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Determinants of Job Satisfaction among Dentists Working in Teaching Hospitals in Karachi, Hyderabad and Islamabad

Amir Ali Barket Ali¹, Mehak Azeem², Naveed Bhutto³ and Sohail Raza Shaikh⁴

¹Department of Health, Provincial Nutrition Cell, Government of Sindh, Karachi, Pakistan

²Student at Aga Khan University, Karachi, Pakistan

³Provincial Fortification Alliance, Sindh, Clifton Karachi, Pakistan

⁴Provincial Nutrition Cell, Clifton Karachi, Pakistan

Corresponding author: Amir Ali Barket Ali Samnani, Provincial Nutrition Coordinator, Department of Health, Government of Sindh, Karachi, Pakistan, E-mail: am_samnani@hotmail.com

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Abstract

Background: The scarcity of healthcare professionals is one of the burning issues in almost every part of the world. Each health care personnel are crucial for the healthcare system and its insufficiency produce troubles for the working of the system. This dearth's construct an unfavorable environment for others to retain in an organization. Job satisfaction is one of the leading concerns for all managers around the world. Job satisfaction among professionals would actually have impact on their work.

Objective: To evaluate the determinants of job satisfaction among Dentists in teaching hospitals in few cities of Pakistan.

Method: A quantitative approach was used by using probability sampling. A self-administered questionnaire was distributed at five teaching hospitals of Karachi and two teachings hospitals outside Karachi. A sample size of hundred respondents were identified and selected for this study. Study questionnaire consists of two sections. Section A comprised the socio-demographic characteristics consisting of seven items; while Section B was on evaluation of job satisfaction consists of 15 questions. Data were then confining in Statistical Package for Social Sciences SPSS 21 for the purpose of analysis.

Results: The study found that Dentist were more satisfied with their job advantages, sufficient job opportunities, work mentally stimulating, status in the community and entrusted with responsibility. Majority of the sample (71%) were agreed to the point that they are satisfied with their job. Results also suggest that there is no association between socio-demographic variables and job satisfaction.

Conclusion: Dissatisfaction with one's job cannot affect only motivation at work but also career decisions, personal growth and level of cooperation. Given the pivotal role that healthcare professionals play in determining the effectiveness, efficiency and sustainability of health care systems, it is imperative to understand what motivates them and the extent to which contextual variables and the organization satisfy them.

Keywords: Job satisfaction; Socio demographic; Freedom of choice; Employee recognition

Introduction

The scarcity of healthcare professionals is one of the burning issues in almost every part of the world. Each and every health care personnel is crucial for the healthcare system and its insufficiency produce troubles for the working of the system. This dearth's construct an unfavorable environment for others to retain in an organization. In the world of advanced technology, organizations need more qualified and skilled healthcare professionals to achieve its goals.

Job satisfaction is believed as one of the major element in the quality of care provided as well as highly satisfied professional have less chances of staff turnover. It was reported that, "The concept of job satisfaction has been broadly studied in literature, due to the fact that many experts, managers as well as researchers, believe its trends can affect and influence work productivity, employee turnover and employee retention"[1]. Moreover, it was stated that, Job satisfaction is a critical issue for every organization because satisfied employees are reportedly known for good performance and vice versa [2].

Several factors come together to determine the job satisfaction including the basic factor (pay, work, supervision, promotion, coworkers and work environment), the demographic attributes of the employees and the broader

social, organizational, and human contexts constituting the totality of work environment. Change in context changes the role of all other determinants of job satisfaction in any type of the organization. Both public and private sector organizations of advanced and developing countries are susceptible to the contextual implications which substantially change the level of job satisfaction or otherwise.

Furthermore, it was affirmed that Satisfaction is the contentment felt after a need is fulfilled. It is a general attitude that is determined by job factors (i.e., pay, work, supervision etc.), individual or personal characteristics (demographics) and other social and group factors [3]. People bring with them certain drives and needs that affect their performance therefore, understanding how needs stimulate performance and how rewards on such performance lead to the job-satisfaction is indispensable for the managers.

Job satisfaction in health care workers has a great impact on quality, effectiveness and work efficiency and at the same time on health-care costs [4]. Besides its importance for patients and health care system as a whole, professional satisfaction in health care workers is directly connected with absence from work, human relations and organization of work [1,4,5]. Health care workers face increased risk for work discontent. Stress, burnout and complex shift work are important determinants of health care workers' well-being and they also influence their professional satisfaction.

According to a study carried out by Freeborn reported that healthcare providers, who perceive greater control over work, and who also perceive their work demands are reasonable and have more support from colleagues, have higher levels of satisfaction and commitment to the Health Maintenance Organization (HMO) and psychological well-being [6].

Hence, from the literature it is apparent that job satisfaction is one of the leading concerns for all managers around the world. Job satisfaction among professionals would actually have impact on their work. To identify and compare the job satisfaction among healthcare professionals especially Dentist, we conducted a research to know the determinants of job satisfaction among Dentist of Karachi, Jamshoro and Rawalpindi cities of Pakistan.

The motive behind this research is to develop better understanding of job determinants among dentists of private and public hospitals. This research then can be utilized in understanding and evaluating the root cause of satisfaction and dissatisfaction in this particular health sector. The primary purpose of this study is to provide empirical data to illuminate the determinants of job satisfaction among dentists in teaching hospitals in few cities of Pakistan.

The objective of this study is to evaluate the determinants that may have impact on job satisfaction and also to recognize the association between socio-demographic characteristics and job satisfaction in different hospital settings. Knowing the significant role that health care professionals play in determining the efficiency, effectiveness and sustainability of health care systems, it is paramount to recognize what inspire

them and to what extent they are satisfied by the organization.

A number of studies have conducted to identify job satisfaction among health care professionals. Pakistani studies are limited in this area. Predisposed the evident lack of research addressing job satisfaction among Dentist, this study will endeavor to address the gap in the literature. The result of this study will eagerly support in recognizing the determinants of job satisfaction among Dentist in Pakistan.

This research takes into account the Dentists' perspectives of job satisfaction that they experience during their practices and working in different hospital based practices. The target population of dentists includes those who are currently doing house job, also those who are part of faculty. The research has been conducted through survey-close ended-questionnaire to comprehend the objectives of the study.

Methodology

According to a study, there are two approaches i.e. qualitative and quantitative [7]. Qualitative research is emphasizing more on words or a specific quality, while quantitative study focuses on numbers rather than words. We selected the quantitative approach to gather and analyze the data for our research. Moreover, different pieces of literature on job satisfaction have been reviewed.

Research strategies comprised of experiments, histories, surveys and case studies [7]. Each approach has their own merits and demerits and they are suitable for different research problems. To get the description of our research problem author selected the survey method by designing the questionnaire keeping in consideration the opinions of Dentists regarding job satisfaction by using several inter-related variables.

Targeted population in this study is dentists who have completed his/her graduation (BDS) and working in hospital based setup at time of data collection. Non-probability convenience sampling is used to gathered data from seven teaching hospitals from Karachi (JPMC, Abbasi shaheed hospital, JMDC, Hamdard Dental hospital, Altamash college of Dentistry) Hyderabad (LUMS) and Islamabad (PIMS).

Participants were contacted by the researcher and invited to complete the self-administered questionnaire. It consists of two sections. Section A comprised the socio-demographic characteristics; while Section B was on variables related to job satisfaction. I measured these questions on Likert scale of five ('strongly agree' to 'strongly disagree'). The value one was assigned to the highest level of job satisfaction (strongly agree) and the value five to the lowest level of job satisfaction (strongly disagree).

Sample size is calculated by knowing the number of population elements, by non-probability convenience sampling technique. Firstly, I select 7 teaching hospitals that mean 7 strata's. The total number of Dentists working in JMDC is 55, 60 in HUDH, 45 in Abbasi Shaheed, 65 in PIMS, 70 in LUMS, 30 in AIDM whereas, 25 Dentists working at JPMC. Therefore,

there are total 350 populations. Hence, 16 sample elements are taken from JMDC, 17 from HUDH, 13 from Abbasi Shaheed, 19 from PIMS, 20 from LUMS, 8 from AIDM and 7 from JPMC for this study. Thus the total sum of 138 questionnaires were distributed to acquire the response from 100 participants indicates the overall response rate of 72%.

The data was entered and analyzed on statistical package for social sciences (SPSS) version 21. The demographic data was analyzed through descriptive statistics by using frequency tables while the variables for job satisfaction were analyzed by applying linear regression. The data was calculated at, 0.05 level of significance; the significance level is highly influenced by size of the sample [8]. It is observed that if the sample size is less than thirty (N<30) there are increase chances of random sampling error. In order to reduce or eliminate sampling error appropriate sample size is recommended.

Inclusion and exclusion criteria

The inclusion criteria were all healthcare professionals at the hospital who were available at the time of the study and willing to participate and having bachelors of dental surgery degree. The exclusion criteria were those who were not available such as those who were on leave and those who decided to exercise their right not to participate.

Results

Out the 138 questionnaires printed and distributed, 100 were returned (a response rate of 72%). Thus 100 questionnaires were available for analysis. Quantitatively gathered data were coded and entered in SPSS version 21.0 and was used to analyze the generated data. Descriptive and inferential statistical analyses were employed. Descriptive Statistics were based on frequencies and percentages,

whereas inferential statistics is based on simple Regression analysis.

Demographic analysis

Dentists were the targeted population of this study. Stratified Random samplings were used to gather a total sum of 100 samples. The gender breakup of study participants was 39% of the samples were male; however, 61% of the samples were females. Age frequency data revealed that, 46% of the sample population falls within 21-25 of age, while 35% were fall in range of 26-30 years of age, 14% were between 31-35 ages, whereas only 2% of the sample was between 36-40 years of age and remaining 3% were above 40 of age. Approximately three-fourth of the sample (68%) are single whereas over quarter of the sample respondents were married that is 29%. Only 2% of the sample was married with children and remaining 1% was divorced.

As far as education level is concerned, about 68% of the samples have only under-graduation qualification that is BDS, followed by MSc i.e. 18%, and whereas samples belonged to FCPS, MDS and MPH are 9%, 3% and 1% respectively. Regarding practice type, 67% of the sample is doing hospital based practice, another 10% of sample have private practice type whereas rest of 23% practicing both.

Designation wise breakup of study include, 30% of the sample are house surgeon, 35% of the sample are trainee, 30% of the sample are demonstrator whereas 4% are assistant professor and remaining 1% is associate professor.

In case of years of experience, majority of the respondents (81%) had duration of service less than 5 years only single respondent has a working experience of over 20 years. 11% of the Sample have experience of 5-10 years, only 2% of the sample fall between range of 15-20 years of experience.

Table 1 Evaluation of job satisfaction.

Variables		Frequency (n)	Percentage (%)
Re-choose same career	Strongly agree	19	19
	Agree	53	53
	Uncertain	20	20
	Disagree	6	6
	Strongly disagree	9	9
Advantages over disadvantages	Strongly agree	16	16
	Agree	61	61
	Uncertain	9	9
	Disagree	11	11
	Strongly disagree	3	3
Income reflect work	Strongly agree	18	18
	Agree	29	29

	Uncertain	14	14
	Disagree	28	28
	Strongly disagree	11	11
Personal growth	Strongly agree	1	1
	Agree	29	29
	Uncertain	21	21
	Disagree	33	33
	Strongly disagree	16	16
Satisfied with work	Strongly agree	6	6
	Agree	65	65
	Uncertain	17	17
	Disagree	10	10
	Strongly disagree	2	2
Sufficient job opportunity	Strongly agree	22	22
	Agree	44	44
	Uncertain	15	15
	Disagree	15	15
	Strongly disagree	4	4
Experience work frustrations	Strongly agree	25	25
	Agree	43	43
	Uncertain	15	15
	Disagree	17	17
Status in community	Strongly agree	37	37
	Agree	47	47
	Uncertain	10	10
	Disagree	4	4
	Strongly disagree	2	2
Entrusted with responsibility	Strongly agree	14	14
	Agree	62	62
	Uncertain	18	18
	Disagree	4	4
	Strongly disagree	2	2
Freedom at work	Strongly agree	5	5
	Agree	48	48
	Uncertain	20	20
	Disagree	25	25
	Strongly disagree	2	2
Atmosphere of cooperation	Strongly agree	6	6
	Agree	30	30

	Uncertain	30	30
	Disagree	27	27
	Strongly disagree	7	7
Clear communication channel	Strongly agree	2	2
	Agree	43	43
	Uncertain	29	29
	Disagree	16	16
	Strongly disagree	24	24
Reward for task	Strongly agree	4	4
	Agree	30	30
	Uncertain	27	27
	Disagree	33	33
	Strongly disagree	6	6
Mentally stimulating work	Strongly agree	2	2
	Agree	70	70
	Uncertain	14	14
	Disagree	10	10
	Strongly disagree	0	0
Involvement in Decision making	Strongly agree	4	4
	Agree	29	29
	Uncertain	20	20
	Disagree	33	33
	Strongly disagree	14	14

The above **Table 1** indicates that 72% of participants are either strongly agreed or agreed to point that if they had to choose a career again, they would choose the same career. More than half (a total of 61%) agreed with the point that their job had more advantages than disadvantages. Up to 47% of respondents are strongly agreed or agree that their income is the reflection of the job they do while 28% participants did not think so that their income is the reflection of the job they do. Only single respondents believed that there is personal growth whereas majority of respondents (33%) think that there was no personal growth in their work.

The study showed that nearly three-fourth of respondents (71%) were strongly agreed or satisfied with their job only 12% of the respondent showed no satisfaction with their job. Data shows that 44% of the respondents Agreed that there is an opportunity to develop in their work but only 15% of the respondents did not agree that there is personal growth in their work. A larger chunk of participants (68%) experienced frustration in their work due to lack of resources. 84% of the dentists enjoying their status in the community. Three-fourth of the respondents expresses their agreement to the point that they were entrusted with great responsibility at work.

Nearly half of the respondent (53%) do agreed/strongly agreed that there is an enough freedom at work.

As far as atmosphere of cooperation is concerned similar percentage that is 30% of participants agreed while other 30% were uncertain and majority of them showed their disagreement. In case of reward for task and Involvement of faculty in Decision making were concerned there is nearly same rate of response that is 33% for disagreement and almost 30% for agreement respectively, nearly half of the respondents do agreed or strongly agreed with the point that there clear channel of communication at work place 43% of the respondents agreed that there is clear channel of communication whereas nearly quarter of the respondents strongly disagreed with it. Major proportion of participants (70%) agreed to the point that their work is mentally stimulating.

Inferential statistics

In order to analyze that Socio-demographic characteristic is a predictor of job satisfaction, a regression analysis was done between job satisfaction and socio-demographic

characteristics including designation and years of experience.

Table 2 provides the association between them.

Table 2 Regression analysis between socio-demographic characteristics and job satisfaction.

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
(Constant)	2.596	0.267		9.742	0
Age	-0.128	0.136	-0.149	-0.94	0.35
Marital Status	-0.126	0.136	-0.097	-0.929	0.356
Education	-0.115	0.095	-0.133	-1.206	0.231
Type of Practice	-0.101	0.106	-0.103	-0.946	0.347
Designation	0.291	0.107	0.325	2.717	0.008
Experience	-0.074	0.155	-0.067	-0.477	0.634

*level of significance: 0.05 a Dependent Variable: Satisfied

When the dependent variable, job satisfaction analyzed against independent variable Age, the significance value is 0.350, that is greater than the 0.05, it indicates that Age is not making a significant unique contribution to the prediction of Job satisfaction

When the in-dependent variable, Marital Status was analyzed against job satisfaction, the significance value is 0.356 that is greater than the 0.05; it indicates that marital status is not making a significant unique contribution to the prediction of Job satisfaction

When the in-dependent variable, Education was analyzed against job satisfaction, the significance value is 0.231 that is greater than the 0.05; it indicates that Education also is not making a significant unique contribution to the prediction of Job satisfaction

When the in-dependent variable, Type of practice was analyzed against job satisfaction, the significance value is 0.347 that is greater than the 0.05; it indicates that like other variables, type of practice is also not making a significant unique contribution to the prediction of Job satisfaction

When the in-dependent variable, Designation was analyzed against job satisfaction, the significance value is 0.008 that is lesser than the 0.05; it indicates that like designation is making a significant unique contribution to the prediction of Job satisfaction

When the in-dependent variable, Years of experience was analyzed against job satisfaction, the significance value is 0.634 that is much greater than the 0.05; it indicates that years of practice is not making a significant unique contribution to the prediction of Job satisfaction

Based on above findings, the only variable designation is a significant predictor of Job satisfaction while the remaining variable under socio-demographic characteristics are not a significant predictor of Job satisfaction hence we can conclude

that socio demographic characteristics is not a significant predictor of Job satisfaction

The findings of descriptive analysis revealed high number of job satisfaction among Dentist surveyed. Only approximately 12% were disagreed or highly disagreed with their job. Dentist were more satisfied with their job advantages, sufficient job opportunities, work mentally stimulating, status in the community and entrusted with responsibility. Certain variables like personal growth, experience work frustration, involvement in decision making are some of the key determinants that showed high level of disagreement and hence could be the possible determinants that cause dissatisfaction, whereas there are few determinants that showed high level of uncertainty like recognition for task done, atmosphere of cooperation and clear channel of communication.

The findings of inferential analysis depict that socio demographic characteristics is not a significant predictor of Job satisfaction, it reveals that there is no association between socio-demographic characteristics and job satisfaction.

Discussion

The findings of this study have limited generalize-ability and may need to be confirmed by further research in other hospitals in Pakistan. However numerous studies in different parts of the world such as Iran, Kuwait and Rome do allow for direct comparison with the current study. With this limitation in mind, the study evaluated factors influencing job satisfaction among healthcare professionals in all seven identified hospitals and the results highlighted showed overall satisfaction.

The Participants reported low satisfaction with reward for task, majority considered that there is no personal growth in their work, management involvement in decision making and there is no atmosphere of cooperation. Employees' needs and motivators vary so it is important to understand what

motivates them to perform whereas income and clear channel of communication findings depict somewhat neutral response. In the current study, variables such as sufficient opportunity to develop in their work, mentally stimulating work, the status in the community, entrusted with great responsibility, enough freedom to decide at work were seen to have a significant influence on job satisfaction. This is not surprising, in that these findings are in line with the two-factor theory proposed by Herzberg F, which lists the following factors as motivators resulting in satisfaction: responsibility, achievement and opportunities to develop. Reasons for dissatisfaction in this study were also found to be in line with the hygiene factors responsible for job dissatisfaction, which include salaries, quality of supervision and working conditions [9]. A large number of respondents strongly agreed/ agreed with the fact that they experienced frustration in their work due to limited resources.

The study showed that only 2% of participants were strongly dissatisfied with their job, while 10% were just disagreed. These findings were less supportive of the findings of Jovic-Vranes et al. [10] in Serbia, where the study found a very low level of job satisfaction and a generally low level of any kind of job-related satisfaction in Serbian healthcare workers. The results suggest that working conditions at all seven study sites do meet the values and aspirations of healthcare professionals.

According to Smith [11], people respond unfavorably to restrictive work environments therefore it is imperative for organizations to create working environment that enable the employees the ability and freedom to think, engaging and motivating the workforce to reach a higher level of job satisfaction. A study suggests that the work environment should motivate employees to perform at their best and show commitment to the organization, enhancing work conditions to support the organization's mission and thus impacting on job satisfaction [12]. The conditions under which jobs are performed can have as much impact on people's effectiveness, comfort and safety as the intrinsic details of the task itself.

Dissatisfaction with personal growth, frustration due to lack of resources and lack of satisfaction in involvement of faculty in decision making and high level of uncertainty in growth at work, opportunity to develop and in reward for task are some of the problems identified in this study. According to me, a possible explanation of these findings is scarce resources, Communication gap and lack of proper planning resulted in a deterioration of some aspects of job satisfaction.

Pakistan has dual healthcare system in which the public sector is usually under-resourced and serves the majority of the population, while the private sector accounts for 60% to 70% of health expenditure and serves less than 30% of the population. The disparity between these two sectors has increased the burden of the public sector, which is perceived as inefficient, ineffective and unable to deliver quality healthcare. It is possible that these conditions impact on job satisfaction among healthcare professionals.

Factors associated with job satisfaction

The findings from this study indicate that majority of respondents were agreed with the point that they will have more advantages over disadvantages, there is opportunity to develop contrary to the finding of the study on job satisfaction among mental health professionals in Rome [13], where participants were particularly dissatisfied with their career prospects. Expectancy theory asserts that job satisfaction is based on people's beliefs about the probability that effort will lead to performance (expectancy) multiplied by the probability that performance leads to rewards (instrumentality) and the value of perceived rewards (valence). This theory is based on the belief that the amount of effort exerted on a job depends on the expected return and may result in increased pleasure or decreased displeasure, and that people may perform their job and be satisfied if they believe that their efforts will be rewarded, perhaps through a job promotion. Career opportunities allow individuals the prospect of developing their careers further.

A number of studies have shown that career development significantly reduces turnover, and effective strategies for motivation and retention ought to be based on creating a stimulating and challenging environment.

Over three-quarters (76%) of the respondents were either agreed or strongly agreed with entrusted with their responsibilities and almost 65% were agreed with enough freedom they enjoyed at work. A similar finding was reported, where participants were satisfied with their responsibilities and autonomy [14]. Studies have shown that work environments that provide more autonomy and less monotony are likely to influence job satisfaction. Employee participation may enhance motivation through power sharing and increased responsibility is perceived as a predictor of positive responses. Employee participation can afford individuals an opportunity to make key managerial decision that have an impact on other employees, thus increasing job satisfaction and performance. Herzberg's two-factor theory suggests that intrinsic work factors such as employee recognition and skills development may increase job satisfaction [15,16]. Increased work responsibility may be related to many related factors suggested in the two-factor model because recognition and interpersonal relationships have implications for individuals' identity. Employees who have a greater sense of involvement in the workplace, and greater latitude and innovation on how to approach their work may have less job strain and thus greater job satisfaction

The present study also indicates that the respondents were dissatisfied with lack of resources and lack of involvement in decision-making and neutral response with income. These findings are similar to those of Jovic-Vranes et al. [10] in Serbia, where it was found that participants were dissatisfied with the degree of involvement of faculty clinical decision-making, the amount of time spent with patients and salaries. These findings slightly differ from Jain et al. [10], whose results showed that dentists were significantly satisfied with their income. The issue of healthcare professionals' salaries in Pakistan, especially in the public sector, has been of great

concern. In most cases hospital managers in the public sector have no ultimate decision-making authority on financial incentives to motivate employees to perform better. However, strategies such as the Occupation-Specific Dispensation, which it is hoped will significantly improve the salaries of healthcare professionals in the public sector, will seek to address this issue to a certain extent. Literature indicates that dissatisfaction with income has an objective impact such as the ability to “pay the bills” and a subjective impact as in fulfilling dreams and personal aspirations.

Determinants of job satisfaction

This study found that job advantages, sufficient job opportunities, work mentally stimulating, status in the community and entrusted with responsibility are some of the determinants that has positive impact on job satisfaction among dentists. Certain variables like personal growth, experience work frustration, involvement in decision making are some of the key determinants that showed high level of disagreement. These are the required areas where hospital management need to focus to overcome dissatisfaction up to some extent.

Conclusion and Recommendations

Dissatisfaction with one’s job can affect not only motivation at work but also career decisions, relationships with others and personal growth. Those who work in a profession that is extremely demanding and sometimes unpredictable can be susceptible to feelings of uncertainty and reduced job satisfaction. Job satisfaction of healthcare workers is also an essential part of ensuring high quality care. Dissatisfied healthcare providers not only give poor quality, less efficient care; there is also evidence of a positive correlation between job satisfaction and patient satisfaction [17]. Given the pivotal role that healthcare professionals play in determining the effectiveness, efficiency and sustainability of health care systems, it is imperative to understand what motivates them and the extent to which contextual variables and the organization satisfy them.

Although the results of a single survey cannot in themselves be considered as a solid foundation for making decisions in health planning, the results of this study suggest that interventions should be carried out to increase levels of job satisfaction among healthcare professionals at above mentioned seven outlets. Since job satisfaction is positively influenced by job advantages, work mentally stimulating and entrusted with responsibility it is imperative to reinforce relevant human resources polices, improving working conditions and compensation.

Managerial implementation

Priority should be given to improving relationships between management and staff and increasing decision-making latitude among staff members. Developing staff and empowering them to make decisions about their work is necessary to achieve

quality outcomes. It is recommended that employees’ job be redesigned to have a scope of enrichment and be of interest.

Future implementation

Continuous service evaluations and monitoring of job satisfaction can be useful to determine aspects of the services that need improvement. Involving staff in a cooperative, team approach will allow for consideration of ways to improve aspects relating to job satisfaction. Improving the work environment so that it provides a context in line with the aspirations of healthcare professionals is likely to increase job satisfaction.

Limitations of the Study

Important limitations are inherent in a survey of this kind. Firstly, because the survey instrument used was a self-reporting measure, the information presented by participants is based upon their subjective perceptions. Although participants were assured of confidentiality, it is therefore possible that they either over- or under-reported their level of satisfaction. Secondly, even with the high level of participation in this study, there is a possibility that responses of individuals who did not participate may have differed in some manner from those who did in fact participate. The findings of the study may not be generalized to healthcare professionals in other hospitals, as the different environment and circumstances prevailing in other hospitals may impact on job satisfaction.

Ethical Considerations

The ethical considerations took into account the personal and informative nature of the study, which required that voluntary, informed consent, using the consent form designed for this study, needed to be obtained from the participant. The aims and objectives of the study were briefly explained to the participants prior to administering the questionnaires, and written informed consent was obtained (Appendix A).

Confidentiality and obscurity were ensured throughout the execution of the study as participants were not required to disclose personal information on the questionnaire. Provisions were made to have participants’ concerns relating to the study was addressed and misapprehension were corrected. Participants were informed that their participation was voluntary and that they could withdraw from the study at any time if they wished to do so.

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