



# **Survey of Factors Influencing Job Satisfaction among Nurses in Ahmadu Bello University Teaching Hospital Zaria, Nigeria**

**Robert Teryila Kever<sup>1\*</sup>, Silas Saidu Oyibo<sup>2</sup>, Aji M. Gana<sup>1</sup>,  
John Freeman Ukende<sup>3</sup>, Pius Iorapuu Damkor<sup>3</sup> and Sambo Danlami<sup>4</sup>**

<sup>1</sup>Department of Nursing Science, University of Maiduguri, Borno State, Nigeria.

<sup>2</sup>Department of Nursing Services, Kogi State Specialist Hospital, Lokoja, Nigeria.

<sup>3</sup>Department of Nursing, Benue State University Teaching Hospital, Makurdi, Nigeria.

<sup>4</sup>College of Nursing Jos, Plateau State, Nigeria.

## **Authors' contributions**

*This work was carried out in collaboration between all authors. All authors read and approved the final manuscript.*

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## **ABSTRACT**

Job satisfaction has been a recurring problem amongst nurses in Nigeria. As such, unfavourable working conditions are compounding problems of shortage and anticipated turnover among the Nigerian nursing workforce. This study assessed the factors influencing job satisfaction among nurses in Ahmadu Bello University Teaching Hospital (ABUTH), Zaria, Kaduna State, Nigeria. A quantitative descriptive cross-sectional design was adopted for the study, and stratified random sampling technique was used to select a sample of 360 participants from a population of 695 nurses. Revised Nursing Work Index (NWI- R) questionnaire was adopted as the data collection tool, and data was analysed using Statistical Package for Social Science (SPSS) Version 21.0. The major causes of job dissatisfaction among the participants were poor salary, working conditions and staffing. The study recommends that ABUTH management should improve upon nurses' remuneration, create a healthy practising environment and improve their staffing of nurses to retain the practising nurses and attract the younger generation into the profession.

\*Corresponding author: Email: robertkever72@gmail.com;

**Keywords:** *Job Satisfaction; nurses; intrinsic/motivating factors; extrinsic/hygiene factors.*

## 1. INTRODUCTION

Job satisfaction is the pleasurable or positive emotional state resulting from the appraisal of one's job or job experiences [1]. It is not just the money or the fringe benefits, but the feelings employees receive from the work itself as well as the fulfilment, gratification, and enjoyment that come from work. In another way, employee's job satisfaction is simply viewed as how people feel about their jobs and different aspects of their jobs. It is the extent to which people like (satisfaction) or dislike (dissatisfaction) their jobs [2]. It is unarguable that, the effectiveness and efficiency of the nursing workforce is threatened globally due to turnover and shortage of nurses [3]. These scenarios are invariably subjecting the remaining and actively practising nurses to untold work-related stresses due to excessive workload culminating into severe decline in job satisfaction in the nursing workforce. Although the challenge of decline in job satisfaction among nurses and its attendant consequences such as poor patient outcome, high turnover and attrition, among others remain a global challenge, it is, however, more serious among the low and middle income nations such as Sub-Saharan Africa which Nigeria is one [4].

Nigerian healthcare system is under-resourced and overstretched sequel to the growing population, poor policy implementation and security challenges [5]. This is further compounded with diverse human resources for health crises ranging from mal-distribution of the nursing workforce and increasing "brain drain" culminating into a shortage of skilled and competent nursing workforce [6]. As such, the push and pull factors associated with global market forces such as poor working conditions, unattractive benefits and poor salary are forcing well trained and most competent Nigerian nurses to emigrate to other high income nations in search of better remuneration and satisfactory working conditions [5]. These are deepening the shortage of nursing workforce especially in terms of skill and competence in Nigeria [7].

In any ideal setting, employees' welfare and satisfaction is imperative in attaining the organisational mission and vision [6]. For instance, nurses are the "safety net", ever present with their patient at the bedside, caring, detecting medication errors and addressing

patients' real need in any healthcare facilities. Therefore the welfare, satisfaction, stability and adequacy of the nursing workforce are vital to quality care provision [8,9,10]. It is pertinent to note that the quality of nursing care is a direct function of the quality of their work environment upon which the level of their job satisfaction is predicated. Job satisfaction as such is the most important aspect of nurses' lives which has either negative or positive influence on their morale, productivity, quality of care, patients' safety, retention and turnover [11].

Job satisfaction is the product of employee's attitude to his/her job and job processes [12]. Employee job satisfaction is "a pleasurable or positive emotional state resulting from the appraisal of one's job or job experiences" [13]. It is a consequence of people's opinion and feeling about their job arising from intricately interwoven factors regarding the work itself and the work process. These factors were broadly grouped by Herzberg into extrinsic/hygienic and intrinsic/motivational [14]. Extrinsic factors are external to employees and are responsible for prevention of job dissatisfaction. These includes: Interpersonal relations, salary, policy and administration, supervision and working conditions while intrinsic factors includes: Level of advancement, responsibilities, achievement, work itself and staff of the organisation [15,16,12,17].

Nursing Practice is challenging in Nigeria, especially in the rural areas and more in the Northern part of Nigeria where the country is plagued with terrorism [18]. Nurses practising in such areas are usually mandated by situation and empathy to go beyond their professional jurisdiction in patients care especially in the advent of epidemic outbreak, such as Ebola, Lassa fever and meningitis as well as bomb blast thereby exposing them to uncountable occupational – related stresses ranging from excessive workload, dealing with death and dying patients [6,19]. Literature search revealed that several studies carried out on job satisfaction among Nigerian nurses were from other geopolitical zones of the country [20,21,22]. The researchers, therefore, aim to bridge this gap in the literature. The findings will assist in shedding more light on factors influencing job satisfaction among nurses in northern Nigeria.

## **2. METHODS AND MATERIALS**

A descriptive cross-sectional survey design was adopted for the study. Descriptive cross sectional studies are on the spot means of discovering new meaning, describing what exist, determining the frequency with which something occurs and categorising information [23]. They are termed to be studies that provide an accurate portrayal of characteristics of a particular situation or group through a snap shot collection of facts and data about current events and describing the existing situation. Therefore the researcher adopts descriptive cross sectional survey because of its appropriateness to the topic as the study made an on the spot assessment and described the factors influencing job satisfaction among nurses in Ahmadu Bello University Teaching Hospital Zaria.

### **2.1 Study Setting**

The research was conducted in Ahmadu University Teaching Hospital Zaria, Kaduna State. Kaduna State is located in the north-western part of Nigeria. The hospital provides a broad range of tertiary services to meet the healthcare needs of people from the catchment area and the country at large, it also provides technical support to primary and secondary health facilities within its area of operation as well as facilities for the training of different cadres of health workers. The hospital also serves as a centre for the conduct of relevant researches into prevalent health and health related problems. The hospital has 695 nurses under the department of nursing services. These nurses are spread across various units under the department of nursing services. The nursing department is headed by the assistant director of nursing services while various nursing units are headed by Chief Nursing Officers.

### **2.2 Target Population**

The target population was the entire professional nurses working in ABUTH. Participants were drawn from the various nursing units of the hospital.

### **2.3 Inclusion Criteria**

Nurses trained and licensed by the Nursing and Midwifery Council of Nigeria and who have worked in ABUTH for more than six months were included in the study.

### **2.4 Exclusion Criteria**

Professional nurses who have not worked up to six months in ABUTH, Nurses on leave and Student nurses on training were excluded from the research.

### **2.5 Sample Size**

The sample size of 325 professional nurses in ABUTH was determined using power analysis. Sample size was calculated using this formula: Sample size =  $n / [1 + (n/\text{population})]$ , where  $n = z^2 p q / d^2$ . Confidence interval of 95% and 30.3% prevalence rate of job satisfaction from one of the previous studies was used [24]. This sample was selected from the total population of 695 nurses under the department of nursing services in ABUTH.

### **2.6 Sampling Technique**

Stratified random sampling technique was employed to recruit participants for the study. The researchers represented each Unit as a stratum to participate in the study by having their names written in a paper squeezed and put together on a table while a nurse on duty was requested to handpick at random and replace for the avoidance of bias. Six out of 26 units were picked. The units picked includes; medical, surgical, emergency, obstetrics and gynaecology, ancillary and compound services. Selection of participants from the six units was done by proportionate allocation followed by systematic random sampling after obtaining the sampling frame. Nurses that met the stipulated inclusion criteria and accepted to participate in the study by signing the informed consent form were served with copies of the questionnaire. Data collection process lasted for two weeks (8<sup>th</sup> April, 2016 – 22<sup>nd</sup> April, 2016). Two research assistants were trained to assist the researchers in data collection.

### **2.7 Instrumentation**

The study adopted Revised Nursing Work Index (NWI – R) questionnaire for data collection. Nursing Work Index questionnaire was originally developed by Kramer and Hafner and revised by Aiken and Patrician [24] with the reliability coefficient of 0.69. However, in this study, some modifications were made to the NWI – R to make it more contextual. Other added items were nurses' socio – demographic characteristics. The

final version of the instrument consisted of section A, B and C. Section A – Demographic Characteristics – 9 questions, Section B - Descriptions of factors which either their absence or presence could influence nurses' level of job satisfaction (motivation/intrinsic factors) comprise 20 questions, while Section C consists of descriptions of factors which either their absence or presence could influence nurses' level of job dissatisfaction (hygiene/extrinsic factors) comprising 26 questions. The instrument was pretested among 20 professional nurses from University of Abuja Teaching Hospital, Federal Capital Territory, Nigeria. The Cronbach alpha of the modified questionnaire was 0.66.

## **2.8 Data Analysis**

The 4-point Likert scale used were coded using numbers such as strongly agree (1), Agree (2), Disagree (3), and strongly disagree (4). Negative questions were given reversed scores and inspection/cleaning of the coded data were done to ensure coding accuracy. The data was then transferred to Statistical Package for the Social Sciences (SPSS) version 21.0 software, where descriptive statistical analysis such as simple frequency, percentages and mean and standard deviations were calculated. Frequency tables and percentages were used to present the data across all the sections of the questionnaire, while means and standard deviations of grouped data were calculated and presented.

## **3. RESULTS**

A total of 304 valid copies of the questionnaire were analysed. The respondent's age ranged between 20-63 years with a mean age of  $39 \pm 10.97$  years and a modal group of 31 to 41 years. Majority 226 (74.3%) of the respondents were married, 74(24.3%) of the respondents were single; 1(0.3%) were divorcees while 3(1.0%) were widowed. In terms of highest educational qualification, 83(27.3%) of the respondents were diploma holders. 124 (40.8%) were holders of post basic diploma, 93(30.4%) were Bachelor's Degree holders, while holders of Post graduate diploma and Master's diploma were both 2(0.7%). Concerning designation, 3(1%) of the respondents were Directors of Nursing Services. 136 (44.7%) were Chief Nursing Officers. 43(14.1%) of the respondents were Assistant Chief Nursing Officers. 12 (3.9%) were Principal Nursing Officers; 43(14.1%) were Senior Nursing Officers, 49(16.1%) were Nursing Officer I while 5.9% were Nursing Officer II.

The mean working hours per week of the respondents was  $46 \pm 12.39$  while the mean years worked by the respondents in ABUTH was  $13 \pm 9.94$ . The respondent's age in nursing profession ranged between one and forty years with a modal age group of one to ten. Majority 95(31.3%) of the respondents were in Medical unit, 86(28.3%) were in surgical Unit; 35(11.5%) were in Emergency Unit while 31(10.2%) were in Obstetrics and Gynaecology Units. Others includes; 18 (5.9%) of the respondents in Ancillary units and 39(12.8%) in Compound Services.

### **3.1 Influence of Extrinsic Factors on Job Satisfaction among Nurses in ABUTH**

Table 2 shows that majority of the nurses have good working relationship among themselves and with other professional colleagues in the health sector. However 217(71.4%) of the respondents were dissatisfied with their salaries and wages.

Table 3 shows that 62.5% of nurses in ABUTH were satisfied with standardised policy procedures established by their employer. However, 37.5% reported dissatisfaction with their policies and administration. Similarly, while 50.7% of the participants were satisfied with nurses having autonomy to decide nursing policies and procedure, 49.3% were dissatisfied.

Table 4 revealed that 236 (77.7%) of the respondents were satisfied with the support received from their supervisors. 257(84.5%) of the Nurses reported that, Chief Nursing Officers were consistently visible and approachable to all staff. Regarding working condition, Most of the participants (67.5%) reported the use of medical oriented records. Majority (75.0%) of the nurses equally reported satisfaction with autonomy in their practice. However, a higher percentage of the participants (73%) reported shortage of staffing and were dissatisfied with excessive workload. Similarly, most of the participants (75.3%) were dissatisfied with their work environment.

### **3.2 Influence of Intrinsic Factors on Job Satisfaction among Nurses in ABUTH**

Table 5 showed that majority of the respondents were satisfied with working condition in ABUTH. However when respondents were asked whether they have enough registered nurses on duty to

provide quality patient care, only 46% of the respondents were satisfied with the staff strength of the Hospital. Majority of Nurses in ABUTH

were satisfied with their involvement in decision making (89.1%) and opportunities for further studies and training (84.9%).

**Table 1. Demographic Characteristics of Respondents (n=304)**

<b>Gender</b>	<b>Frequency</b>	<b>%</b>
Male	106	34.9
Female	198	65.1
<b>Age range (years)</b>		
20 to 30	85	28.0
31 to 41	102	33.6
42 to 52	78	25.7
53 to 63	39	12.8
(Mean age = 39±10.97)		
<b>Marital status</b>		
Single	74	24.3
Married	226	74.3
Divorced	01	0.3
Widow	03	1.0
<b>Highest education Qualification</b>		
Diploma(RN/RM)	83	27.3
Post Basic Diploma	124	40.8
Bachelor's Degree	93	30.6
Post graduate Diploma	2	0.7
Master's Degree	2	0.7
<b>Current Designations</b>		
Director of Nursing Services(DNS)	3	1.0
Chief Nursing Officer(CNO)	136	44.7
Assistant Chief Nursing Officer(ACNO)	43	14.1
Principal Nursing Officer (PNO)	12	3.9
Senior Nursing Officer (SNO)	43	14.1
Nursing Officer I (NO I)	49	16.1
Nursing Officer II (NO II)	18	5.9
<b>Working hours per week</b>		
1-10	04	1.3
11-20	04	1.3
21-30	14	4.6
31-40	99	32.6
41-50	29	9.5
51-60	145	47.7
71-80	09	3.0
(Mean working hours = 46.059± 12.3906)		
<b>Number of years worked at ABUTH</b>		
1-10	175	57.6
11-20	55	18.1
21-30	45	14.8
31-35	26	8.6
36 and above	03	1.0
(Mean years worked in ABUTH = 13±9.94)		
<b>Nursing profession experience (years)</b>		
1-10	144	47.4
11-20	80	26.3
21-30	45	14.8
31-35	30	9.9
36 and above	05	1.6

<b>Gender</b>	<b>Frequency</b>	<b>%</b>
<b>Department/Unit</b>		
Medical	95	31.3
Surgical	86	28.3
Emergency	35	11.5
Obstetrics and Gynaecology	31	10.2
Ancillary units	18	5.9
Compound Services	39	12.8

**Table 2 Interpersonal relations and salary**

<b>Interpersonal relations</b>	<b>Satisfied</b>		<b>Dissatisfied</b>	
	<b>Frequency</b>	<b>%</b>	<b>Frequency</b>	<b>%</b>
Physicians and nurses have good working relationship	175	57.6	129	42.4
Good relationship with other departments such as housekeeping and dietary	238	81.6	66	18.4
Collaboration (joint practice) between nurses and physicians	179	58.8	125	41.2
Much team work between nurses and doctors	154	50.6	150	49.4
<b>Salary</b>				
Satisfactory salaries and wages	87	28.6	217	71.4

**Table 3. Policy and administration**

<b>Policy and administration</b>	<b>Satisfied</b>		<b>Dissatisfied</b>	
	<b>Frequency</b>	<b>%</b>	<b>Frequency</b>	<b>%</b>
An administration that listens and respond to employee concerns	80	26.3	224	73.7
A preceptor programme for newly hired registered nurses	174	57.6	130	42.4
Primary nursing as the nursing delivery system	200	66.7	104	33.3
Nursing care is based on nursing rather than a medical model	204	67.1	100	32.9
Standardised policies procedures and ways of doing things	190	62.5	144	37.5
Each nursing unit determines its own policies and procedure	154	50.7	150	49.3
An active quality assurance programme	150	49.3	154	50.7
Written up-to-date nursing care plans for all patients	185	60.8	119	39.2
A good orientation programme for newly employed nurses	170	55.9	134	44.1
Nursing care plans are verbally transmitted from nurse to nurse	113	37.1	191	62.9
Flexible or modified work schedule are available	198	65.2	106	34.8
There is use of nursing diagnoses	222	73.0	82	27.0
Nurse managers consult with staff on daily problems and procedures	182	59.9	122	40.1
Regular, permanent assigned staff nurses never have to float to another unit	132	43.4	172	56.6
A clear philosophy of nursing pervades the patient care environment	148	48.7	156	51.3
Opportunity for staff nurses to participate in policy decisions	130	42.8	174	57.2
High standards of nursing care are expected by the administration	230	75.7	74	24.3
The nursing staff participates in selecting new equipment	105	34.6	199	65.4
Chief nursing executive is equal in power and authority to other top-level executives	141	46.3	163	53.7

**Table 4. Supervision and working conditions**

Supervision	Satisfied		Dissatisfied	
	Frequency	%	Frequency	%
A supervisory staff that is supportive of nurses	236	77.7	68	22.3
A chief nursing officer is highly visible to staff	257	84.5	47	15.5
<b>Working conditions</b>				
There is use of medical oriented record	205	67.4	99	32.6
Nurses control their own practice	225	74.0	79	26.0
Floating so that staffing is equalised among units	189	62.1	115	37.9
Opportunity to work in highly specialised unit	188	61.8	116	38.2
Adequate support services allow me to spend time with my patients	107	35.2	197	64.8
Enough staff to get the work done	82	27.0	222	73.0
The work environment is pleasant, attractive and comfortable	75	24.7	229	75.3

**Table 5. Work itself and advancement**

Work itself	Satisfied		Dissatisfied	
	frequency	%	frequency	%
Working with experienced nurses who know the hospital	271	89.1	33	10.9
Total patient care as the nursing delivery system	210	69	94	31
Team nursing as the nursing delivery system	261	85.8	43	14.2
Working with nurses who are clinically competent	254	83.6	50	16.4
Nurses actively participate in developing their work schedules (i.e. days on duty and say off-duty)	260	85.5	44	14.5
Clinical nurses specialists who provide patient care consultation	204	67.1	100	32.9
Nurses are involved in the internal governance	172	56.6	132	43.4
Enough registered nurses on duty to provide quality patient care	140	46.0	164	54.0
<b>Advancement</b>				
Nurses have the opportunity to serve on hospital and nursing committees	271	89.1	33	10.9
There are opportunities for advancement	258	84.9	46	15.1

**Table 6. Possibility for growth/promotion and responsibility**

Possibility for growth/promotion	Satisfied		Dissatisfied	
	Frequency	%	Frequency	%
Career development/clinical ladder opportunity	192	63.2	112	36.8
Active in-service/continuing education programmes for nurses	202	66.4	102	33.6
<b>Responsibility</b>				
Patient assignments foster continuity of care (the same nurse care for the patient from one day to the next)	181	59.5	123	40.5
Nurses actively participate in efforts to control cost	189	62.2	115	37.8
Freedom to make important patient care and work decisions'	186	61.2	118	38.8
A nurse manager who is a good manager and leader	235	77.3	69	22.7
Physicians give high quality care	144	47.4	160	52.6
Not being placed in a position of having to do things that are against my nursing judgment	181	59.5	123	40.5

**Table 7. Recognition and achievement**

Recognition	Satisfied		Dissatisfied	
	Frequency	%	Frequency	%
The contributions that nurses make to patient care are publicly acknowledged	204	67.1	100	32.9
Support for new and innovative ideas about patient care	264	86.8	40	13.2
Praise and recognition for a job well done	166	54.6	138	45.4
Nursing staff are supported in pursuing a degree in nursing	176	57.9	128	42.1
Enough time and opportunity to discuss patient care problems with other nurses	166	54.6	138	45.4
A nurse manager back up the nursing staff decision making, even if there is conflict with a physician	169	55.6	135	44.4
<b>Achievement</b>				
Enough time and opportunity to discuss patient care problems with other nurses	166	54.6	138	45.4
A nurse manager back up the nursing staff decision making, even if there is conflict with a physician	169	55.6	135	44.4

Table 6 shows that majority of the respondents were satisfied with career development and continuing education programmes. Similarly, more than half of the respondents were satisfied with patient's assignment from their superiors, their participation in cost control and freedom to make important decisions on patients care.

Table 7 shows that 67.1% of the participants were satisfied with the level of the acknowledgement of their contributions to patients care. Similarly, 54.6% of the nurses reported being satisfied with praise and recognition. Regarding achievement, only 54.6% of the respondents were satisfied with the available time and opportunity to discuss patients care problems with other nurses.

#### 4. DISCUSSIONS

Finding of this study revealed extrinsic factors having dual impacts on satisfaction among nurses in ABUTH as opposed to Herzberg's theory [14]. Extrinsic factors were found to influence both job satisfaction and job dissatisfaction simultaneously. Similar finding was reported among Swedish psychiatric nurses where an extrinsic factor (salary) was reported to have a strong positive impact on both satisfaction and job dissatisfaction [25].

The study also revealed that nurses in ABUTH had mixed feeling about their working relationship with other professionals. While many derived satisfaction, others were dissatisfied with their working relationship with other professionals. Difference in nurses' opinion on their satisfaction with interpersonal relations

could be attributed to effectiveness of supervision in maintaining open and transparent communication through which nurses could channel their complaints. This poor interpersonal relations manifesting in inadequate ideal communication among healthcare personnel was also reported in USA and was found to cost hospitals in America above \$12 billion per annum [12]. Effective communication is therefore absolutely imperative to nursing practice. Nurses should be trained in effective communication for them to develop competency in both verbal and non-verbal communication skills because, they are the most potent antidote to workplace violence and herald of spirit of oneness and team work. Effective interpersonal relations, therefore, encourage the creation and promotion of effective and transparent communication and meaningful collaboration in the nursing professional practice environment [26]. Other empirical literature reported similar findings by establishing strong positive relationship between good interpersonal relations and job satisfaction [27,26]. When employees are contended with justice and fairness in their workplace, they will be positioned to develop rational and ethical relationship among their colleagues [18]. Similar findings were reported by other studies [28,29,30]. Hospital management should, therefore, ensure justice and fairness in the management of their employees. Employees' input should be sought and valued so as to create the sense of oneness and increase in self-esteem and overall job satisfaction [28].

Participants also had mixed feeling on satisfaction with the policies and administration



of ABUTH. Good policy and administration are strong motivating factors to employees; however, their impacts cannot be felt without adequate communication and socialisation of the employees on such policy and administration. Previous researchers also cited clarity documented policies, role clarity, knowledge of organisational culture and appropriate feedback mechanism as bedrock to nurses' organisational commitment and overall job satisfaction [20]. Nurses are appreciative of clarity, transparency and uniformity of organisational policies and administration [21]. When employees are aware of rules and regulations operational in their organisations, role conflicts, and occupational stresses, destructive and unethical behaviours would be reduced to their barest minimum. It is therefore imperative for healthcare facilities to frequently review their organisational policies while taking into cognizance the current prevailing circumstances [31,32].

A significant proportion of the participants were satisfied with the support received from their supervisors. Nurses reported that Chief Nursing Officers were consistently visible and approachable to all staff. Good supervision is a major determinant of creating and sustaining professional healthy nursing practice environment. Competent supervisors are supportive of their employees, as such; employees' well-being, development and achievement are top on their agenda. Good leaders and supervisors are appreciative, provide avenues for fun, and above all, are good role models [33]. This finding also lends support to the previous report that supportive work environment is a major determinant of the positive level of job satisfaction and decreased turnover rate among Jordanian nurses [8]. Employees cultivate the sense of belonging and high organisational commitment when they perceive their supervisors interested in their wellbeing. Furthermore, a study conducted among Canadian nurses also established a positive correlation between good managerial supervision and nurses' job satisfaction [34]. In general, leadership is the process of influencing group of people to attain set objectives [35]. Leadership shares similarities with management but are however not the same. While leadership produce change, and movement, management provides order and maintain the status quo [36]. It is therefore worthy of note that one does not become a leader simply by virtue of the position occupied. By implication, nurse leaders and supervisors should be trained and appointed

based on competency and not merely number of years in service [20]. Employees' job satisfaction is created and sustained with the presence and effort of unit supervisors who are passionate, friendly, and accommodative [13].

Nurses in ABUTH were generally dissatisfied with their working conditions with specific emphasis on work load, staff strength and work environment. Similar finding was reported in a multinational study conducted in twelve European countries and America to assess the impact of hospital work environments on nurses' satisfaction. Nurses' dissatisfaction with work environments was reported in USA and eleven of the European countries with exception of Germany [36]. This finding is also in consonant with other previous cross-sectional studies in Nigeria and South Africa where dissatisfaction with working conditions was reported among nurses in low resource settings [37,38]. Furthermore, similar finding was reported in other empirical literature [39,40,41,42]. This dissatisfaction reported in ABUTH could be attributed to the fact that the hospital is a major tertiary healthcare facility in the entire north-western zone of Nigeria. As such, ABUTH serve as a major centre for referral to both primary and secondary healthcare facilities in the state. Nurses are therefore overburdened with the care of the teeming clients accessing care.

When working conditions are simulative, employees will be motivated and equipped for maximum productivity [36]. Nurse leaders and supervisors should regularly review their staffing level in accordance to the growth and development of the hospital. Staffing should also be done with having the right mix, right numbers and right competencies so as to encourage specialisation in the nursing profession. Healthy working conditions are unequivocally strong motivating factors for releasing employees' happiness, wellbeing, and efficiency. Healthy working conditions include adequate staffing and resources which are effective remedy to workplace related stresses. Healthcare organisations should, therefore, endeavour to provide quality, sufficient and ergonomically designed working tools for nurses as it will motivate them and also enhance their productivity [40].

Contrary to nurses' dissatisfaction with working conditions reported in ABUTH, high level of job satisfaction with working conditions was reported among Turkish nurses [43]. The difference in

finding may be attributed to the fact that the Turkish study only involved nurses from private owned health facilities which may have better working conditions of services such as quality and adequate equipment; and sufficient staffing in contrast to public healthcare facilities obtained in our study.

The potency of the influence of quality pay on employees' job satisfaction is incredibly indescribable because it is all encompassing in their lives. Salary could serve as either extrinsic or intrinsic factors [24]. When considered as the only means of exchange, it becomes an extrinsic factor but when used as a source of reward for an achievement, it becomes an intrinsic factor [24]. Nurses in ABUTH were however dissatisfied with their salary. When employees perceived their salary being adequate, in commensuration with their individual skill level, job demands and prevailing pay standards, they find their job more attractive and fulfilling which invariably leads to increase in their level of job satisfaction [13].

Most studies especially in Africa cited good salary as the major determinant of employees' job satisfaction [21] which, however, is contrary to Herzberg's theory [14]. Good salary serving as both intrinsic and extrinsic factors mostly among African employees could probably be due to economic hardship where every employee's major priority is how to struggle to keep the soul and body together [21]. Secondly, Africans' extended family practice bestows upon employees many responsibilities. As such, employees need more money to measure up to expectation and maintain their social status. Correspondingly, similar findings were reported among Turkish nurses [43], Iranian nurses [18], Mauritian nurses [44], Italian nurses [28], South African nurses [38,31], Nigerian nurses [21].

Employees' major criterion for measuring their organisational, societal importance and value is the quality of their remunerations [45]. "Compensation commiserate with one's responsibilities is an element of overall job satisfaction and influences satisfaction with and commitment to work" [46]. Employers should therefore ensure that employees' salaries are adequate and commensurate with their experience and training.

Strong associations were established between intrinsic factors and job satisfaction among nurses in ABUTH which was in accordance to Herzberg's theory [14]. Participants were

satisfied with their level of advancement, responsibilities and achievement but were however dissatisfied with staff strength of ABUTH.

Nurses in ABUTH were satisfied with their involvement in decision making and opportunities for further studies and training. Most of the respondents reported having good prospects of growth and development in their profession. It is paramount to state that satisfaction with advancement reduces frictions between management and employees because when employees are happy, they become productive and committed to their duties. This reduces rate of absenteeism, sick leave, challenge of interpersonal relations and wastage of resources as staff are poised to seeing the organisation achieve its goals. Similar findings were reported by other authors [21,38]. ABUTH though managed directly by the Ministry for Health, has close links with Ahmadu Bello University (ABU) and has close proximity with the University. Nurses in ABUTH are therefore benefitting from the proximity to enrol for further studies and training at ABU which could be facilitating their access to opportunities for further training and advancement in their careers.

Participants were equally satisfied with patient assignments fostering continuity of care while having the right to make decisions relating to nursing care. They were therefore satisfied with their autonomy over nursing practice. When nurses are satisfied with their level of responsibility, they will become more interested in supporting their organisation by making quality input, being stable at work, and ensuring the overall clients' satisfaction. Outcomes of satisfaction with responsibility over job satisfaction, quality of care and overall clients' satisfaction were reported by some empirical literature [30,31]. Allowing nurses to practice to the level of their and competency as well as making decisions about patient's care increase their motivation and raise their level of job satisfaction. Professional autonomy is therefore fundamental to excellence and professional development as it enables passion and desire to excel in ones area of specialisation [31].

Majority of the participants were satisfied with the level of the acknowledgement of their contributions to patients care. Similarly, the nurses also reported being satisfied with praise and recognition. This implies that there was a positive association between recognition and job

satisfaction among ABUTH nurses as asserted by Herzberg. This finding was in agreement with other similar studies on job satisfaction among nurses [18,31]. Recognition instils a sense of accomplishment and the desire to strive for more for achievement among employees. While good remuneration is gratifying, it cannot buy happiness and happy employees are healthy employees while healthy employees are productive and satisfied employees [18]. Furthermore, satisfaction with recognition enhances the cultivation of confidence as employees are assured of the expectations and standards expected from their employers from previous praise and recognition given by their supervisors over job well-done [45]. Such confidence would build a sense of coherence in the nurses and thereby increasing their level of resilience and determination to attain outstanding achievement in anticipation for more praise and recognition. Supervisors should, therefore, endeavour to keep close eyes on their subordinates in anticipation to supporting and guiding them to carry out their duties effectively and efficiently while making corrections objectively so as to avoid demoralisation of subordinates. Praise and recognition are essential to the development of among staff. Thus, the more satisfied employees are with praise and recognition, the happier and productive they would be. Employers can, therefore, overcome challenges of retaining competent and passionate employees by prompt and adequate acknowledgment of their achievement.

Participants had mixed opinion on having adequate time and opportunities to discuss and plan patient care in ABUTH. This could be attributed to excessive workload as a result of poor staffing in nursing as reported by the participants. Excessive workload leads to underutilisation of nurses' skills as nurses will strive to carry out the only major procedures in anticipation to save time and attend to every client thereby paving rooms for missed nursing care. Under achievement of skills, competence and goals by nurses could lead to depression, falling ill health and frequent absenteeism. Similar findings were reported by other studies [20,21].

Employees' pursuance of achieving organisational goals is in anticipation of achieving their own personal goals. Therefore a symbiotic kind of relationship between organisational goals and employees' goals will

positively influence employees' job satisfaction. Furthermore, feeling of achievement provides happiness and satisfaction in employees. Such feelings are potent antidotes to workplace related stresses upon which employees' maximum productivity is predicated. Organisations should provide employees with positively challenging responsibilities which commensurate with their skills and training. Nurses should also be provided with opportunities for further professional training and development so as to enable them keep abreast with emerging challenges in clients' care. Nurses' professional qualifications and years of services should be acknowledged and rewarded with promotion and increase in remuneration. It is needful to note that recognition of nurses skills and educational qualifications with promotion will serve as one of the factors influencing their feeling of achievement [21].

Significant proportion of the participants was satisfied working with colleagues who are professionally competent. Similarly, many nurses also reported being satisfied with their level of involvement in the internal governance of the hospital. However, a higher proportion of the participants were dissatisfied with level of staffing. Poor staffing causes assigning of non-nursing task to nurses. Furthermore, without adequate staffing, nurses will be subjected to excessive workload leading to burnout and job dissatisfaction [32]. Previous report also synchronised that, improving staffing would yield more positive outcomes than any other investment the organisation can embark upon [32]. Without adequate staffing, there cannot be experience of job enrichment by nurses as they will be compelled to major on important and urgent clients' needs. When there are poor staffing, opportunities for transfer to other department and change of job description in accordance to one's level of training and experience would not exist. This will invariably lead to boredom and monotony of responsibilities and consequently job dissatisfaction [21].

Similarly, nurses from Germany, France, Poland, Italy, Netherlands, Belgium, Slovakia and China reported having poor job satisfaction and frustration with the nursing profession due to poor staffing and excessive workload [30]. Ideal workload is attainable only through adequate staffing and staffing is said to be adequate when there is a rational allocation of patients/clients care to nurse(s) [47]. Adequate human and material resources are strong positive

predicators of employees' job satisfaction. Hospital environment should be pleasant and wards, offices should be spacious and well lightened whereas improvising of equipment should be reduced to the barest minimum. Furthermore, equipment provided must be the ones that are ergonomically designed and suitable for their purpose [30].

## **5. CONCLUSION**

Extrinsic factors include interpersonal relations, salary, policy and administration, supervision and working conditions. The finding of this study revealed extrinsic factors having dual impacts on satisfaction among nurses in ABUTH. Extrinsic factors were found to influence both job satisfaction and job dissatisfaction simultaneously. Participants were satisfied with their level of advancement, responsibilities and achievement but were however dissatisfied with staff strength of ABUTH.

## **6. RECOMMENDATIONS**

1. ABUTH management should keep vivid record of nurses' performance and poised to recognise, commend, reward both in kind and cash such as bonuses, and promotion for job well-done, ethical conduct and excellence.
2. Nurses in ABUTH should be provided with sufficient, quality and ergonomically designed equipment suitable for carrying out nursing procedures. Factors such as eco-therapy should likewise be given attention so as to create conducive and therapeutic hospital environment to both clients and employees.
3. ABUTH Management should focus on nurses' job enrichment by providing them with stimulating and interesting work that challenge and motivate them. Nurses should equally be given autonomy over nursing practice.
4. Hospital management should be explicit and transparent on their policies and administrations. Nurses should be given job description with clearly delineated jurisdiction while taking into cognizance their competency, experience, and educational training.

## **CONSENT**

As per international standard respondent's written consent was collected and preserved by the authors.

## **ETHICAL APPROVAL**

As per international standard, Ethical approval dated 2nd March, 2016 with the number – NMIMR – IRB CP 08/15 – 16 was obtained from The Noguchi Institute for Medical Research (NMIMR), College of Health Sciences, University of Ghana. Secondly, institutional approval was equally obtained from the Health Research Committee for Ahmadu Bello University Teaching Hospital (ABUTH), Zaria, Kaduna State, Nigeria, dated 7th April, 2016 with the number – ABUTH/HREC/T13/2016.

## **COMPETING INTERESTS**

Authors have declared that no competing interests exist.

## **REFERENCES**

1. Locke EA. The nature and causes of job satisfaction in handbook of industrial and organizational psychology. Dunnette MD, Ed., Rand McNally, Chicago, Ill, USA. 1976;1297–1349.
2. Spector PE. Job satisfaction: Application, assessment, causes, and consequences. Sage, London, UK, 1<sup>st</sup> edition; 1997.
3. De Francisco SN, Meguid T, Campbell J. Health-care workers as agents of sustainable development. *The Lancet Global Health*. 2015;3(5):e249-e250.
4. Oyetunde MO, Ayeni OO. Exploring factors influencing recruitment and retention of nurses in Lagos state, Nigeria within year 2008 and 2012. *Open Journal of Nursing*. 2014;4:590-601.
5. Agboghroma CO, Gharoro EP. Coverage and distribution of obstetricians and gynaecologists in Nigeria. *International Journal of Gynaecology & Obstetrics*. 2015;129(1):50-53.
6. Green A. Will Nigeria's new government fix the health system? *The Lancet*. 2016; 387(10014):111-112.
7. Walani SR. Global migration of internationally educated nurses: Experiences of employment discrimination. *International Journal of Africa Nursing Sciences*. 2015; 3:65-70.
8. AbuAlRub R, El-Jardali F, Jamal D, Al-Rub NA. Exploring the relationship between work environment, job satisfaction, and intent to stay of Jordanian nurses in underserved areas. *Applied Nursing Research*. 2015;4(1):7-14.

9. Saleh AM, Darawad MW, Al-Hussami M. The perception of hospital safety culture and selected outcomes among nurses: An exploratory study. *Nursing & Health Sciences*. 2015;17(3):339-346.
10. Alenius LS, Tishelman C, Runesdotter S, Lindqvist R. Staffing and resource adequacy strongly related to RNs' assessment of patient safety: A national study of RNs working in acute-care hospitals in Sweden. *BMJ quality & safety, bmjqs-2012*; 2013.
11. Ezeonwu MC. Maternal birth outcomes: Processes and challenges in Anambra State, Nigeria. *Health Care for Women International*. 2011;32(6):492-514.
12. Ulrich BT, Lavandero R, Woods D, Early S. Critical care nurse work environments 2013: A status report. *Critical Care Nurse*. 2014;34(4):64-79.
13. Locke EA. What is job satisfaction? Organizational behaviour and human performance. 1969;4(4):309-336.
14. Hertzberg F. One more time: How do you motivate employees? Boston: Harvard Business Review. 1968;46-57.
15. Asegid A, Belachew T, Yimam E. Factors influencing job satisfaction and anticipated turnover among nurses in Sidama Zone public health facilities, south Ethiopia. *Nursing Research and Practice*. 2014;1-27.
16. Chaudhury S. Job satisfaction of hospital staff: An emerging challenge. *Medical Journal of Dr. DY Patil University*. 2015; 8(2):129.
17. Adegoke AA, Atiyaye FB, Abubakar AS, Auta A, Aboda A. Job satisfaction and retention of midwives in rural Nigeria. *Midwifery*. 2015;31(10):946-956.
18. Mosadeghrad AM. Occupational stress and turnover intention: Implications for nursing management. *International journal of health policy and management*. 2013; 1(2):169.
19. Nwafor CE, Immanuel EU, Obi-Nwosu H. Does nurses' self-concept mediate the relationship between job satisfaction and burnout among Nigerian nurses. *International Journal of Africa Nursing Sciences*. 2015;3:71-75.
20. Ugwa E, Ugwa C. A survey of job satisfaction among nurses and its correlate in a tertiary healthcare in Northern Nigeria. *The Journal of National Accreditation Board for Hospitals & Healthcare Providers*. 2014;1(2):29.
21. Edoho SAP, Bamidele E, Neji OI, Frank AE. Job satisfaction among nurses in public hospitals in Calabar, Cross River State Nigeria. *American Journal of Nursing*. 2015;4(4):231-237.
22. Ofili AN, Asuzu MC, Isah EC, Ogbeide O. Job satisfaction and psychological health of doctors at the University of Benin Teaching Hospital. *Occupational Medicine*. 2004;54(6):400-403.
23. Uzoagulu AE. Practical guide to writing research project reports in tertiary institutions. Enugu, Cheston Limited, Nigeria. 2011;53-55.
24. Aiken LH, Patrician PA. Measuring organizational traits of hospitals: The revised nursing work index. *Nursing Research*. 2000;49(3):146-153.
25. Holmberg C, Sobis I, Carlstrom E. Job satisfaction among Swedish mental health nursing staff: A cross-sectional survey. *International Journal of Public Administration*. 2016;36 (6):429-436.
26. Kourkouta L, Papathanasiou IV. Communication in nursing practice. *Materia Sociomedica*. 2014;26(1):65.
27. Yoon HS, Kim GH, Kim J. Effectiveness of an interpersonal relationship program on interpersonal relationships, self-esteem, and depression in nursing students. *Journal of Korean Academy of Nursing*. 2011;41(6):805-813.
28. Dignani L, Toccaceli A. Nurses and job satisfaction: Results of an Italian survey. *Journal of US-China Public Administration*. 2013;10(4):379-387.
29. Kim JM. The difference in the life satisfaction and job satisfaction of nursing teachers depending on their socio-demographic characteristics. *Advanced Science and Technology Letters*. 2015; 103:197-201.
30. Li B, Bruyneel L, Sermeus W, Van den Heede K, Matawie K, Aiken L, Lesaffre E. Group-level impact of work environment dimensions on burnout experiences among nurses: A multivariate multilevel probit model. *International Journal of Nursing Studies*. 2013;50(2):281-291.
31. Khunou SH, Davhana-Maselesele M. Level of job satisfaction amongst nurses in the North-West Province, South Africa: Post occupational specific dispensation. *Curationis*. 2016;39(1):1-10.
32. Aiken LH, Sloane DM, Bruyneel L, Van den Heede K, Sermeus W, Consortium. Nurses' reports of working conditions and

- hospital quality of care in 12 countries in Europe. *International Journal of Nursing Studies*. 2013;50(2):143-153.
33. UMBC. Wellness initiative vision; 2012.
  34. Nowrouzi B, Rukholm E, Larivière M, Carter L, Koren I, Mian O. An examination of retention factors among registered practical nurses in north-eastern Ontario, Canada. *International Electronic Journal of Rural and Remote Health Research. Education, Practice and Policy*. 2015;15: 3191.  
Available:<http://www.rrh.org.au>
  35. Northouse P. *Authentic leadership. Leadership: Theory and Practice*. 2013; 253-286.
  36. Aiken LH, Sermeus W, Van den Heede K, Sloane DM, Busse R, McKee M, Tishelman C. Patient safety, satisfaction, and quality of hospital care: Cross sectional surveys of nurses and patients in 12 countries in Europe and the United States. *BMJ*. 2012;344:e1717.
  37. Ogbolu Y, Johantgen ME, Zhu S, Johnson JV. Nurse reported patient safety in low-resource settings: A cross-sectional study of MNCH nurses in Nigeria. *Applied Nursing Research*. 2015;28(4):341-346.
  38. George G, Gow J, Bachoo S. Understanding the factors influencing health-worker employment decisions in South Africa. *Human Resources for Health*. 2013;10(1):11-15.
  39. Lu H, Barriball KL, Zhang X, While AE. Job satisfaction among hospital nurses revisited: A systematic review. *International Journal of Nursing Studies*. 2012; 49(8):1017-1038.
  40. You LM, Aiken LH, Sloane DM, Liu K, He GP, Hu Y, Shang SM. Hospital nursing, care quality, and patient satisfaction: Cross-sectional surveys of nurses and patients in hospitals in China and Europe. *International Journal of Nursing Studies*. 2013;50(2):154-161.
  41. Ganz FD, Toren O. Israeli nurse practice environment characteristics, retention, and job satisfaction. *Israel Journal of Health Policy Research*. 2014;3(1):1.
  42. Leineweber C, Chungkham HS, Lindqvist R, Westerlund H, Runesdotter S, Alenius LS, Tishelman C. Nurses' practice environment and satisfaction with schedule flexibility is related to intention to leave due to dissatisfaction: A multi-country, multilevel study. *International Journal of Nursing Studies*. 2016;58:47-58.
  43. Masum AKM, Azad MAK, Hoque KE, Beh LS, Wanke P, Arslan Ö. Job satisfaction and intention to quit: An empirical analysis of nurses in Turkey. *Peer J*. 2016;4:e1896.
  44. Hollup O. Nurses in mauritius motivated by extrinsic rewards: A qualitative study of factors determining recruitment and career choices. *International Journal of Nursing Studies*. 2012;49(10):1291-1298.
  45. Ghazanfar F, Chuanmin S, Khan MM, Bashir M. A study of relationship between satisfaction with compensation and work motivation. *International Journal of Business and Social Science*. 2011;2(1): 120-131.
  46. Heneman RL. 'Merit pay, linking pay increases to performance ratings, Addison-Wesley, Reading, MA; 1992.
  47. McGlynn KA, Griffin MQ, Donahue M, Fitzpatrick JJ. Registered nurse job satisfaction and satisfaction with the professional practice model. *Journal of Nursing Management*. 2012;20(2):260-265.

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