession.

The research conducted by Bowles and Candela (2005) on the *perceptions of first job experience of new nurses to the profession* was found that 30% of nurses left their job within the first year of employment and 57% of nurses left their job within two years of employment. In addition, 26% of nurses stated that the most common reason for leaving was stress, caring for high acuity patient and unacceptable nurse-to-patient relationship. Based on the result of this study and other researches done on the intention of nurses to leave their work, it has been shown that the majority of nurses who had an intention to leave their hospitals were those who were not satisfied with their job.

Managers of hospitals should take care of the factors influencing nurse job satisfaction and their intention to leave their hospitals. Losing experienced nurses

will always cost the hospitals as they will spend much money to hire new nurses. Managers should also be aware that losing experienced nurses implies losing customers associated to them (Reichheld, 1996).

5.2.1 An Assessment of the Relationship of Level of Satisfaction of Nurses in Providing Services to Patients and Patient Satisfaction for Services Rendered to them by Nurses

The correlation between the overall level of patient care satisfaction and the overall level of nurses' job satisfaction has been performed at $r= 0.578$ and $p < 0.01$. The result shows a strong positive association. The theory of Heskett Service Profit Chain (Heskett et al. 1994) which guides this study stipulated that when internal customers are happy they will try to make external customers happy. This creates a relationship between satisfaction of employees and customer satisfaction. The opposite side is also true when employees are not satisfied; it leads to customers' dissatisfaction.

Atkins et al., (1996) in the study entitled *happy employees lead to loyal patients* showed that dissatisfaction of health workers negatively impacts the quality of care and ultimately has an adverse effect on patient loyalty and satisfaction and in turn on the profitability of the hospital. The same study also showed that health workers' morale demonstrates a strong correlation with high patient satisfaction scores. In the study health care work environments, employee satisfaction, and patient safety: care provider perspectives, health care management review conducted by Rathert and May (2007) showed that nurses who are satisfied with their professions manifest higher levels of patients' safety and less medication

errors which increase patient satisfaction. Satisfied nurses also were found to lead to short lengths of stay of patients because of regular follow-up of patients. It reduces costs associated to medical and nursing care and in turn increases patients' satisfaction as stipulated by Harmon, *et al.*, (2003) in his study *impacts of high-involvement work systems on staff satisfaction and service costs in veterans' health care*.

The perception of patients on delivery of health services' quality is measured by the intention of returning or recommending other patients, friends and family members to the same hospital. As seen in this study, happy employees lead to loyal patients, employees who are dissatisfied can negatively affect service quality, produce reverse effect on patient loyalty, patient satisfaction and later affect negatively the hospital profit (Atkins, *et al.*, 1996).

The relationship between employee satisfaction, customer satisfaction, and profit was also measured by Donthu and Kennett (2000). They showed that the effects of two linked aspects on business profits at a given point in time become visible and notable over time. For them, there is a positive relationship between change in customer satisfaction and change in profit between change in employee satisfaction and change in business profit and finally, a strong relationship between satisfaction of employees and client satisfaction at any point in time.

Hospital managers should be aware that there is a direct relationship between nurses' satisfaction and patient satisfaction. Therefore, keeping patients' satisfaction will depend on the way that nurses will be cared for and satisfied.

Hospital managers will also have to take a closer look at nurses' management in order to increase patients' satisfaction which results to a positive financial environment of the hospital as stipulated by Vilarés and Coehlo Model (2000).

CHAPTER SIX

CONCLUSIONS AND RECOMMENDATIONS

6.1 Introduction

This chapter provides an overall conclusion and recommendations to different levels and stakeholders. The chapter also discusses the contribution to existing knowledge; research limitations and possible aspects for future researches within this research area.

6.2 Conclusions

The four (4) main objectives of this study were (i) to determine the factors that lead to job satisfaction of nurses in five (5) sampled hospitals of Rwanda, (ii) to investigate on the level of satisfaction of patients from the services they receive in hospitals from nurses, (iii) to investigate on the level of satisfaction of nurses in providing services to patients and finally (iv) to assess the relationship of level of satisfaction of nurses in providing services to patients and patients' satisfaction for services rendered to them by nurses. This research *role of job satisfaction of nurses on provision of hospital services to patients in Rwanda* follows the theory of Heskett Service Profit Chain (Heskett, *et al.* 1994). This Model stipulates that there is a direct and strong relationship between customer satisfaction and employee satisfaction which leads to the organization profit.

In this research, a cross-sectional design was used and the data was collected for the first time in five (5) sampled hospitals on factors affecting job satisfaction among nurses on one hand and factors affecting patients' care satisfaction from the health

services provided by nurses on the other hand and finally the determination of relationship between job satisfaction of nurses and patients satisfaction on health services rendered to them.

Out of 48 public hospitals in Rwanda, five (5) hospitals were sampled for this study as shown in sampling procedures for the hospitals using the principle of Gay (1987). These hospitals were Kirinda Hospital (Karongi District in Western Province); Gahini Hospital (Kayonza District in Eastern Province); Ruli Hospital (Gakenke District in Northern Province); Kigeme Hospital (Nyamagabe District in Southern Province) and Kibagabaga hospital located in Gasabo District in Kigali City. The formula of ROBERT and DARYL (1970) was used to determine the sample size for estimating means and it gave 384 nurses while the sample size of 360 patients were calculated based on the formula of Lynch, *et al.*, (1972) and cited by Ardoles (1992).

A questionnaires were used to collect data; the first section of it was developed and adapted on the format of job satisfaction of nurses while the second section was built and adapted on the format of patient satisfaction. Before applying the survey questionnaire, it was tested through a pilot study in order to verify if the questionnaire measured what it was supposed to measure. An in-depth interview and focus group discussions were also added to the questionnaire in data collection. The quantitative data analysis of this study was performed based on the software named statistical Package for Social Sciences (SPSS-16) for statistical analysis while qualitative data processing was performed by using by NVivo program for Mac Beta - 2014.

The first objective was to determine the factors that lead to job satisfaction of nurses in five (5) sampled hospitals. Three (3) factors were strongly correlated to job dissatisfaction of nurses. These are physical working conditions in the workplace, relation with co-workers and recognition and rewards of nurses. Seven (7) variables were moderately correlated to nurses' job dissatisfaction. These are salary of nurses, promotions opportunities, organizational policy and administration, allowances for nurses, supervision of nurses from hierarchy, psychosocial working conditions for nurses and nurses' welfare at workplace.

Three (3) personal characteristics of nurses out of seven (7) were moderately correlated to job dissatisfaction. These are education level, job level and working hours while two (2) personal characteristics were very weakly associated to job dissatisfaction. These are age group and sex of nurses. The second objective of this study was to investigate on the level of patients' satisfaction on services they receive from nurses while at in hospitals. Three (3) variables were strongly correlated to the overall level of patient dissatisfaction. These are regular rounds and availability of nurses each time needed by patients; availability of health services delivered to patients and patients loyalty and willingness to recommend the same hospital to another patients.

An investigation on the level of nurses' satisfaction in providing services to patients was tested as third objective. Four (4) variables out of five (5) were strongly correlated to job dissatisfaction of nurses, specifically recommendation of new nurses to apply for the job in their hospitals; loyalty and commitment of nurses to their hospitals; the pride of working as nurses in their current hospitals and feeling of

nurses when they leave their daily work. The variable of nurses' intention to leave their work during past six month (6) was moderately correlated to job dissatisfaction of nurses.

Finally, the last objective was to assess the relationship of the level of satisfaction of nurses in providing services to patients and patient satisfaction for services rendered to them by nurses. A strong correlation was observed between the overall level of patient care satisfaction and overall level of nurses' job satisfaction. The majority of nurses (58.8%) were not generally satisfied with their job. When correlated to the majority of patients (48.3%) who were also not overall satisfied with the health services they received from nurses; it produced a strong relationship between these two variables.

To summarize, the findings of this study supported the theory of Heskett Service Profit Chain (Heskett *et al.*, 1994) that guided this study. The theory stipulated that when internal customers are happy they will try to make external customers happy and this creates an association between employees' satisfaction and customers' satisfaction. As seen in this study, the opposite side is also true; dissatisfied nurses lead to patients' dissatisfaction.

6.3 Recommendations

Based on the literature review, research findings and knowledge gained in the process of this study; this section formulates a number of recommendations to be addressed to the government of Rwanda, ministry of health, hospital leaders, nurses' supervisors, nurses as well as to patients. This section also provides suggestions for

future researches. The recommendations formulated will help hospitals to improve their performance in order to increase job satisfaction of nurses and enhance the levels of nurses' commitment to their work. This can positively influence health services delivered to patients and subsequently can have a positive impact on the productivity of hospitals.

6.3.1 To the Government of Rwanda

It is being recommended that:

- i. Consideration be made to construct new hospitals, renovate or make extensions of the old hospitals in order to fulfil the norms and to deliver healthcare to patients in good conditions.
- ii. Salaries of nurses should be increased as one factor that determines job satisfaction of nurses in health facilities of Rwanda.
- iii. Additional budget of salary advancement of nurses to be planned at the end of each year after conducting performance appraisal by hospitals as recognition of good work done by nurses.
- iv. Number of nurses should be increased in order to avoid extra working time and overload of work which is not currently compensated.

6.3.2 To the Ministry of Health

It is being recommended that:

- i. Policies and guidelines of good working conditions be elaborated and implemented. This should be done through the construction of new infrastructures, renovation of the old hospitals and replacement of the old equipments and material.

- ii. Collaboration with the hospital leaders should be done in order to implement the policy of salary advancement of nurses based on annual performance appraisal.
- iii. Adequate human resource policies that take into consideration the job nature of nurses and show how to improve nurse's salaries and their allowances should be put in place.
- iv. Workshops, trainings, seminars or conferences of nurses should be continually organized to update skills of nurses in their various disciplines of work.

6.3.3 To Hospital Leaders

It is being recommended that:

- i. Management of the hospital should review and conduct a survey within their hospitals in order to determine and know the quality and quantity of equipment, material and other consumables needed by users. Hospital managers should also make a regular follow-up to the existing equipment and material in order to prevent them from becoming wastage and loss.
- ii. Working conditions such as enough space at work place, availability of stationeries, tools and equipment, safety and security of nurses at their work place and nurses' offices close to patients' bed have to be improved.
- iii. Performance appraisal of nurses should be annually conducted in order to orient the obtained results to hierarchy for salary advancement at the end of the year as it is done in other sectors in Rwanda.
- iv. Managements of the hospitals should study and implement non-monetary incentives such as the availability of accommodation near hospitals for nurses or common transport for nurses, organization of social events.

- v. Management of the hospitals should design a mechanism of recognition, appreciation and/ or rewards for good work done or achieved and overworking.
- vi. Hospitals leaders should avoid favouritism and unfairness while selecting nurses for workshops, trainings, seminars or conferences.
- vii. Availability of health services delivered to patients and patients' waiting time for health services have to be monitored by hospitals managers in order to timely respond to their clients' needs.

6.3.4 To Hospital Supervisors

It is being recommended that:

- i. Hospital supervisors should involve nurses in supervision, development plan, revision or development of hospital policies so that all nurses are given fair opportunity to develop their institutions.
- ii. Supportive supervision in all nurses' departments should be encouraged in order to install a system whereby supervisors receive and analyze feedback from nurses.
- iii. Team work among nurses to be encouraged in order to create affinities among nurses.

6.3.5 To the Nurses

It is being recommended that:

- i. Nurses' awareness on hospital policies, protocols, guidelines and work conditions defined by their hospitals managers should be increased in order to work according to the purpose of patients' satisfaction and achieve hospital goals.

- ii. Financial mutual associations managed by nurses in their respective hospitals should be installed. This system will help nurses to deal with financial issues on less interest and improve relation between nurses.
- iii. Registration in the system of upgrading nurses from secondary school certificates (A2) to advanced diploma (A1) should be profitable by many nurses in order to expand their knowledge, to get the advanced diploma and to be promoted accordingly.
- iv. Working in teams as co-workers for mutual aid with a purpose of experiences sharing in order to reduce nurses' workload and stress should characterize nurses.
- v. Regular consultation and collaboration with supervisors of nurses have to be taken into consideration in order to discuss any change, new policies, rules or regulations for the purpose of continuous improvement.

6.3.6 To Patients

- i. It is being recommended that:
- ii. Patients' rights have to be respected as defined by the ministry of health in Rwanda.
- iii. Communication between patients and nurses should be facilitated by hospital leaders and this can accelerate quality of healthcare delivered to patients.
- iv. Patients' awareness should be increased by expressing their ideas through suggestion boxes and customer care offices in order to improve services delivered to them.
- v. The illiterate patients are also encouraged to consult the customer care offices in

order to appreciate or criticize health services delivered to them for further improvement.

6.4 Contributions to Knowledge

The contribution of the present study to knowledge is stated as follow:

- i. This study provides important ideas, facts and figures that can be used by health facilities, ministry of health, hospital leaders and health consultants in order to understand the role of job satisfaction of nurses on provision of hospital services to patients in Rwanda.
- ii. The study has provided a package of the factors that lead to nurses' satisfaction and their role on health services delivered to patients, it also provides a package of factors that affecting patients care satisfaction and their impact on hospitals.
- iii. The study has provided the details on the level of patients' satisfaction on the services they receive from nurses while at hospitals and their effects on health facilities. It also shows the details on the level of satisfaction of nurses in providing services to patients and their impact on hospitals and patients.
- iv. Many studies conducted in Rwanda were generally oriented on all healthcare providers; they did not isolate especially job satisfaction/dissatisfaction of nurses. These studies considered only one aspect which was the motivation or job satisfaction of healthcare providers in health facilities and there was no available research that links job satisfaction of nurses and the provision of hospital services to patients. Therefore, this study inter-related these two (2) aspects and will be a reference study in hospitals of Rwanda.
- v. Many previous studies have explained the relationship between personnel and

demographic characteristics of health workers and job satisfaction using variables such as age, sex, educational status, marital status, job level etc. However, this study has considered and added many other variables in hospitals of Rwanda such as salary scale, recognition and rewards, promotion opportunities, supervision, communication, relation with co-workers, professional development for nurses, organizational policy and administration for nurses, working conditions, participation in decision making, job characteristics, public perception, etc.

- vi. In terms of results, this research has shown unique variables which have not been well identified in previous studies. Specifically, job level and working hours per week have been isolated as personal and demographic characteristics that were associated to job satisfaction of nurses in hospitals of Rwanda.
- vii. Finally, the model of Heskett's Service-Profit Chain (SPC) was provided as a model that can be applicable in health facilities such as a hospital whereby it stipulates that there is a direct and strong relationship between customer satisfaction and employees' satisfaction which leads to the organization profit. In this model, customer equals to patient, employee is parallel to nurse while organization is defined here as a hospital.

6.5 Suggestions for Further Researches

The total population of this study from which the sample size was drawn include five (5) public hospitals in Rwanda. This research did not include private hospitals in Rwanda. Therefore, based on the purpose of private hospitals, the application of Heskett's Service-Profit Chain (SPC) may give another perspective on the role of job

satisfaction of nurses on provision of hospital services to patients.

Findings from this study showed that some factors like working conditions, relation with co-workers, salary scales, and promotion opportunities were associated with low job satisfaction of nurses in five (5) hospitals. It has also proved that young nurses dislike their jobs and always have an intention to leave their hospitals comparing to the old and experienced nurses. It is therefore recommended to hospital leaders and future researchers to initiate the culture of conducting regular studies in order to determine factors affecting job satisfaction or job dissatisfaction among nurses. This awareness of hospital leaders on nurses' job satisfaction and patients' satisfaction will lead to hospital profitability.

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APPENDICES

APPENDIX 1: QUESTIONNAIRE

Section 1: Questionnaire to be addressed to Nurses

Dear nurse,

I am conducting a research in health sector on the “*role of job satisfaction of nurses on provision of hospital services to patients in Rwanda*”.

General Objective of the research

The main objective of this research is to assess the role of job satisfaction of nurses on provision of hospital services to patients in Rwanda.

Guidelines to fulfill the questionnaire

This study will be totally dependent on the information you will provide to the researcher, and therefore, we kindly ask you

- To provide between 30-45 minutes from your free time to answer the attached questions
- To answer with frankness and honesty
- To help us by responding all questions

Security of the provided information

- You are not required to mention your name on the questionnaire
- Any information, communication, or data collected in this study will be secured and kept confidentially.
- The information provided will be used only for the purpose of the mentioned research
- For any other clarification, please do not hesitate to contact the researcher.

The consideration of the Participant

- Your participation is highly considered in improving the level of job satisfaction among nurses, and patient care satisfaction.
- The findings from this research will facilitate us to formulate

recommendations to the Ministry of health and hospitals in Rwanda in order to improve health services delivered to Patients.

Thank you very much for taking your time to complete this questionnaire

I. 1 Nurse's Characteristics and Identification

Please tick in the appropriate box

1. Hospital Name						
2. Department of Nurse						
3. Age	< 19	20-34	35-44	45-54	55-64	65+	
4. Sex	Male			Female			
5. Marital Status	Single	Married	Divorce	widower			
6. Education Level	Secondary School						
	University degree			A			
	Other : Specify			0			
7. Job level	Nurse of Department						
	Head of Department						
8. How long have you been working in this Hospital? (Please specify)							
9. How many hours do you work per week? (Please tick the appropriate case		Under 45 H	45 H	Above 45 Hours			

I.2 Job Satisfaction/Dissatisfaction of Nurses

Guideline to complete this section

- This questionnaire is arranged according to the specific objectives of the study.
- Please, listen each statement carefully and surely, and then after understanding it, you will tick in the appropriate box which represents your opinion.
- The box to fulfill is ranged in front of each statement.

Objective 1: Determine the factors that lead job satisfaction of nurses in Hospitals of Rwanda		
1. Salary	<i>Statements</i>	<i>Please tick in the appropriate case</i>
<i>Structure of Salary Scale</i>		
1	1.1 In this hospital, the salary scale respects the structure defined by the Ministry of Health	
	1.2 The salary scale does not respect the structure defined by the Ministry of Health	
	1.3 I do not have any information about the salary scale used in this hospital.	
<i>Period of Salary Payment</i>		
2	2.1 In this hospital, I always get my monthly salary on time.	
	2.2 In this hospital, I do not get my salary on time.	
	2.3 I do not know the calendar of salary payment in this hospital.	
<i>Adequacy of Salary Payment</i>		
3	3.1 My salary is adequate to meet my basic needs.	
	3.2 My salary is not adequate to meet my basic needs.	
	3.3 I do not want to talk about it.	
<i>Salary advancement,</i>		
4	4.1 In this hospital, the salary advancement is done each year according to the performance appraisal done at the end of the year.	
	4.2 The salary advancement is not done at the end of the year.	
	4.3 I do not know if salary advancement is done at the end of each year.	
2. Allowances		
<i>Travelling allowances or Transport facilitation</i>		
5	5.1 The hospital organizes transport for nurses or the transport fees are included in their salaries.	
	5.2 The hospital does not organize transport for nurses and it is not included in their salaries.	
	5.3 I do not know if transport fees are included in my salary.	
<i>Accommodation allowances</i>		
6	6.1 The hospital avails the accommodation for nurses or accommodation allowances is included in their salaries.	
	6.2 The hospital does not avail the accommodation for nurses and accommodation allowances are not included in their salaries.	
	6.3 I do not know if the accommodation allowances are included in my salary.	
<i>Health Insurance</i>		
7	7.1 The hospital pays my monthly health insurance regularly.	
	7.2 The hospital does not pay my monthly health insurance.	
	7.3 I do not know if the hospital contributes regularly my monthly salary.	
<i>Social Security Funds</i>		
8	8.1 The hospital pays my contributions in Social Security Fund regularly.	
	8.2 The hospital does not pay my contributions in the social Security Fund.	
	8.3 I do not know if the Social Security Fund regularly gets my contributions.	
3. Recognition and Rewards		
9	<i>Mechanism of recognition and rewards for good work done and overworking work</i>	

	9.1 There is a financial or other material reward I do receive in this hospital, when I work hard or when I work extra time.	
	9.2 In this hospital, a good work or overworking is not financially or materially compensated.	
	9.3 I am not aware of it.	
4. Promotion Opportunities		
<i>Mechanism of regular Promotion at the end of the year for good work done</i>		
1 0	10.1 In this hospital, I am promoted each year as recognition of good work done.	
	10.2 In this hospital, I am not promoted each year.	
	10.3 I am not aware of the period of promotion for a good work done here.	
5. Supervision		
<i>Regular supervision</i>		
1 1	11.1 In this hospital, nurses are regularly supervised by hierarchy.	
	11.2 In this hospital, nurses are not regularly supervised by hierarchy.	
	11.3 I do not know the periodicity of hierarchy supervision.	
<i>Decision making during supervision</i>		
1 2	12.1 During supervision, my supervisor involves me in the decision making.	
	12.2 Decisions are only taken by my Supervisor.	
	12.3 I do not know the system used here.	
<i>A feedback from a supervision</i>		
1 3	13.1 After supervision, my supervisor gives me a feedback.	
	13.2 There is not any feedback shared after supervision.	
	13.3 I do not know if the supervisor gives a feedback to the supervisee.	
<i>Annual Performance Appraisal</i>		
	14.1 In this hospital, the annual performance is conducted each year.	
	14.2 The annual performance appraisal is not done at the end of the year.	
	14.3 I am not aware of the annual performance appraisal in this hospital	
6. Communication		
<i>Listening from leaders</i>		
1 5	15.1 When I have a problem, my authorities try always to understand me and to find out the adequate solution.	
	15.2 When I have a problem my authorities do not understand me and they do not try to find out the adequate solution.	
	15.3 I do not want to talk about it.	
<i>Regular meetings</i>		
1 6	16.1 The hospital organizes regular meetings for nurses.	
	16.2 The hospital does not organize the regular meetings for nurses.	
	16.3 I do not know the regularity of meetings for nurses.	
<i>Conflicts with my colleagues or complaints reported to hierarchy</i>		
1 7	17.1 Are immediately addressed.	
	17.2 Are addressed after a long period of time.	
	17.3 Are not addressed.	
	17.4 Are still pending without providing adequate solution.	

7. Relation with Co-Workers and other Departments		
<i>Freedom of ideas expression</i>		
1	18.1 In this hospital, nurses are free to express their feelings to their supervisors.	
8	18.2 Nurses are afraid to express their feelings to their supervisors.	
	18.3 I do not talk about it.	
<i>Shared weaknesses and strengths</i>		
1	19.1 In this hospital, weaknesses and strengths of nurses are discussed and shared in planned meetings.	
9	19.2 Weaknesses are covered and not discussed or shared.	
	19.3 I do not know	
<i>Addressing problems related to the work of nurses</i>		
2	20.1 In this hospital, managers address problems raised by nurses on their work.	
0	20.2 Managers follow their own plan without taking into consideration the problems raised by nurses.	
	20.3 I do not know the process used here.	
<i>Organization of the social events for workers</i>		
2	21.1 In this hospital, top managers organize regularly social events for workers.	
1	21.2 In this hospital, top managers organize sometimes social events.	
	21.3 Top managers do not organize social events for workers.	
	21.4 I do not know.	
8. Professional Development for Nurses		
<i>Development Plan for Nurses</i>		
2	22.1 This hospital has a development plan for nurses.	
2	22.2 The hospital does not have a development plan for nurses.	
	22.3 I do not know anything about a development plan for nurses.	
<i>Regular attendance in Trainings, Seminars, Workshops and Conferences</i>		
2	23.1I have the opportunities to attend regular trainings, seminars, workshops and conferences to expand my knowledge outside of the hospital.	
3	23.2 I do have sometimes the opportunities to attend trainings, seminars and conferences.	
	23.3I do not have any opportunity.	
<i>In service education , On the Job trainings for Nurses</i>		
2	24.1 My hospital organizes regularly in service education, on the job training in order to develop and update the skills of nurses.	
4	24.2 My hospital organizes sometimes in service education to update the skills of nurses.	
	24.3 My hospital does not organize any in service education.	
<i>Job rotation of nurses in different departments</i>		
25	25.1 In order to learn from each other, this hospital organizes regularly job rotation of nurses in different departments.	
	25.2 The hospital organizes sometimes job rotation of nurses to learn to each other.	
	25.3 The hospital does not organize any job rotation of nurses.	
2	<i>Expression of professional development needs for nurses</i>	

6.	26.1 The hospital offers the opportunities to express professional development needs for nurses.	
	26.2 The hospital does not offer any opportunities to express the professional development needs for nurses.	
	26.3 I do not know.	
9. Organizational Policy and Administration		
<i>Mission, vision, core values and objectives of the Hospital</i>		
2 7	27.1 This hospital has a clear mission, vision, core values and objectives.	
	27.2 This hospital does not have a mission, vision, core values and objectives.	
	27.3 I do not know.	
<i>Job description for nurses</i>		
2 8	28.1 The hospital has a clear job description for nurses in each department.	
	28.2 This hospital does not have any job description for nurses in my department.	
	28.3 I do not know.	
<i>Strategic plan and action plan of the Hospital</i>		
2 9	29.1 The hospital has a clear strategic plan for long term, mid-term and action plan.	
	29.2 The hospital does not have any strategic plan and action plan.	
	29.3 I do not know.	
<i>Rules, procedures and regulations of the Hospital</i>		
3 0	30.1 I am aware of the rules, procedures and regulations to follow.	
	30.2 I know some of them.	
	30.3 I am not aware of the rules, procedures and regulations of the hospital.	
<i>Disciplinary procedures</i>		
3 1	31.1 Disciplinary procedures are well defined and communicated to all personnel.	
	31.2 Disciplinary procedures are not defined and communicated in this hospital.	
	31.3 I do not know anything about disciplinary procedures.	
<i>Information on new policies or revised policies</i>		
3 2	32.1 I am regularly informed on new or revised policies in this hospital	
	32.2 I am sometimes informed on new or revised policies	
	32.3 I am not informed on new policies or revised policies	
10. Working Conditions		
10.1 Physical Working Conditions		
Statements		Please tick in the appropriate case
		Strongly disagree 1
		Disagree 2
		or undecided 3
		Agree 4
		Strongly Agree 5
3 3	<i>Availability of adequate number of staff</i>	
	I am satisfied with the adequate number of staff that I work together.	
3	<i>Enough space for workplace</i>	

4	I am satisfied with the workplace which has enough space and not congested.					
	<i>Regular availability of stationeries, tools and equipment in department</i>					
3 5	I am proud of the availability of stationeries, tools and equipment in my department which facilitates me to fulfill my mission.					
	<i>Regular availability of medicines and other consumables</i>					
3 6	I am satisfied with the availability of medicines and other consumables.					
	<i>Availability of electricity</i>					
3 7	In this hospital, electricity is regularly available.					
	<i>Availability of water</i>					
3 8	In this hospital, water is regularly available.					
	<i>Nurses' office location</i>					
3 9	Nurse' office is not located far from the location of patients' bed.					
	<i>Cleanliness of basic sanitation facilities (Bathrooms, toilets)</i>					
4 0	Toilets and bathrooms are clean and they do not have bad smell					
	<i>Availability of place for dining, dressing and changing room</i>					
4 1	This hospital has availed dining, dressing and changing rooms.					
	<i>Security and safety of nurses at work place</i>					
4 2	The hospital pays attention to my security and safety during the work.					
10.2 Psycho Social Working Conditions						
	<i>Freedom to decide one's own work tasks</i>					
4 3	I am free to decide on my own work tasks.					
	<i>Framework allowing deliverance of the same quality as desired by oneself</i>					
4 4	I am working in framework allowing me to deliver the desired quality care.					
	<i>Freedom to organize the day, including breaks</i>					
4 5	I am free to organize my daily work including breaks.					
	<i>Clarity of expectations in work</i>					
4 6	I know what my leaders expect from me.					
	<i>Trust and respect from leadership</i>					
4 7	I am trusted and respected by my leaders.					
10.3 Nurses Welfare at Work Places						
	<i>Work related injuries</i>					
4 8	I have never met any injuries on my daily work.					
	<i>Work related stress</i>					
4 9	My daily work is very stressful.					
	<i>Information on hazardous material and hazardous</i>					
5						

0	<i>conditions</i>					
	I am given enough information to protect myself against hazardous material.					
11.Public Perception						
5 1	<i>Public complaints</i>					
	51.1 In this hospital, patients' complaints are considered					
	52.2 Patients' complaints are not taken into consideration.					
	51.3 I do not know if patients' complaints are taken into consideration					
5 2	<i>Strategies to improve public service</i>					
	52.1 The hospital has defined channels and clear strategies to improve public service delivery such as suggestion boxes, complaints offices and complaints' forms					
	52.2 The hospital did not define channels to improve public service delivery					
	52.3 I am not aware of strategies used to improve public service delivery					

Job Characteristics		
53	<i>Working independently</i>	
	53.1	I have an opportunity to work independently.
	53.2	I wait for my supervisor to tell me what to do.
54	<i>Initiative and creativity at work</i>	
	54.1	My work requires creativity and initiation.
	54.2	My work is routine and do not require any creativity and initiation.
55	<i>Working with colleagues</i>	
	55.1	We are few nurses in my department to complete the assigned tasks.
	55.2	We are enough nurses in my department to complete the assigned tasks.
56	<i>Extra working time</i>	
	56.1	I n this hospital, my work requires extra time to complete my assigned tasks.
	56.2	I have never needed any extra time to complete my assigned tasks.
57	<i>Compensation of extra working time</i>	
	57.1	I f work extra time, I am compensated.
	57.2	If I work extra time, I am not compensated.
58	<i>Tasks related to the area of studies</i>	
	58.1	My assigned tasks are related to my area of study.
	58.2	My assigned tasks are not related to my area of study.
59	<i>Interference between work and personal plan</i>	
	59.1	My work does not interfere with my personal or my family plan and social events.
	59.2	My work interferes with my personal plans because I am frequently called to work while I have not planned to work.

Section 2: Questionnaire to guide Interview among Patients

Dear Patient,

I am conducting a research in health sector on the "role of job satisfaction of nurses on provision of hospital services to patients in Rwanda".

General objective of the research

The main objective is to assess the role of job satisfaction of nurses on provision of hospital services to patients in Rwanda.

Guidelines to respond and fulfill the questionnaire

This study will be totally dependent on the information you provide to the researcher, and therefore, we kindly ask you

- To listen each statement attentively, surely and show the degree of your agreement or disagreement
- To answer with frankness and honesty
- To respond to all asked questions

Security of the provided information

- Your name will not be mentioned on this questionnaire
- Any information collected in this study will be secured and kept with confidentiality.
- The information provided will be used only for the purpose of the mentioned research

The consideration of the Participant

- Your participation is highly considered in improving the level of job satisfaction among nurses, and patients' satisfaction through provision of health

services provided to them.

- The findings from this research will facilitate us to formulate the recommendations to the Ministry of health in Rwanda and to the hospitals in order to improve the health services delivered to the patients.

Thank you very much for taking your time to help us in completion of this questionnaire.

Patients Characteristics and Identification

1. Hospital Name.....										
2. Name of Department Visited by Patient.....										
3. Work done to earn a living.....										
1. Age	< 19		20-34		35-44		45-54		55-64	65+
2. Sex	Male				Female					
3. Marital Status	Single		Married		Divorce		Widower			
4. Education level	Illiteracy		Primary School		Secondary School		University Degree			
5. Economic status-earnings per month (what is your monthly net incomes?)										
6. Mode of Payment for Health	CBHI		RSSB (Former-RAMA)		Other insurance		Out of Own Pocket			

Objective 2: Investigate on the level of patients' satisfaction on the Services they receive from Nurses while at Hospitals.	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
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2.2 Patient Satisfaction

Guideline for this section

Please, listen each statement attentively and surely and show the degree of your opinions about I what will read and tell you. Whatever you agree or disagree about the statements that I will tell you The scale is ranged from 1 to 5 or from weaker to stronger (Strongly Disagrees to Strongly Agree). For instance if you strongly disagree, you tick 1 while if you strongly agree, you tick 5.

Statements		1	2	3	4	5
1. Availability of Nurses each Time needed by Patients in various Departments						
1	<i>Distance between Patients' beds and the Nurse' office</i>					
	The distance between patients' beds and the nurse station is not long.					
2	<i>Nurses accessibility</i>					
	I am satisfied with the availability of nurses in the patients' ward. They come each time are needed.					
3	<i>Professional knowledge and Skills of Nurses</i>					
	I am satisfied with the professional knowledge and skills of nurses in this hospital.					
4	<i>Time spent with nurses</i>					
	I am satisfied with the time spent with nurses, every time I needed her/him.					
2. Availability of Healthcare Services						
5	In this Hospital, I have received from nurses all drugs such as tablets, injections and infusions as prescribed by Medical Doctors (MD).					
3. Patient Waiting Time for Health Services						
6	<i>Waiting time for being taken vital signs by nurses before meeting MD</i>					
	Waiting time for being taken vital signs by nurses before meeting MD is not long					

7	<i>Waiting time for receiving drugs from nurses</i>					
	Patient waiting time for receiving drugs as prescribed by MD is not long.					
8	<i>Waiting time for healthcare invoice delivered by nurses for payment</i>					
	Patient waiting time for receiving healthcare invoice is not long.					
9	<i>Patient Waiting time for written discharge established by nurses</i>					
	Patient waiting time for written discharge established by nurses after being communicated by MD.					
4. Patient Loyalty and Willingness to Recommend the same Hospital to another Patient						
10	<i>Patient Loyalty</i>					
	Do you intend to return in this hospital, once you will be sick in the future?					
11	<i>Recommendations to friends or another patient</i>					
	I would recommend another patient to come for healthcare in this hospital.					
5. Overall level of Patient Care Satisfaction						
12	I am generally satisfied with the nursing care I received in this hospital.					

Objective 3: Investigate on the Level of Satisfaction of Nurses in Providing Services to Patients.

- Please, read each statement carefully and surely, and then after reading, indicate your degree of agreement or disagreement. You will have to tick one best number which represents your opinion
- The scale is ranged from 1 to 5 or from weaker to stronger (Strongly disagrees to strongly agree). For instance if you strongly disagree, you tick 1 while if you strongly agree, you tick 5

Measurement of disagreement or agreement				
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

Statements		<i>Please tick in the appropriate case</i>				
		disagree Disagree		undecided Agree		Agree
Objective 3: Investigate on the Level of Satisfaction of Nurses in Providing Services to Patients		1	2	3	4	5
Statements						
<i>Recommendation to New Nurses, Friends in their Current Hospitals</i>						
1	I would recommend a new nurse to apply for the same job in this hospital.					
<i>Nurses Loyalty</i>						
2	In this hospital, nurses are loyal, committed to and					

	concerned for future of the hospital.					
	<i>The Pride of working as nurses in this Hospital</i>					
3	I am proud to working as a nurse in this Hospital.					
	<i>Feeling of satisfaction at the end of daily work</i>					
4	I often leave my daily work with a feeling of satisfaction.					
	<i>Intention of Leaving during the past six (6) months</i>					
5	I have had the intention to leave my work during the past six (6) months.					
6	I am generally satisfied with my Job.					

Objective 4: Assess the Relationship of Level of Satisfaction of Nurses in providing Services to Patients and Patient Satisfaction for Services rendered to them by Nurses.						
Statements		<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
1	Generally, as nurse I am satisfied with my Job.					
2	Generally, as patients I am satisfied with the nursing care I received in this hospital.					

Section 3: Open -ended Questions

1. Open -ended Questions for Senior Officers who supervise Nurses in the Hospitals

Senior officials of each hospital namely, Medical director, Administrator, human resources manager, chief of nursing and Medical Doctors who supervise nurses will form a group of respondents to explore the aforementioned topic.

Instruction: Please, give precise answers to the following questions. You may give

practical examples where possible.

1. Can you mention the internal factors affecting job satisfaction among Nurses in this Hospital.....?
2. Can you tell us the factors affecting patient 'care satisfaction in this Hospital.....?
3. How do you think about the level of Satisfaction of patients from the services they receive in your hospital from nurses.....?
4. How do you feel about the level of satisfaction of nurses in providing health services in this Hospital?
5. Do you feel the Hospital is doing enough to promote professional career development among Nurses?
How.....?

2. Focus Group Discussion among Nurses

1. Based on tangible examples, describe the factors affecting job satisfaction and factors affecting job dissatisfaction among nurses in your hospital.
2. Describe how job satisfaction of nurses can affect health services provided to patients?
3. What are the factors affecting patients care satisfaction or dissatisfaction?
4. How do you feel about your overall level of nurses' satisfaction in this hospital?
5. What can be done in the future to improve the working conditions of nurses?
6. What can be done to improve health services provided to patients in this

hospital?


7. Could you make any other comment or suggestion regarding your job?

Thank you very much for your cooperation.

PPENDIX 2: RESEARCH CLEARANCE

THE OPEN UNIVERSITY OF TANZANIA
DIRECTORATE OF RESEARCH, PUBLICATIONS AND POSTGRADUATE STUDIES

P.O. Box 23409
Dar es Salaam, Tanzania
<http://www.openuniversity.ac.tz>



Tel: 255-22-2666752/2668445 Ext.2101
Fax: 255-22-2668759
E-mail: drpc@out.ac.tz

Ref. No. OUT/KIB/RCL/41/
NAME: Mr. Cassien Gatoya

Date: 3th November, 2015

RE: RESEARCH CLEARANCE

The Open University of Tanzania was established by an act of Parliament No. 17 of 1992. The Act became operational on the 1st March, 1993 by public notice No. 55. Act number 7 of 1992 has now been replaced by the Open University of Tanzania Charter which is in line with the university act of 2005. The Charter became operational on 1st January, 2007. One of the mission objectives of the university is to generate and apply knowledge through research. For this reason the staff and students undertake research activities from time to time.

To facilitate the research function, the Vice Chancellor of the Open University of Tanzania was empowered to issue research clearance to both staff and students of the university on behalf of the Government of Tanzania and the Tanzania Commission for Science and Technology.

The purpose of this letter is to introduce to you **Mr. Cassien Gatoya a PhD** student at the Open University of Tanzania-Kibungo coordination centre in Rwanda with **Registration No. PG201402596**

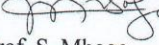
By this letter, **Mr. Cassien Gatoya** has been granted clearance to conduct research in Rwanda. The title of his research is ***“The impact of job dissatisfaction of nurses on hospital nursing services provided to patient in Rwanda”***.

Mr. Cassien Gatoya The period which this permission has been granted is from the **November 2015 to October 2016**

In case you need any further information, please contact:
The Deputy Vice Chancellor (Academic)
The Open University of Tanzania
P. O. Box 23409,
Dar Es Salaam
Tel: 022 2 2668820
Also: **Centre coordinator**
Kibungo: 0787472005

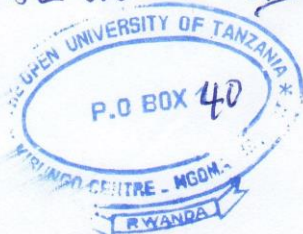
We thank you in advance for your cooperation and facilitation of this research activity.

Yours sincerely,
THE OPEN UNIVERSITY OF TANZANIA



Prof. S. Mbogo
For: **VICE CHANCELLOR**
THE OPEN UNIVERSITY OF TANZANIA

DR. DE Makundi



APPENDIX 3: RESEARCH CONSENT FORM FOR PARTICIPANTS

Please ensure that you complete a consent form before you partake in the study.

Declaration by Participant

By signing below, I agree to take part in this research entitled “*the role of job satisfaction of Nurses on provision of hospitals services to patients in Rwanda*”.

I declare that:

I have read to me this information and consent form and it is written in a language with which I am fluent and comfortable. I have had a chance to ask questions and all my questions have been adequately answered. I understand that taking part in this study is voluntary and I have not been pressurized to take part. I may choose to leave the study at any time and will not be penalized or prejudiced in any way.

Place Date

Signature of participant.....

Declaration by Investigator

I declare that:

I explained the information in this document to I encouraged him/her to ask questions and took adequate time to answer them.

I am satisfied that he/she adequately understands all aspects of the research, as discussed above.

Place Date

Signature of investigator