



Job satisfaction among health workers in a private hospital

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Mini-dissertation submitted in partial fulfilment of the requirements for the degree *Master of Business Administration (MBA)* at the North-West University

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Graduation ceremony April 2019

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DECLARATION

I, Motlagomang Patience Sehularo, declare that ***Job satisfaction among health workers in a private hospital in Mahikeng, North West province*** is my own original work and that all sources used or cited in this mini-dissertation have been properly acknowledged. I further declare that this mini-dissertation for ***Master of Business Administration (MBA)*** has not been previously submitted for any other degree to any other institution nationally or internationally.

Motlagomang Patience Sehularo

Date

ACKNOWLEDGEMENTS

I want to thank the following people for their valuable contribution in making this research on ***Job satisfaction among health workers in a private hospital in Mahikeng, North West province*** a success:

Professor Abel Jacobus Pienaar who encouraged me to register for MBA.

My supervisors, Professor Wedzerai Musvoto and Dr Energy Sonono for their understanding, continuous support, mentoring and guidance. God bless you.

My husband, Leepile Sehularo, my two sons, Kaone and Leano, my parents and siblings from both sides for their support, love and prayers.

My classmates, especially Team Tomas Sankara, for their support throughout the study.

Mr Naphtali Maruma for assistance with statistical analysis.

Dr Hove Muchativugwa who was a language editor for this study.

Mr Isaac Mokgaola for technical editing of the whole study.

NWU staff discount for funding my studies.

All stakeholders for approving this research.

Colleagues from Mmabatho Nursing College for their support.

All health workers who participated in this study. This study would have not been possible without your voluntary participation.

I also thank God the Father, the Son and the Holy Spirit for giving me strength to complete this study.

“But those who trust in the Lord for help will find their strength renewed.

They will rise on wings like eagles; they will run and not get weary,

They will walk and not grow weak”

ISAIAH 40: 31

ABSTRACT

Job satisfaction particularly among health workers is a global topic of interest for human resource managers, researchers, industrial and organizational psychologists. The primary objective of this study was to investigate the level of job satisfaction among health workers in a private hospital in Mahikeng, North West province. The secondary objectives were to determine the factors influencing job satisfaction among health workers; to establish the association between demographic characteristics and level of job satisfaction; and to identify common ways of improving level of job satisfaction among health workers. The research questions were, what are the factors influencing job satisfaction among health workers? what is the association between demographic characteristics and level of job satisfaction? and what are the common ways of improving levels of job satisfaction among health workers?

A quantitative research design was used to investigate job satisfaction among health workers in a private hospital. Purposive and convenient sampling techniques were used to select health workers for their voluntary participation in the study. Self-completion questionnaire was used to collect data. Statistical Package for Social Science (SPSS) version 25 was used to analyse data. The study revealed that health workers are satisfied with their job at a private hospital in Mahikeng, North West province. It also shows that there is a significant relationship between demographic characteristics and the level of job satisfaction among health workers. Based on the findings of the study, recommendations were made for hospital management and research.

Keywords: Employee wellbeing, health workers, job satisfaction, private hospital

LIST OF ABBREVIATIONS

DENOSA	: Democratic Nursing Organisation of South Africa
HPCSA	: Health Professions Council of South Africa
HRM	: Human Resource Management
IOP	: Industrial and Organisational Psychology
NEHAWU	: National Education, Health and Allied Workers Union
NWP	: North West Province
NWU	: North-West University
SA	: South Africa
SANC	: South African Nursing Council
WHO	: World Health Organisation

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CHAPTER 1: OVERVIEW OF THE STUDY

1.1 INTRODUCTION

The primary objective of this study is to investigate the level of job satisfaction of health workers in a private hospital in Mahikeng, North West province. A study by Pietersen (2005:20) indicates that in recent years, managers, Industrial and Organizational Psychologists tend to define satisfaction as a job attitude, along with other attitudinal concepts, such as job involvement, morale, and organizational commitment. Job satisfaction has been described as an important subject even today because of its effect on the physical and mental wellbeing of employees such as health workers. It may also affect absenteeism, turnover and motivation. On the other hand, van Schalkwyk and Rothman (2010:109) mention in their study that job satisfaction is related to less anxiety, reduced stress, meaning in life, fewer physical symptoms and longevity and greater productivity.

Pietersen (2005:19) lists the common aspects of job satisfaction as work, company and management, promotions, pay, recognition, working conditions, benefits and supervision. The present study was conducted among health workers at a private hospital as Pietersen (2005:20) mentioned in their study that job satisfaction in private hospitals impacts on patient care, and the staff may find it difficult to provide quality patient care, treatment and rehabilitation services and to create a friendly and supportive atmosphere within the health care setting. This first chapter details the background to the research problem, problem statement as well as the brief research methodology which is followed to achieve main objective of the study.

1.2 BACKGROUND TO THE STUDY

The concept of job satisfaction has been used in Human Resources and Industrial and Organisational Psychology (IOP) for many years. The concept of job satisfaction has also been widely studied over the past several decades of organisational research (Mafini et al., 2011:146). Again, George et al. (2008:135) indicate that job satisfaction has been a problem for the past few years. Most employers do not talk about the concept of job satisfaction unless there is job dissatisfaction among employees, particularly the health workers of private hospitals, hence the present study.

In spite of the availability of studies on this concept over the years in the area of Human Resources as well as Industrial and Organisational psychology, the concept is still relevant for research even today. Van Schalkwyk and Rothmann (2010:108) state that satisfaction of job is still relevant to today's research because it affects employees' physical and psychological wellbeing. Munir and Rahman (2016:488) add that dissatisfied employees might decide to quit, voice out emotion or feeling, remain loyal or neglect the issue. Therefore, it is important to develop and ensure employees' job satisfaction to benefit individual and organization.

Van Schalkwyk and Rothmann (2010:109) add to the above information that employees are satisfied with their jobs when they perceive that their capacities, values and experience are considered by their employers or managers in their work environment and they are rewarded and given opportunities for growth and development. In addition, these authors further mention that satisfied employees have less stress, fewer physical symptoms, longevity and greater productivity.

Similarly, Okediji et al. (2011:543) mentions that job satisfaction is associated with factors like salaries, employment steadiness, work conditions, ability recognition, employer fair treatment and so forth. The above information highlights the gap that this current study seeks to bridge. This is the first study conducted about job satisfaction of health workers in a private hospital in Mahikeng, North West province. This study is conducted with the aim of making recommendations on improving job satisfaction among health workers to the human resource managers of a private hospital in Mahikeng, North West province.

1.3 PROBLEM STATEMENT

Job dissatisfaction among health workers in private hospitals is a serious concern for the human resource managers, academics and researchers. The private hospital where this study was conducted is not an exception. Majority of health workers are resigning from the private hospital, while most of the nurses working there are locums. There is also lack of professionalism by the health workers at the hospital. This situation also contributes to high dissatisfaction amongst the majority of all health workers such as nurses, medical doctors, clinical psychologists and psychiatrists.

According to ANON (2018), the hospital has also been in the public media for all the wrong reasons with community members accusing the hospital of promoting poor health standards. In an attempt to address these challenges, the spokesperson for the department of health in the North West province mentioned that both private and public health sectors in Mafikeng and the whole country are faced with many problems affecting the quality and efficient delivery of health services. These problems include health workers such as nurses going on strikes and protest action almost daily, workers unions affiliated to health institutions such as Democratic Nursing Organisation of South Africa (DENOSA) and National Education, Health and Allied Workers Union (NEHAWU) also embarking on strikes while making demands for a variety of issues affecting health services (ANON, 2018).

Recently, there was also a strike by all health workers due to staff dissatisfaction in Mahikeng, North West province. These strikes disrupted health care services in both private and public sectors. For instance, there were no medication in both clinics and hospitals and majority of patients died as a results of protests. On the other hand, protesters had also blocked the entry of a private hospital where this study will be conducted (Mail & Guardian, 2018). Chadwick and Thomson (2009:483) warn that strikes pose particular problems for professional ethics, especially in those professions that provide healthcare such as nursing and medicine, because of the potential impact on patients' well-being. As a result of the above problems identified, investigation into this topic among health workers was deemed critical in the one private hospital in order to make appropriate recommendations for human resource policies and management.

1.4 RESEARCH QUESTIONS

Research questions are defined by Bryman et al. (2011:383) as the central concerns of the researcher. Brink et al. (2012:54) add that clear, researchable questions are key to the researcher's decisions about the research design, data collection and analysis methods. Research questions for this study are:

1.4.1 PRIMARY RESEARCH QUESTION

What is the job satisfaction level among health workers in a private hospital in Mahikeng, North West province?

1.4.2 SECONDARY RESEARCH QUESTIONS

- What are the factors influencing job satisfaction among health workers?
- What is the association between demographic characteristics and level of job satisfaction?
- What are the common ways of improving levels of job satisfaction among health workers?

1.5 RESEARCH OBJECTIVES

Research objectives of this study are generated from the research problem and questions above. Research objectives justify and amplify the reasons for this study and these are listed as follows.

1.5.1 PRIMARY OBJECTIVE

The primary objective of this study is to investigate job satisfaction levels of health workers in a private hospital in Mafikeng, North West province.

1.5.2 SECONDARY OBJECTIVES

The secondary objectives of this study are set to:

- Determine the factors influencing job satisfaction among health workers;
- Establish the association between demographic characteristics and level of job satisfaction; and
- Identify common ways of improving level of job satisfaction among health workers.

1.6 SIGNIFICANCE OF THE STUDY

The study is relevant as it adds important information to the body of literature in the field of Human Resource Management (HRM) as well as Industrial and Organisational Psychology. The findings and recommendations of this study could benefit Human

Resource Managers to improve job satisfaction among health workers and enhances the quality of care, treatment and rehabilitation services as well as customer satisfaction. Policy makers might utilise the findings and recommendations of the study to develop effective policies for improving and maintaining job satisfaction among health workers in private hospitals. Researchers may also utilise the findings and recommendations of this study to improve their own research projects focusing on HRM and job satisfaction among health workers particularly in private hospitals.

1.7 PRELIMINARY LITERATURE REVIEW

Satisfaction about job particularly in health workers is a topic of global interest for human resource managers, researchers and industrial or organizational psychologists (Chien & Yick, 2016:100). For instance, Hassan and Selvarajah (2015:252) mention in their study that satisfaction of a job is a topic of interest for practitioners and the academics. Nemmaniwar and Deshpande (2016:27) add that satisfaction about job is a widely researched subject of behaviour in organizations and management of human resource (HR). These highlights suggest that job satisfaction among health workers is a serious concern for human resource managers and organizational or industrial psychologists. This information also emphasises the gap that prompted the researcher to conduct the present study on this topic.

Nemmaniwar and Deshpande (2016:27) summarises factors influencing satisfaction of a job as individual factors, social factors, cultural factors, organizational factors and environmental factors. Individual factors include education, marital status and work orientation. Social factors include group norms and relationship with colleagues. Cultural factors include values, beliefs and attitudes. Organizational factors include procedures and policies of the employees, nature of work as well as leadership style. Environmental factors include social, economic and technical influences.

According to Hassan and Selvarajah (2015:251), in work organizations and organizational behaviour, job satisfaction among health workers is still a vital construct. The same authors perceive job satisfaction as a general attitude of a worker about their employment. Increased levels of satisfaction will lead to a positive attitude about their work and

increased commitment to the organization such as a private hospital.

Job satisfaction of an employee is essential for the accomplishment of specified goals. The main advantage of employee job satisfaction is related to a lower turnover rate of employees. Moreover, it also enhances the quality of care and customer satisfaction. Thus, keeping employees satisfied with their job ought to be a major concern of the administration nowadays. Though, this is a distinguished fact in management study, due to the current economic recession experienced in South Africa, the management gives these issues the least priority (Julaluddin et al., 2015:18). On the other hand, Nemmaniwar and Deshpande (2016:27) mention that managers should concentrate on job satisfaction of employees because dissatisfied employees are more likely to provide inferior services. The same challenge of dissatisfied workers is unfolding at the research site where this study was conducted.

1.8 RESEARCH METHODOLOGY

Research methodology is defined by Igwenagu (2016:5) as a set of systematic technique used in research. This simply means a guide to research and how it is conducted. Research methodology describes and analysis methods, throws more light on their limitations and resources, clarify their pre-suppositions and consequences, relating their potentialities to the twilight zone at the frontiers of knowledge. This means conducting research scientifically and ethically from the conceptualisation and planning phases, through the implementation phase, to the dissemination phase (Brink et al. 2012:32). Research methodology for the current research problem was designed very carefully as the same may differ from one research problem to another. This means that when we talk of research methodology we not only talk of the research methods but also consider the logic behind the methods we use in the context of our research and explain why we are using a particular method or technique and why we are not using others so that research results are capable of being evaluated either by the researcher himself or by others.

1.8.1 RESEARCH DESIGN

Research design is defined by Bryman et al. (2011:382) as the framework or a plan for data collection and analysis. In the same way, Brink et al. (2012:96) define research

design as the “blueprint” of the research study and determines the research methodology used by the researcher to obtain sources of information, such as study respondents and units of analysis, to collect and analyse the data and to interpret the study findings. Researchers usually choose a research design that best fits their research purpose or objective and is well-suited to the available resources such as sources of information, money, time and ethical considerations as well as their personal preferences. In this study, a quantitative research design was followed to address the current problem or concern of job dissatisfaction among health workers in a private hospital. According to Bryman et al. (2011:382) quantitative research usually emphasize the quantification in the collection and analysis of data. An advantage of using a quantitative research design in this study is that it produces the results that are generalizable.

1.8.2 POPULATION

Population is defined by Brink et al. (2012:131) as all objects or group of people that the researcher is interested in studying in his or her research. These objects or group of people should meet the selection criteria that the researcher is interested in studying. In this study, the researcher is interested in collecting and analysing data from all health care workers working at a private hospital in Mahikeng, NWP.

1.8.3 SAMPLING

Sampling is defined by Brink et al. (2012:383) as a part of the population that has been selected for the research. It can also be referred to as the subset of the population. Purposive and convenient sampling techniques was used to select respondents of the study. Convenient sampling can also be called “accidental” or “availability sampling” and it comprises the choice of readily available objects or respondents for the study (Brink et al. 2012:140). Purposive sampling can also be called “judgmental sampling”. The advantage of using purposive sampling in this study is that it allows the researcher to choose the sample based on the knowledge of the phenomena being studied which is job satisfaction level among health workers at a private hospital.

1.8.4 DATA COLLECTION METHOD

A questionnaire was used as a data collection method in this study. The data collection instrument was the self-completion questionnaire which was designed in line with the research questions and objectives of the study (See Appendix A). The questionnaire has been divided into four sections, namely section A: Demographic information, section B: factors influencing job satisfaction, section C: level of job satisfaction and section D: ways of improving job satisfaction. The respondents answered the questions by completing questionnaires themselves. Questionnaires were sent through the email to the study respondents. Study respondents were also asked to return the completed questionnaires by email or post, or alternatively, respondents were requested to hand their completed questionnaires at the nurse managers' office.

1.8.5 DATA ANALYSIS METHOD

According to Brink et al. (2012:177), data analysis is a phase or step in research that is used to display data that has been collected and it is aimed at answering research questions. This step of data analysis requires careful planning as it entails categorising, ordering, manipulating and summarising the data, and describing them in meaningful terms. Brink et al. (2012:178) continue to indicate that the most powerful tool that is available to the researchers in analysing their quantitative data is statistics. Without the aid of statistics, the quantitative data that the researchers collected would simply be a chaotic mass of numbers. One of the benefits of using statistics in quantitative studies is that statistical methods enable researchers to reduce, summarise, organise, manipulate, evaluate, interpret and communicate quantitative data.

In this study, the software that was used to analyse data is Statistical Package for Social Sciences (SPSS) version 25. Tables and figures were used to analyse data. Literature review was done to support findings.

1.9 ETHICAL CONSIDERATIONS

This study was conducted ethically from the identified problem or research question up to the communication of the research findings. All sources used in the study were

acknowledged appropriately in text and at the reference list. All health workers who participated in the study and all those who assisted with data collection and analysis were duly acknowledged. Respondents were informed that results of this study would be published in accredited journals under the Department of Higher Education for broader dissemination in the profession and the academy.

Before data collection or gaining access to the respondents, ethical approval was obtained from the North-West University (NWU) and hospital management to access the respondents.

In this study respondents' real names and particulars were kept anonymous so that data cannot be linked with study respondents. For instance, respondents were given names during data collection such as Respondent, A, B or C. The name of the private hospital in Mafikeng, North West province where data was collected and analysed is also not named anywhere in the study.

In this study, respondents were informed before data collection that no one had access to collected data except researcher and supervisor for confidentiality reasons.

1.10 CHAPTER OUTLINE

This research on job satisfaction among health workers in a private hospital in Mafikeng, North West province is structured into five chapters as follows:

Chapter 1: Overview of the study

Chapter 2: Literature review

Chapter 3: Research methodology

Chapter 4: Data analysis and interpretation

Chapter 5: Conclusion and recommendations

1.11 CHAPTER SUMMARY

The focus of this study was on job satisfaction among health workers in a private hospital

in Mahikeng, North West province. This initial chapter gave study overview including a brief discussion of the research methodology that was followed to answer the researcher's concern or research question of job satisfaction among health workers in Mafikeng, North West province. Literature review is given in the next chapter.

CHAPTER 2: LITERATURE REVIEW

2.1 INTRODUCTION

Job satisfaction among health workers is still a contested topic of research (Blaauw et al., 2013:27). The concept of job satisfaction has been described by Blaauw et al. (2013:127) as an essential factor of health worker's performance, motivation and retention, all of which are critical for improving the health systems in middle and low income countries such as South Africa, particularly North West province and Mahikeng.

In this chapter the concept of job satisfaction and job dissatisfaction are discussed in detail. Job satisfaction related adversely to an increase in job dissatisfaction (Akkinawo et al. 2013:5594). The chapter outlines job satisfaction theories, job satisfaction in African countries, and the level of job satisfaction among health workers, particularly in a private hospital. Lastly, the chapter discusses the ways of improving levels of job satisfaction among health workers.

2.2 JOB SATISFACTION

The concept of job satisfaction still receives a lot of research attention due to its possible effects on behaviours, including the well-being of the professionals (Adegoke et al. 2015:947). In job satisfaction, it is important to note that that an employee can be fairly satisfied with some aspect of their job and dissatisfied with other aspects, either because those aspects fail to fulfil her or his valued and needs because those aspects do not meet their expectations (Kebriaei & Moteghedhi, 2009:1160). Blaauw et al. (2013:28) conducted a study in three African countries namely South Africa, Malawi and Tanzania. In their study, these authors, Blaauw et al. (2013:28) mention that job satisfaction has been conceptualised in the whole world (general satisfaction with job) as well as dimensionally (which refers to satisfaction with particular dimensions of a job such as promotion, remuneration and relationship with other colleagues). Moolman et al. (2014:94) mentions that there are many definitions available for the concept "job satisfaction." For instance, De Beer et al. (2016:402) mention that satisfaction of a job is an emotional state and it indicates the overall level of satisfaction that a worker has towards his or her job situation. Dhurup (2017:31) adds that job satisfaction is the tendency of an employee to feel negative or positive about his or her job. In another study which was conducted by

Moolman et al. (2014) several definitions of job satisfaction emerge and these extend the elasticity of the concept of job satisfaction. For instance, the study defines job satisfaction as multidimensional psychological responses to an employee's job, with emotional and evaluative components. Again, Moolman et al. (2014:98) defines job satisfactions in the plural to involve enjoyment with specific aspects of the job and not only job satisfaction in general. The plural job satisfaction notion makes the explanation of concept unique.

On the other hand, authors such as Adegoke et al. (2015:947) define job satisfaction as a pleasurable or positive emotional state resulting from the appraisal of one's job or job experiences. Dhurup (2017:31) define job satisfaction as a view or an attitude of work and related environments. Job satisfaction includes satisfaction of the employees with work-related issues which results in enjoyable emotional state. Blaauw et al. (2013:127) define job satisfaction as the degree to which workers or employees have a positive emotional orientation towards occupation by an organisation. Similarly, Akinnawo et al. (2013:5593) define job satisfaction as a positive emotional state and an affective attitude and orientation towards an individual's work. In principle, job satisfaction is perceived as the outcome of evaluation of an employee's job when characteristics of the job and the strains of the individual are in agreement with each other and what they offer from it (Akinnawo et al. 2013:5593). In view of all the definitions of job satisfaction given in this chapter, Moolman et al. (2014:99) mentions that in general, job satisfaction can be defined or described as a complete achievement of individual, internal as well as external job satisfaction.

2.3 JOB DISSATISFACTION

Dirlam and Zheng (2017:95) conducted a study on the job satisfaction developmental trajectories and health: a life course perspective. The study indicates that understanding the health consequences of job dissatisfaction is progressively imperative due to job insecurities, stresses and job dissatisfaction which have considerably increased in the United States in the last decade. Job dissatisfaction is considered as a contributory factor to elevated stress levels, not to comment the increased strain in employee' work and family interface. Job dissatisfaction can trouble the balance between family and work life, causing an additional strain for the employees and elevated stress levels (Dirlam & Zheng, 2017:95). In a study conducted by Kebriaei and Moteghedhi (2009:1157) it was strongly emphasised that job dissatisfaction has numerous negative impacts on

organisational structures and work flows of establishments, such as deterioration of physical and mental health of employees, greater non-conformance to procedures and policies, increased employee absence and turnover, a noticeable decrease in productivity, increased work accidents, as well as increased intra-organizational conflicts.

Boamah et al. (2018:3) mention in their study which focused on effects of transformational leadership on job satisfaction and patient safety outcomes that despite the huge studies that are conducted on job satisfaction, most of the nurses are still dissatisfied with their job. This information highlights the gap that it is important for most employers to look for strategies that may improve nurses' satisfaction levels so that they may retain them. According to Akinawo et al. (2013:5594), when individuals feel dissatisfied with their jobs, they are concerned with the conditions that surrounded the job context. Job satisfaction related adversely to an increase in job dissatisfaction, uninteresting work, unfair treatment as well as long working hours (Akinawo et al. 2013:5594). In a study conducted by Boamah et al. (2018:3), it has been mentioned that the characteristics of work environment, balanced workload, pace, relations with colleagues, ability to meet health users' needs as well as professional opportunities influence job satisfaction of most employees. This information highlights that employers should look at ways that may be used to increase job satisfaction at their workplaces which is a dream or vision for most employers of both private and public organizations.

2.4 JOB SATISFACTION THEORIES

Moolman et al. (2014) conducted a study on the external job satisfaction factors which can be used to improve the overall job satisfaction of selected five-star hotel employees. The study indicated that over the years, numerous researchers have investigated and identified several determinants of job satisfaction through the use of theories, models and surveys. The study also recommends that determinants of job satisfaction can be divided into three dimensions, namely individual, internal and external job satisfaction. Each of these dimensions comprises different job satisfaction variables. As an example, internal variables are intrinsic in the work itself and they comprise the workload and physical work. Individual variables mainly focus on the individual and his or her friends and family. Individual variables that impact job satisfaction involve emotional intelligence as well as an employee's commitment to his or her job. External variables are related to the work

itself as well as work environment. External variables are easier to change or to separate from the work itself than internal variables (Moolman et al., 2014:99).

On the other hand, a study conducted by Adegoke et al. (2015:948) indicates that there are 'two-factor theory' of job satisfaction. This theory is also known as 'Herzberg's motivation-hygiene theory' and 'dual-factor theory'. This two-factor theory of job satisfaction states that there are certain factors at the place of work that causes employees to be satisfied with their job and another set of factors that causes employees to be dissatisfied with their job. This means that employees at work can either be satisfied or dissatisfied with their job. Herzberg adds that those factors that cause employees to be satisfied with their job can be referred to as 'motivation factors' or 'satisfiers' while the set of factors that causes employees to be dissatisfied with their job are referred to as 'hygiene factors' or 'dis-satisfiers'. Motivation factors include recognition, achievement, work itself as well as responsibility and advancement (Akinnowo et al., 2013:5593). Hygiene factors or job dissatisfiers include organizational or company policies, working conditions, salaries, quality of supervision, status and job security as well as interpersonal relationship with colleagues and subordinates (Akinnowo et al. 2013:5594).

In view of the above information, Herzberg suggests that employers of different organisations must eliminate job dissatisfaction before thinking of creating conditions for job satisfaction. This information is brought by the fact that job satisfaction and dissatisfaction are not on a continuum with one growing as the other is reducing, but are autonomous of each other. This is because the factors which cause employees to be satisfied with their job are different from those that cause employees to be dissatisfied with their job (Akinnowo et al. 2013:5594).

2.5 JOB SATISFACTION IN AFRICAN COUNTRIES

Blaauw et al. (2013) conducted a study in three African countries which are Tanzania, South Africa and Malawi. In their study, the authors found that there is a statistically significant difference in satisfaction of a job and the intention to leave in Malawi, Tanzania and South Africa. These authors also found that almost 82.6% of health workers in Tanzania were satisfied with their work as compared to 52.1% from South Africa and 71% from Malawi. These authors also found that about 41.4% of health workers in South Africa

and 26.5% in Malawi showed that they are actively seeking better jobs elsewhere as compared to only 18.8% in Tanzania. The differences between these three African countries were compared by multiple regressions. Their study also found that job satisfaction is statistically related to intention to leave. The people who leave are leaving for greener pastures. The results and deductions from this study show that majority of the health workers in Tanzania are satisfied with their jobs while majority of the South African health workers are actively seeking for better employment elsewhere.

Bonenberger et al. (2014) also conducted a similar study in Ghana. The focus of this study was on the effects of job satisfaction and motivation on turnover intention and how satisfaction and motivation can be enhanced by the district health managers in order to escalate the retention of health workers in Ghana. The results from the study amply demonstrate that health workers in Ghana also want to leave their jobs, just like in Malawi, Tanzania and South Africa (Blaauw et al., 2013).

A study by Bonenberger et al. (2014:2) found that the challenge of retaining health workers is the biggest in remote and rural areas due to the fact that health care practitioners in these areas often are faced with higher workloads, poor infrastructure, and unsustainable work environments as well as less salaries. All these factors cause health workers to leave their workplace and look for more satisfying living and working conditions in urban areas or abroad. This information is true, particularly in African countries like South Africa where most of the health workers such as professional nurses leave the country for greener pastures in countries of the ilk of Saudi Arabia and United Kingdom. Some of these professional nurses return to South Africa, with new and changed careers completely. However, Bonenberger et al. (2014) mentions that these health workers do not just leave their jobs. There are numerous factors that sway the health worker's decision to leave or stay in their job. Among these factors are poor career structures, low salaries, inadequate working and living conditions as well as lack of opportunities for postgraduate studies. Most of the employers, either in government or non-government organizations, are reluctant to send their employees for postgraduate education or studies. In another study it has been mentioned that an adequate job resources increase job satisfaction levels of all employees. For instance, increasing the quality of the exchange relationship with the supervisor (supervisor support - a social resource) has shown to increase job satisfaction and organisational citizenship behaviour (De Beer et al. 2016:402).

Bonenberger et al. (2014:2) also mention in their study that improving the retention of health workers in remote and rural areas is a serious concern for all countries worldwide. This shows that retention of health workers is not a concern for only Ghana, Tanzania, Malawi and South Africa. Improved retention of health workers leads to the provision of quality health care services because it strengthens the relationship of local communities and health workers, builds up competencies and improves team relations. From the above information, it is therefore important for employees to be satisfied with their life at work since work occupies an important place in many employees' lives and job dissatisfaction is expected to affect not only their physical level but their level of spiritual, social as well as psychological well-being (Dhurup & Mahomed, 2013:194). In another attempt to address the issue of job satisfaction among health workers, Bonenberger et al. (2014:1) concluded in their study that was conducted in Ghana that it is worth strengthening human resource management skills at district level and supporting district health managers to implement retention strategies for all health workers.

2.6 JOB SATISFACTION IN RELATION TO DEMOGRAPHIC VARIABLES

A study by Pandey (2017:54) indicate that the relationship between demographic variables are present in all professions, although their share of influence contributing to career satisfaction may vary. The same author continue to indicate that a study done in the research in the area of organization psychology showed that demographic differences among employees are related to job satisfaction One of the explanations of such an effect can be found in expectations, i.e. the notion that employees' expectations are associated with responses to work situations. Hence, workers tend to partially explain and perceive the situation by comparing them to their colleagues in attributes such as age, sex, education and seniority. A study by Ge et al. (2011:9) found that there seems not to be a clear tendency between job satisfaction and educational level. This indicates that more research is needed on this contentious issue to find out whether there is a clear relationship between job satisfaction and educational level. In another study conducted by Pietersen (2005) on job satisfaction of hospital nursing staff. The study found that majority of the respondents (that is 57% irrespective of their rank and age), were not satisfied with their working conditions. However, most of the nurses in that study were satisfied with their managers or supervisors.

Visser et al. (2012:113) conducted a study that considered the existing low levels of satisfaction with job that were found among all health care workers throughout the world and the scarcity of local evidence (South Africa) in this issue. The study found that the demographic variables such as years of professional experience, age, and having an area of experience significantly impact on job satisfaction among health workers who have registered with the Health Professions Council of South Africa (HPCSA). The study further indicates that as age of the employees increased, so did the overall level of job satisfaction. Again, it was indicated in the same study that those in the age group of 40-49 showed the highest level of job satisfaction. As age progressed beyond 50 years, the level of satisfaction tapered downwards again. According to the same study of Visser et al. (2012:115), the remaining demographic characteristics or variables of marital status, gender, language and country of residence as well as the number of children do not significantly impact on the overall satisfaction of job. The above inconsistencies highlight the reasons why demographic variables were investigated in relation to job satisfaction in this study.

2.7 LEVEL OF JOB SATISFACTION AMONG HEALTH WORKERS

The shortage of health workers is a global problem. A study conducted by Adegoke et al. (2015:947) on a job satisfaction and retention of midwives in rural Nigeria found that a global estimation has indicated a shortage of at least four million health workers in the whole world. This information indicates that government and non-governmental organizations should join hands in recruiting and retaining more health workers globally. On the other hand, Blaauw et al. (2013:127) mentions that the inadequate numbers of health workers, incorrect distribution, imbalances in skills, low motivation as well as poor performance of health workers in middle and low-income countries severely compromise the health care service delivery as well as the expansion of priority health programmes. On the other hand, Adegoke et al. (2015:947) mentions that a sufficient health workforce is key to effective health care delivery, services and achieving improved health outcomes.

The sources cited above highlight the gap why job satisfaction is still an important topic for nuanced research (Blaauw et al., 2013:27). On the other hand, Bonenberger et al. (2014:2) adds that job satisfaction is a frequently studied motivational outcome in health systems research. Hence, Blaauw et al. (2013:128) mention that the huge majority of

studies on health worker job satisfaction has been conducted in high- and upper middle-income countries such as South Africa, Malawi, Ghana and Tanzania. Bonenberger et al. (2014:1) mentions in their study which focused on the effects of health worker motivation and job satisfaction on turnover intention in Ghana: a cross-sectional study, that job satisfaction and motivation are still recognised as important facets for retaining the health worker and turnover in low- and middle-income countries. However, there are only very few studies from lower income countries. This research on job satisfaction was conducted in different countries with different health workers such as nurses, medical doctors, pharmacists and psychologists. However, nurses are, by far, the most researched category of health professionals. In mitigation, there are also a number of studies with doctors, dentists and pharmacists. This profile of the studies on this contested topic demonstrates that more research is still needed on job satisfaction of other health professionals as well. Boamah et al. (2018:3) adds that job satisfaction is an important outcome in nursing, which is affected by quality of the work environment.

Job satisfaction has been described by Blaauw et al. (2013:127) as an essential factor of health worker performance, motivation and retention, all of which are critical for improving the working of health systems in middle and low income countries. Akinnawo et al. (2013:5594) add that job satisfaction is an essential factor in determining multiple workplace behaviours such as performance, turnover, absenteeism, involvement on the job, likelihood of leaving the company, higher productivity, extra-role behaviours, attracting and retaining of employees' ability as well as staying longer in an organization.

In a study conducted in Tanzania, Malawi and South Africa, Blaauw et al. (2013:128) mentions that satisfaction of job is related to stress, burnout, turnover, absenteeism as well as the intention to leave. According to Blaauw et al. (2013:128), job satisfaction of health professionals is influenced by individual and organizational factors such as personality, work organization, work itself, remuneration, interaction with colleagues, recognition, training opportunities as well as leadership styles.

2.8 WAYS OF IMPROVING LEVELS OF JOB SATISFACTION AMONG HEALTH WORKERS

In spite of the above inconsistencies in relation to job satisfaction particularly among the

health workers, there are ways that to improve satisfaction levels among this population. For instance, Bruce and Sangweni (2012:102) recommend that specific measures should be explored and implemented to improve workers' physical work conditions, institutional management, industrial relations, promotion opportunities as well as recognition for good work. Ogungbamila (2016:115) adds that it is important that the key role players such as provincial and district managers should devise a comprehensive HR strategy that addresses the relevant issues of the shortage of health workers, division of labour as well as staff retention. The continuous shortages of health workers, equipment, medicine, and other resources cause frustrations and affect the ability of health workers to deliver quality health care services and needs to be addressed urgently. The provision of dedicated space, for example a tearoom where health workers such as nurses and doctors could take short breaks during their day or night shifts to escape from the emotional strain of the health users (patients) demands should be considered (Bester & Engelbrecht, 2009:115).

On the other hand, a study by Visser et al. (2012:112) mentions key aspects that have been identified in contributing or improving the job satisfaction level among health workers. These key aspects include level of salaries, job recognition as well as the opportunities for promotion and achievement of personal goals. In the South African context, Bruce and Sangweni (2012:102) recommend that remuneration for most of the health workers such as professional nurses should be investigated at a national level since more than 70% of the nurses were dissatisfied with their rate of pay. Since then, the Occupation Specific Dispensation (OSD) policy has been put in place for improving remuneration of nurses. Research to determine whether OSD has had any inspiration on the professional nurses' job satisfaction is thus a recommendation. It is also recommended that different methodologies such as qualitative studies be conducted to solicit more in-depth and richer data for a better understanding of professional nurses' job satisfaction and their experiences of burnout.

Obasohan and Ayodele (2014:62) indicated that managers or supervisors of employees should design job or work to provide, meaning, stimulation and opportunities for employees to use their skills effectively. They should clearly define the employees' roles and responsibilities. They (managers), should give employees the opportunities to participate in actions and decisions affecting their work. They should also improve

communication network with the employees, they should provide opportunities for social interaction among employees and establish work schedules that are well-matched with responsibilities and demands outside the work.

2.9 CHAPTER SUMMARY

In this chapter the concepts of job satisfaction and job dissatisfaction were discussed in detail. Job satisfaction related adversely to an increase in job dissatisfaction (Akkinawo et al., 2013:5594). The chapter outlined job satisfaction theories, job satisfaction in African countries, and the level of job satisfaction among health workers, particularly in a private hospital. Lastly, the chapter discussed the ways of improving levels of job satisfaction among health workers. The following chapter dwells on the research methodology, the design and research tools used in the study.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 INTRODUCTION

This chapter focuses on the research methodology that was followed to achieve the objective of this study. This focuses on the research design, population, sampling, data collection and analysis methods. Ethical considerations as well as validity and reliability are also discussed in this chapter.

3.2 RESEARCH METHODOLOGY

Research methodology is defined by Igwenagu (2016:5) as a set of systematic technique used in research. This simply means a guide to research and how it is conducted. Research methodology describes and analysis methods, throws more light on their limitations and resources, clarify their pre-suppositions and consequences, relating their potentialities to the twilight zone at the frontiers of knowledge. The author further amplifies that the research methodology may be understood as a science of studying how research is done scientifically. This means conducting research scientifically and ethically from the conceptualisation and planning phases, through the implementation phase, to the dissemination phase (Brink et al. 2012:32).

On the other hand, Nayak and Singh (2015:1) define research methodology as a strategy that explains epistemological and ontological principles into guidelines that show us how research is conducted and the procedures, principles and practices that govern such research. Generally speaking, there are different research methodologies. There is no single or perfectly accepted research methodology which is applicable to all research problems. There is a quantitative, qualitative and mixed methods research methodologies which are applicable to different research problems. These three research methodologies have their own strengths and weaknesses. This means that the choice of the research methodology should depend on the paradigm that guide your research activity, more specifically ontology, epistemology and methodology (Nayak & Singh, 2015:1). Ontology refers to the beliefs that researchers have about the nature of humanity and reality. Epistemology refers to the theory of knowledge that informs the research under study. Methodology explains how that knowledge may be gained.

3.3 PHILOSOPHICAL WORLDVIEW

A worldview is defined by Creswell (2009:6) as a basic set of beliefs that guide actions. Other researchers have called worldview paradigms, epistemologies and ontologies, or broadly conceived research methodologies. The types of beliefs held by different researchers often lead to embracing a quantitative, qualitative or mixed methods research approach. The philosophical worldview that was used to guide or shape this quantitative study is a positivist worldview. This worldview is also called the scientific method of research or doing science research. It is also called postpositivist/positivist research, postpositivism, and empirical science.

According to Creswell (2009:7) there are five key assumptions of positivist worldview. Firstly, knowledge is conjectural. This means that an absolute truth can never be found in research. Thus, evidence obtained in research is always fallible and imperfect. In the current study, absolute truth can never be obtained on job satisfaction among health workers in a private hospital. Secondly, research is the process that make claims and then abandoning or refining some of them for other claims more strongly wanted. Thirdly, data is collected on study participants based on measures completed by the participants themselves or by observations recorded by the researcher. In the current study, health workers completed the questionnaire on their satisfaction level in a private hospital. Fourthly, in quantitative studies, researchers advance the relationship among two or more variables and pose this in terms of hypotheses or research questions. Primary and secondary research questions were asked in chapter 1 under 1.4. Lastly, researchers must examine their research methods and conclusions for bias. For example, standard of reliability and validity are important in quantitative studies. Hence reliability and validity are discussed in detail in this chapter.

3.4 RESEARCH DESIGN

Most authors have similar definitions for the concept “research design”. For instance, Nayak and Singh (2015:1) define research design as a complete plan for the collection of data in an empirical research project. On the other hand, Bryman et al. (2011:382) define research design as the framework or a plan for data collection and analysis. In the same way, Brink et al. (2012:96) define research design as the “blueprint” of the research study and determines the research methodology used by the researcher to obtain sources of

information, such as study respondents and unit of analysis, to collect and analyse the data and to interpret the study findings. To be more specific, a research design comprises the facts about the research problem, research questions and objectives, study setting, sampling plan and method as well as data collection and analysis techniques (Nayak & Singh, 2015:1). Researchers usually choose a research design that best fits their research purpose or objective and is well-suited with the available resources such as sources of information, money, time and ethical considerations as well as their personal preferences. Nayak and Singh (2015:1) mention that the research design must always specify at least three (3) processes which are:

- The process of data collection
- The process of instrument development and
- The sampling process

According to Nayak and Singh (2015:1), research design should address certain questions about the study such as:

- What is the problem of the study?
- What are major research questions?
- What is the population of the study?
- How many people are included in the study?
- How are the respondents of the study selected?
- What techniques and methods are used to analyse data?
- What statistical techniques and methods are used by the researcher to draw inferences?

In this study, a quantitative research design was followed to address researcher's concerns. According to Bryman et al. (2011:382), quantitative research usually emphasises the quantification in the collection and analysis of data. According to Nayak and Singh (2015:157), quantitative research methods are designed to produce reliable statistical data that tells the researchers how many respondents do or think about something.

3.4.1 RATIONALE FOR QUANTITATIVE RESEARCH DESIGN

According to Nayak and Singh (2015:158), researchers should consider quantitative

research design when they are under the following circumstances:

- When they are trying to collect data in percentages, ratios and averages
- When they want simple objective responses such as no or yes questions
- When they are trying to measure the trend such as 'do parents talk to their children about issues important to them'
- When there is no uncertainty about the concepts being measured, and there is only one way to measure each concept.
- When they want data in numerical forms such as 'number of parents who participate in recreational activities.'

3.4.2 ADVANTAGES OF QUANTITATIVE RESEARCH

Nayak and Singh (2015:158) summarises the advantages of using quantitative research as follows:

- Quantitative studies provides a very clear, quantitative measure which can be used for proposals and grants
- Quantitative research is efficacious when large quantities of data need to be collected
- The results of quantitative studies are usually numerical or quantifiable and hence it is considered more objective
- The data of quantitative studies are quantifiable and they can be generalizable to larger populations
- Quantitative studies allow seeing changes overtime and they help to develop quantitative indicators.

3.5 POPULATION

Population is defined by Brink et al. (2012:131) as all objects or group of people that the researcher is interested in studying in his or her research. These objects or group of people should meet the selection criteria that the researcher is interested in studying. Again, Brink et al. (2012:131) define two important concepts which are related to population namely, target and accessible population. Target population is therefore the complete set of elements or features about which researchers would like to make generalisations. Accessible population is defined by Brink et al. (2012:131) as the population that researchers does have access to. According to Nayak and Singh

(2015:78), there are four difficulties in measuring the whole populations namely:

- Large size of many populations;
- Inaccessibility of some of the populations;
- Distraction of the observation; and
- Accuracy and sampling

The target and accessible population of this study comprise all health workers working at a private hospital in Mahikeng, NWP. The hospital has almost 75 health workers in total including the locums (those who are moonlighting), this number exclude non-health workers such as cleaners, maintenance and security personnel. All health workers will be included in the study.

3.6 SAMPLING

Sampling is defined by Brink et al. (2012:383) as a part of the population that has been selected for the research. It is therefore a subset of the population. Purposive and convenient sampling techniques were used to select respondents of this study. Convenient sampling can also be called “accidental” or “availability sampling” and it comprises the choice of readily available objects or respondents for the study (Brink et al. 2012:140). Purposive sampling can also be called “judgmental sampling”. The advantage of using purposive sampling in this study is that it allowed the researcher to choose the sample based on the knowledge of the phenomena studied which is job satisfaction level among health workers at a private hospital. The researcher considered the sample of the present study in relation to the study purpose and design, as well as practical reality. This was beneficial for the researcher because it reduced the cost and time that she need to complete the dissertation. Therefore, sample of this study include all health workers working at a private hospital in Mahikeng, NWP, SA. The hospital has almost 70 health workers in total including the locums. This number excludes non-health workers such as cleaners, maintenance and security personnel. This means that the sample size of this study constituted 100% of the total population. This can be referred as the total study sample because every unit of the target and accessible population was relevant or appropriate for the study.

3.7 DATA COLLECTION METHOD

A questionnaire was used as a data collection method in this study. According to Nayak and Singh (2015:87), a questionnaire can simply be defined as a 'tool' which is used by researchers for collecting and recording information about a topic or issue of interest. It is a written form prepared and distributed to respondents to secure responses to certain questions. A questionnaire is generally made up of a list of a number of questions and it includes clear instructions to the study respondents and a space for their answers. According to Brink et al. (2012:153) and Bryman (2014:192), some of the advantages of using a questionnaire for a quantitative study are:

- Questionnaires are more convenient for study respondents because they can complete questionnaires at their own time, speed and place
- Questionnaires are cheaper to administer in terms of money and time
- Questionnaires are quicker to administer because they can be sent out by a post or otherwise distributed to large group of people at the same time
- Questionnaire is one of the easiest research instruments to test for validity and reliability
- The format of questionnaires is standard for all study respondents and it is not dependent on the mood of the interviewer
- Respondents of the study feel a greater sense of anonymity and they are more likely to give honest answers

According to Brink et al. (2012:154), a well-designed questionnaire should:

- Meet the aim and objectives of the study
- Show a fit between its contents as well as the research problem, aim and objectives
- Attain the most complete and accurate information possible, and doing so within the reasonable limits of time and resources

The data collection instrument of the study is a self-completion questionnaire which was designed in line with the research questions and objectives of the present study (See Appendix A). The questionnaire was divided into four sections, namely section A: demographic information, section B: factors influencing job satisfaction, section C: level of job satisfaction and section D: ways of improving job satisfaction. The respondents

answered the questions by completing the questionnaires themselves. The researcher sent questionnaires to the hospital while other questionnaires were sent through email to the study respondents. Study respondents were also asked to return the completed questionnaires by email or post, or alternatively, respondents were also requested to hand their completed questionnaires at the nurse manager's office.

3.8 DATA ANALYSIS METHOD

According to Brink et al. (2012:177), data analysis is a phase or step in research that is used to display data that has been collected and it is aimed at answering research questions. This step of data analysis requires careful planning as it entails categorising, ordering, manipulating and summarising the data, and describing them in meaningful terms. Brink et al. (2012:178) continued to indicate that the most powerful tool that is available to the researchers in analysing their quantitative data is statistics. Without the aid of statistics, the quantitative data that the researchers have collected would simply be a chaotic mass of numbers. One of the benefits of using statistics in quantitative studies is that statistical methods enable researchers to reduce, summarise, organise, manipulate, evaluate, interpret and communicate quantitative data.

In this study, Statistical Package for Social Sciences (SPSS) version 25 was used to analyse data. Descriptive statistics are used to describe and summarize the data, and thus tell us what the data set looks like. These statistics convert and condense a collection of data into an organised, visual presentation, or picture, in a variety of ways, so that the data have some meaning for the readers of the research report. Descriptive statistics therefore enables researchers to present data in a more meaningful ways, which allows simple interpretation of data. SPSS version 25 is a statistical software used by researchers to solve research and or business problems by means of hypothesis testing, ad-hoc analysis and predictive analytics. Frequency distribution as well as Spearman's rank correlation were used to analyse data in the current study.

3.9 ETHICAL CONSIDERATIONS

This study was conducted ethically from the identified problem or research question up to the communication of the research findings. The researcher acknowledged all sources used in the study including health workers who participated and all those who assisted

with data collection and analysis. Respondents were informed that results would be published at a journal accredited by the Department of Higher Education.

Before data collection or gaining access to the respondents, the researcher obtained ethical approval from the North-West University and hospital management to access the respondents. After written approval the researcher then asked to see potential respondents of the study. The researcher also informed health workers who were respondents about the study in a language that they understood.

In this study the researcher kept respondents' real names and particulars anonymous. For instance, the researcher gave respondents names during data collection such as Respondent, A, B or C. The name of the private hospital where data was collected was also kept confidential in the study.

In this study, respondents were informed before data collection that no one would have access to collected data except researcher and supervisor and that the findings would be published in an accredited journal but without mentioning their names for confidentiality reasons.

In line with Nayak and Singh (2015:158), the following measures were considered when developing a consent forms for this study:

- All respondents volunteered to participate in this study
- The researcher made sure that respondents knew they had the right to refuse to respond to questions asked to them or stop to participate in this study anytime
- The researcher provided study respondents with information about the present research in a manner appropriate to their educational level, age and culture
- Information tools and consent forms were developed and field-tested before data collection.

3.10 VALIDITY AND RELIABILITY

Validity of an instrument seeks to determine whether an instrument or a questionnaire is accurately measuring what it is intended to measure, given the context or setting in which it is applied. Reliability refers to the degree to which an instrument or a questionnaire can be depended upon to yield consistent results of findings if used repeatedly over time on the same person or group of people or if used by two different researchers (Brink et al.

2012:169). Validity and reliability are closely related concepts in quantitative studies. For instance, Brink et al. (2012:171) mention that there is no point of using an invalid instrument or questionnaire, however reliable it may be. These authors argue that reliability is part of validity because an instrument that does not produce results that are reliable cannot be considered valid. This means that a valid measure is also an accurate and consistent one (Brink et al. 2012:171).

For the purpose of this study, validity was evaluated as follows:

Content validity refers to an assessment of how well an instrument represents all the components or contents of the variable(s) to be measured. This type of validity in quantitative studies is used mainly in the development of a questionnaire. The researcher adjusted and adapted the questionnaire of the study based on literature review. The study supervisor looked at the questionnaire of the study to check whether it represented all the components and constructs of job satisfaction among health workers in a private hospital. The questionnaire was also presented to the experts in the field of Human Resource Management and experienced quantitative researchers for evaluation of the content validity of the questionnaire. The questionnaire was also given to other health workers who are not respondents in the study to pre-test it for clarity of items and in terms of whether it measures what it is supposed to measure.

Face validity is the weakest type of validity in quantitative studies. Face validity means that the instrument (questionnaire) appears to measure what is supposed to measure by just looking at its face. The researcher gave the questionnaire to the experts in the field of job satisfaction to check its face validity, which they confirmed.

Criterion-related validity refers to a pragmatic technique to determining a relationship between the scores of the current instrument in question and other external criteria. In this study, researcher compared the questionnaire of this study with other questionnaires that are known to be valid and yielded credible results when they were administered.

For the purpose of this study, reliability was evaluated as follows:

Stability is measured by giving the same respondents an instrument or a questionnaire on two occasions within a relatively short period of time, and examining their answers for similarities. The researcher gave respondents of the study a questionnaire twice in seven

days to see whether there are similarities on their responses.

Internal consistency also called 'homogeneity', internal consistency addressed the degree to which all items of the questionnaire measure the same variable. For instance, all items of the questionnaire consistently measured job satisfaction but nothing else.

Equivalence reliability is used to determine whether similar tests given at the same time give the same results, or whether the same results can be obtained by using different observers at the same time.

3.11 CHAPTER SUMMARY

The focus of this chapter was on the research methodology that was followed to achieve the primary objective of this study. The chapter focused on the research design, population, sampling, data collection and analysis methods. Ethical considerations as well as validity and reliability are also discussed in this chapter. The focus of the next chapter is on data analysis and interpretation.

CHAPTER 4: DATA ANALYSIS AND INTERPRETATION

4.1 INTRODUCTION

The focus of this chapter is on data analysis and interpretation. Statistical Package for Social Science (SPSS) version 25 was used to analyse data. There are five sections in this chapter, namely Section 1: demographic information, Section 2: reliability analysis, Section 3: percentages of job satisfaction among health workers in a private hospital, Section 4: descriptive statistics as well as Section 5: correlation analysis. Tables and figures were used to present data. There were 70 questionnaires randomly distributed to the unit managers. All 70 questionnaires were completed and received back.

SECTION 1: DEMOGRAPHIC INFORMATION

Demographic information of the study included age, gender, marital status, educational qualifications, years of experience as well as rank or position. Demographic information of the respondents is given in the following tables and figures. Sample Size: N = 70 respondents.

Table 4.1: Age group

Age group	Frequency	%
18 – 30yrs	13	18.6
31 – 40yrs	18	25.7
41 – 50yrs	23	32.9
51yrs and above	16	22.9
Total	N = 70	100

Table 4.1 shows that majority of the respondents 23 (32.9%) were aged between 41-50 years, 18 (25.7%) of the respondents were aged between 31-40 years, 16 (22.9%) of the respondents were more than 50 years old. Only 13 (18.6%) of the respondents were aged between 18-30 years. As a result, it can be concluded that majority of the study respondents were above the age of 30. Figure 4.1 below shows the same information.

Figure 4.1: Age group

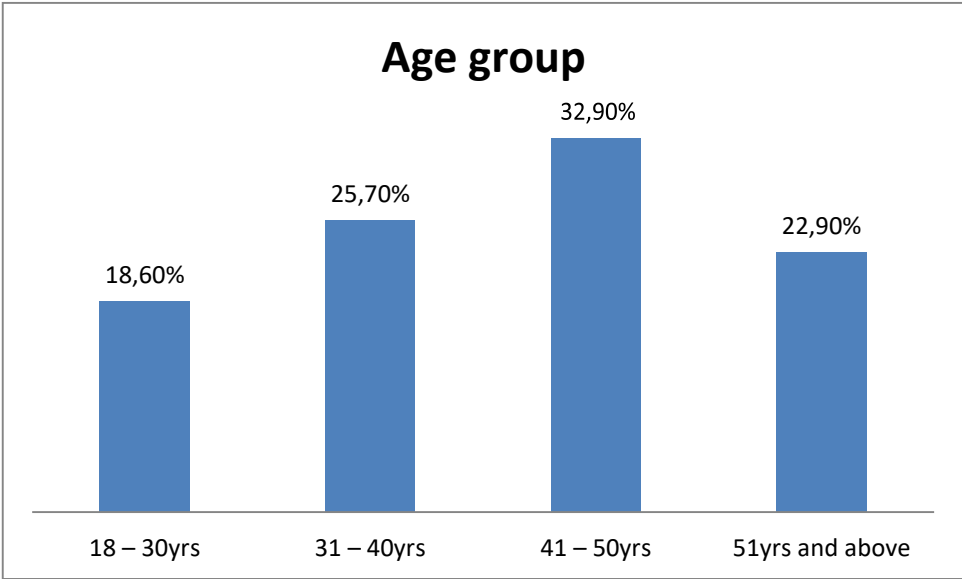


Table 4.2: Gender

Gender	Frequency	%
Male	14	20
Female	56	80
Total	N = 70	100

Table 4.2 and Figure 4.2 show that 56 (80%) of respondents were females, while only 14 (20%) were males. Therefore, it can be concluded that majority of the respondents were females. This is probably because majority of the respondents were nurses and nursing at this private hospital was dominated by females. Liu and Li (2017:76) indicated that nursing is considered a women's occupation and most clinics and hospitals have a serious gender inequality. This is also the case at the private hospital where this study was conducted. Figure 4.2 shows the same information.

Figure 4.2: Gender

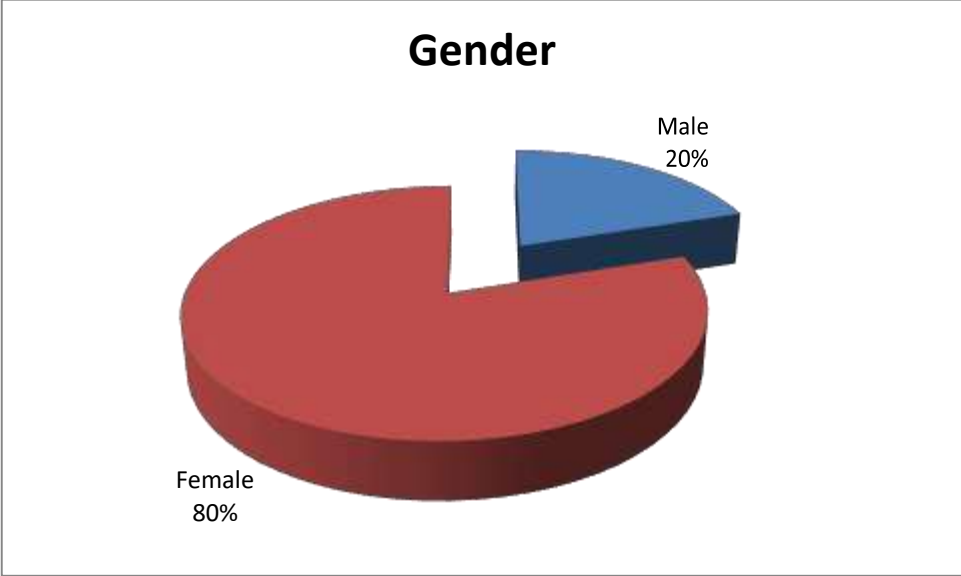


Table 4.3: Marital status

Marital status	Frequency	%
Single	26	37.1
Married	40	57.1
Divorced	4	5.7
Total	N = 70	100

Table 4.3 and Figure 4.3 show that majority of respondents 40 (57.1%) are married. This is consistent with findings of a study conducted on satisfaction levels of health workers in Malawi, Tanzania and South Africa. More than half of respondents were married (Blaauw et al., 2013:130). The study established that 26 (37.1%) of respondents are single, and only 4 (5.7%) of respondents were divorced. This shows that the hospital has more married personnel. This is also probably because majority of respondents were aged between 41-50 years old as indicated in Table and Figure 4.1 above. Figure 4.3 depicts the same information.

Figure 4.3: Marital status

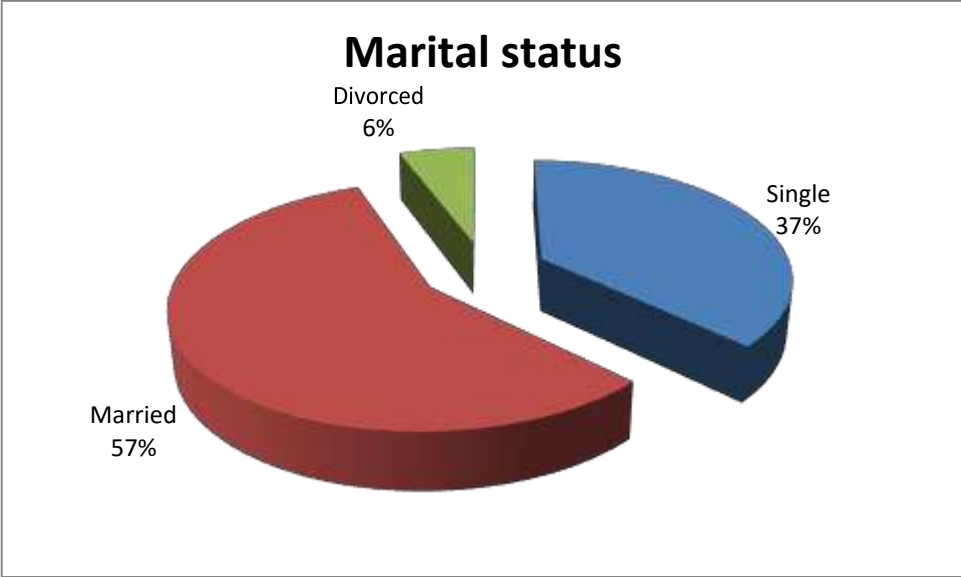


Table 4.4: Highest educational qualification obtained

Educational Level	Frequency	%
Matric	8	11.4
Certificate	25	35.7
Diploma	10	14.3
Degree	11	15.7
Postgraduate	16	22.9
Total	N = 70	100

Table 4.4 and Figure 4.4 depicts that 25 (35.7%) of respondents have certificates, 16 (22.9%) of respondents have postgraduate qualifications, 11 (15.7%) have degrees, 10 (14.3%) have diplomas, 8 (11.4%) have matric, standard 10 or grade 12 qualifications. These results show that majority of respondents have post-matric qualifications. This is probably because in both private and public institutions in South Africa, basic educational requirements for majority of health related jobs is a diploma, degree or equivalent qualification. Figure 4.4 shows the same information.

Figure 4.4: Highest educational qualification obtained

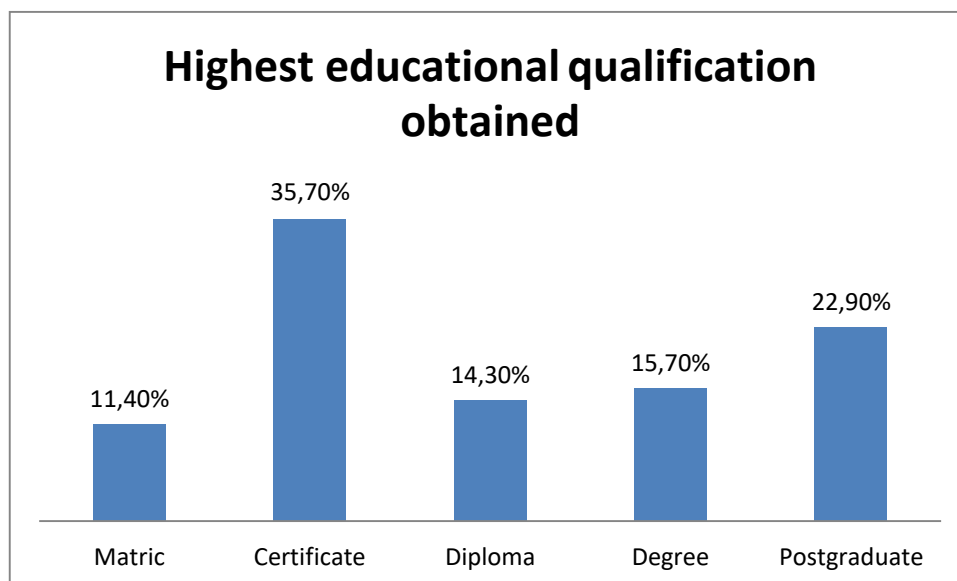


Table 4.5: Years of experience

Job experience	Frequency	%
5yrs and below	16	22.9
6 – 10yrs	18	25.7
11 – 15yrs	11	15.7
16 – 20yrs	6	8.6
21yrs and above	19	27.1
Total	N = 70	100

Table 4.5 and Figure 4.5 show that majority of respondents 19 (27.1%) have work experience of 21 years and above. This is probably because majority of respondents ranged between 41-50 years of age. 18 (25.7%) of respondents have 6-10 years' work experience, 16 (22.9%) of respondents have 0-5 years of work experience, 11 (15.7) have 11-15 years of work experience and 6 (8.6%) of respondents have 16-20 years of work experience at a public hospital. Figure 4.5 shows the same information.

Figure 4.5: Years of experience

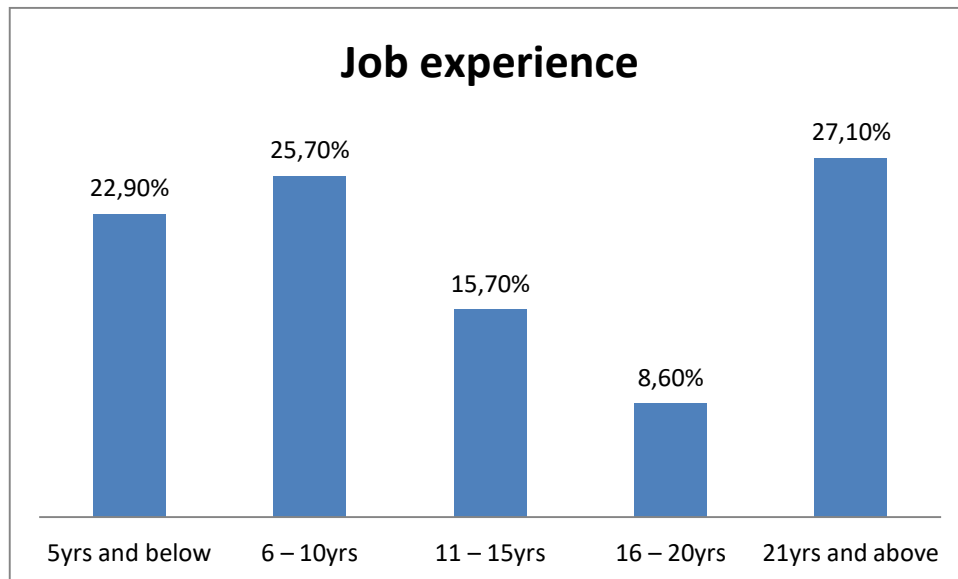
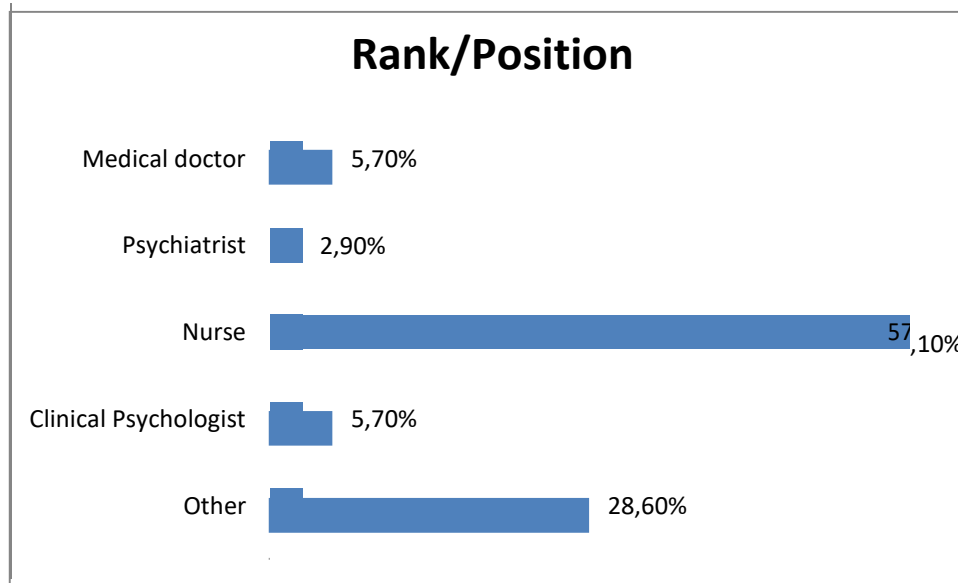


Table 4.6: Rank/Position

Rank	Frequency	%
Medical doctor	4	5.7
Psychiatrist	2	2.9
Nurse	40	57.1
Clinical Psychologist	4	5.7
Other	20	28.6
Total	N = 70	100

Table 4.6 and Figure 4.6 reveals that majority of respondents 40 (57.1%) were nurses. This is probably because majority of health workers in South Africa are nurses. This finding is also consistent with the study conducted by Blaauw et al. (2013:130) who found that majority of the respondents of their study on job satisfaction among health workers were nurses. 20 (28.6%) of respondents fell under category of others which included social workers, pharmacists, occupational therapists and radiographers. 4 (5.7%) of respondents were medical doctors, another 4 (5.7%) of respondents were clinical psychologists and only 2 (2.9%) of respondents were psychiatrists. Figure 4.6 shows the same information.

Figure 4.6: Rank/Position



SECTION 2: RELIABILITY ANALYSIS

Cronbach’s alpha(α) reliability coefficient, whose numerical value ranges from 0 to 1, measures the reliability (or internal consistency) of a questionnaire (or survey) consisting of Likert-type scales and items. A high value (close to 1) for Cronbach’s alpha reliability coefficient indicates good internal consistency of the items in the scale.

Table 4.7: Reliability analysis (Job satisfaction among health workers in a private hospital)

Subscale	Cronbach’s Alpha (α)	N of Items	Mean	Standard Deviation	Internal consistency
Factors influencing job satisfaction*	0.7	3	2.32	0.45	Acceptable
Level of job satisfaction	0.882	10	2.78	0.37	Good
Ways of improving job satisfaction	0.850	6	1.67	0.14	Good
Total	0.856	19	2.36	0.59	Good

*Some items (7, 8,11,12,14 and 15) were removed from this subscale (section B of a questionnaire) in order to increase the reliability coefficient, and therefore, they will no longer be considered in this study.

The Cronbach’s alpha coefficients in Table 4.7 above are all greater than 0.7, and this implies that the respondents have responded consistently to those survey items.

SECTION 3: PERCENTAGES (JOB SATISFACTION AMONG HEALTH WORKERS IN A PRIVATE HOSPITAL)

Table 4.8: Factors influencing job satisfaction (Percentages)

Key: SA = strongly agree, A = agree, U = unsure, D = disagree, SD = strongly disagree

No.	Statements	SA(%)	A(%)	U(%)	D(%)	SD(%)
9	Our hospital is well managed and everything happens on time (N = 70)	8.6	40	18.6	25.7	7.1
10	Content of my work itself plays a major role in influencing my job satisfaction (N = 70)	27.1	57.1	8.6	2.9	4.3
13	Organisational policies plays an important role in determining the level of my job satisfaction (N = 70)	21.4	60	7.1	7.1	4.3
	AVERAGE RESPONSE (%)	19	52.4	11.4	11.9	5.2

Out of 70 health workers who participated in the study, 6 (8.6%) strongly agree, 28 (40.0%) agree, 13 (18.6%) unsure, 18 (25.7) disagree and 5 (7.1%) strongly disagree that the hospital is well managed and tasks are completed on time. This means that majority of the respondents agree that the hospital is well managed and timeously executed. Nemmaniwar and Deshpande (2016:27) mention that managers should concentrate on job satisfaction of employees because dissatisfied employees are more likely to provide inferior services. Out of 70 respondents of the study, 19 (27.1%) strongly agree, 40 (57.1) agree, 6 (8.6%) unsure, 2 (2.9%) disagree and 3 (4.3%) strongly disagree that the content of their work itself plays a major role in influencing their job satisfaction. This shows that majority of the respondents concur that the content of their work itself plays a major role in influencing their job satisfaction. Organizational factors which increase job satisfaction of employees include procedures and policies of the employees, nature of work as well as leadership style (Nemmaniwar & Deshpande, 2016:27). Increased level of satisfaction lead to a positive attitude about work and increased commitment to the organization such as the private hospital investigated in this study (Hassan & Selvarajah, 2015:251).

Majority of the respondents 42 (60.0%) agree that organisational policies play an important role in determining their level of job satisfaction. There was a show of 15 (21.4%) who strongly agree, 5 (7.1%) unsure, 5 (7.1%) disagree and 3 (4.3%) strongly disagree that organisational policies play important role in determining the level of their job satisfaction. This shows that majority of the respondents concur that there are organisational policies and those organisational policies play an important role in determining their level of job satisfaction. Hygiene factors viewed as job dissatisfiers are contextual such as company or organizational policies as well as working conditions (Akkinawo, Akinbobola & Ahmefule, 2013: 5594).

Table 4.9: Level of job satisfaction (Percentages)

Key: SA = strongly agree, A = agree, U = unsure, D = disagree, SD = strongly disagree

No.	Statements	SA(%)	A(%)	U(%)	D(%)	SD(%)
16	I am satisfied with my job (N = 70)	17.1	55.7	8.6	11.4	7.1
17	My supervisor is approachable and easy to talk to (N = 70)	25.7	38.6	15.7	17.1	2.9
18	I receive right amount of salary for my work (N = 70)	4.3	18.6	40	20	17.1
19	I receive adequate training for the work I do (N = 70)	12.8	31.4	22.9	25.7	7.1
20	I have adequate resources and equipment to carry out my duties (N = 70)	12.9	48.6	7.1	27.1	4.3
21	My working conditions are satisfactory (N = 70)	7.1	41.4	12.9	28.6	10
22	I would recommend this organisation as a good one (N = 70)	5.7	42.9	28.6	12.9	10
23	We have physical working conditions that are safe, not injurious to health, not stressful (N = 70)	8.6	57.1	18.6	8.6	7.1
24	Management usually keeps us informed about things we want to know (N = 70)	5.7	41.4	22.9	22.9	7.1
25	I'm happy with my job's vacation/leave policy (N = 70)	4.3	17.1	30	25.7	22.9
	AVERAGE RESPONSE (%)	10.4	39.3	20.7	20	9.6

According to Wu et al. (2018:1), health workers in both private and public hospitals experience high levels of job stress and low job satisfaction. However, out of 70 health

workers who participated in this study 17.1 % strongly agree and 55.7% agree that they are satisfied with their job. While only 8.6% unsure, 11.4% disagree and 7.1% strongly disagree that they are satisfied with their job. This shows that the majority of respondents are satisfied with their job.

Out of 70 respondents of this study, 25.7% strongly agree, 38.6% agree, 15.7% unsure, 17.1% disagree and 2.9% strongly disagree that their supervisors are approachable and easy to talk to. This shows that majority of respondents agree that their supervisors are approachable and easy to talk to.

Majority of respondents 40% are unsure whether they receive right amount of salary for their work or not. This could be because respondents do not know how much their colleagues from other private hospitals were earning, as the salary is a highly confidential matter at private institutions. 4.3% strongly agree, 18.6% agree, 20% disagree and 17.1% strongly disagree that they receive right amount of salary for their work. Salary and other financial benefits are considered external or hygiene factors that affect job satisfaction of workers. That is, they are factors that merely prevent job dissatisfaction (Arian, Soleimani & Oghazian, 2018: 395).

Majority of respondents 31.4% agree that they receive adequate training for the work they do. While 12.8% strongly agree, 22.9% unsure, 25.7% disagree and 7.1% strongly disagree that they receive adequate training for the work they do. Insufficient opportunities for professional advancement and training is one of the main push factors for employees to work abroad (Gacevic et al., 2018: 1133).

Majority of respondents 48.6% agree that they have adequate resources and equipment to carry out their duties. While 12.9% strongly agree, 7.1% unsure, 27.1% disagree and 4.3% strongly disagree that they have adequate resources and equipment to carry out their duties.

Improving working conditions is a factor that help to increase job satisfaction among employees (Arian, Soleimani & Oghazian, 2018: 396). 7.1% strongly agree, 41.4% agree, 12.9% unsure, 28.6% disagree and only 10% strongly disagree that their working conditions are satisfactory. This shows that the majority of respondents agree that their

working conditions are satisfactory. This may be the reason why a significant proportion of the respondents at a private hospital were moonlighting or doing locums.

Majority of respondents 42.9% agree that they would recommend their private hospital as a good one. 5.7% strongly agree, 28.6% unsure, 12.9% disagree and 10% strongly disagree. This is probably because majority of respondents agree that they are satisfied with their job as indicated above.

Arian, Soleimani and Oghazian (2018:396) indicate that nurturing a healthy and safe working environment increases job satisfaction of workers and reflects a high level of employee participation and productivity, which are essential for all organisations. In the current study, 8.6% strongly agree, 57.1% agree, 18.6% unsure, 18.6% disagree and 7.1% strongly disagree that they have physical working conditions that are safe, not injurious to health and not stressful. This shows that majority of respondents concur that they have physical working conditions that are safe, not injurious to health, not stressful.

5.7% strongly agree, 41.4% agree, 22.9% unsure, 22.9% disagree and 7.1% strongly disagree that management of a private hospital usually keeps them informed about things they want to know. This shows that the majority of respondents agree that the hospital management usually keeps them informed about things they want to know. Arian, Soleimani and Oghazian (2018:397) add that authorities and managers are recommended to utilise preventive behaviours such as continuous surveys and organise meetings with their employees, so as to determine their behavioural pathology, and ultimately increase their job satisfaction level.

Very few respondents 4.3% strongly agree that they are happy with their job's vacation or leave policies. 17.1% agree, 30% unsure, 25.7% disagree and 22.9% strongly agree that they are happy with their job's vacation or leave policy. This means that majority of respondents are unsure whether they are happy with their hospital's vacation or leave policy. This could be because some of the respondents like medical doctors and clinical psychologists do not use some of the hospital policies like vacation or leave policy.

Table 4.10: Ways of improving job satisfaction (Percentages)**Key:** SA = strongly agree, A = agree, U = unsure, D = disagree, SD = strongly disagree

No.	Statements	SA(%)	A(%)	U(%)	D(%)	SD(%)
26	Increased salary can improve my level of job satisfaction (N = 70)	45.8	32.9	14.3	2.9	4.3
27	Physical work conditions can improve my job satisfaction level (N = 70)	40	47.1	7.1	1.4	4.3
28	Recognition and promotion activities can improve my job satisfaction level (N = 70)	47.1	40	11.4	0	1.4
29	Availability of medical equipment and medicines can improve my job satisfaction (N = 70)	48.6	45.7	1.4	2.9	1.4
30	Training and development opportunities are needed to improve my job satisfaction (N = 70)	54.3	42.9	0	1.4	1.4
31	Managers should provide us with opportunities to participate in actions and decisions affecting their work (N = 70)	54.3	42.9	0	1.4	1.4
	AVERAGE RESPONSE (%)	48.4	41.9	5.7	1.7	2.4

Majority of respondents 45.8% strongly agree and 32.9% agree that increased salary can improve their level of job satisfaction. 14.3% unsure, 2.9% disagree and 4.3% strongly disagree that increased salary can improve their level of job satisfaction at a private hospital. Visser et al. (2012:112) mentions key aspects that have been identified in contributing or improving the job satisfaction level among health workers. These key aspects include level of salaries, job recognition as well as the opportunities for promotion and achievement of personal goals.

Out of 70 respondents of the study, 40% strongly agree, 47.1% agree, 7.1% unsure, 1.4% disagree, and 4.3% strongly disagree that physical working conditions can improve their job satisfaction level at a private hospital. This shows that majority of respondents concur that physical work conditions could improve their satisfaction level. Arian, Soleimani and

Oghazian (2018:396) concur with the results of the study that improving working conditions is a factor that helps to increase job satisfaction among employees of any organisation.

Majority of respondents 47.1% strongly agree, 40% agree, 11.4% unsure, 0% disagree and 1.4% strongly disagree that recognition and promotion activities can improve their job satisfaction level. This shows that majority of respondents concur that recognition and promotion activities can improve their job satisfaction level. Recognition and promotion activities are considered one of the factors that increase health workers satisfaction level and contribute to their intention to stay with their current employer (Adegoke et al., 2015:950; Akkinawo, Akinbobola & Ahmefule, 2013:5593).

Out of 70 respondents of the study, majority 48.6% strongly agree, 45.7% agree that availability of medical equipment and medicines can improve their job satisfaction. 1.4% unsure, 2.9 disagree and 1.4 strongly disagree that availability of medical equipment and medicine can improve their job satisfaction level. These results shows that majority of health workers need adequate medical equipment and medicine to be satisfied with their job. The continuous shortages of health workers, equipment, medicine, and other resources cause frustrations and affect the ability of health workers to deliver quality health care services and needs to be addressed urgently (Bester & Engelbrecht, 2009:115). Apart from improving job satisfaction level, availability of equipment, supplies as well as medicine are also considered as retention strategies for health workers such as midwives (Adegoke et al., 2015:950).

Majority of respondents 54.3% strongly agree and 42.9% agree that training and development opportunities are needed to improve job satisfaction level of health workers at a private hospital. No one was unsure, while 1.4% disagree and 1.4% strongly disagree that training and development opportunities are needed to improve their job satisfaction level. Opportunities for training and development does not only improve workers satisfaction level, it also contribute to their intention to stay with current employer, especially funding for post basic education programmes (Adegoke et al., 2015:950).

Out of 70 respondents of this study, majority 54.3% strongly agree and 42.9% agree that managers should provide them with opportunities to participate in actions and decisions affecting their work. No one was unsure, while only 1.4 disagree and another 1.4% strongly disagree that managers should provide them with opportunities to participate in

actions and decisions affecting their work. This is probably because some of the health workers like clinical psychologists and medical doctors do not rely on management to perform their duties. Obasohan and Ayodele (2014:62) indicate that managers or supervisors of employees should design job or work to provide, meaning, stimulation and opportunities for employees to use their skills effectively including participation in actions and decisions that affect their work.

SECTION 4: DESCRIPTIVE STATISTICS

Table 4.11: Factors influencing job satisfaction (Descriptive)

Scale: 1 = strongly agree, 2 = agree, 3 = unsure, 4 = disagree, 5 = strongly disagree

No.	Item	N	Mean	Standard Deviation	Skewness
9	Our hospital is well managed and everything happens on time (N = 70)	70	2.83	1.13	0.29
10	Content of my work itself plays a major role in influencing my job satisfaction (N = 70)	70	2.00	0.93	1.55
13	Organisational policies plays an important role in determining the level of my job satisfaction (N = 70)	70	2.13	0.98	1.37
	OVERALL MEAN		2.32		

Positive skewness values show that the respondents tend to agree with the items listed in Table 4.11. Values of the mean closer to 2 show that the respondents tend to agree with the items listed in Tables 4.11. Mean values that are closer to 3 indicate that the respondents tend to be not sure about those items in Tables 4.11. Low standard deviations indicate that the responses are clustered closer to their respective means (averages). The overall mean (2.32) shows that the respondents tend to agree with those items influencing job satisfaction.

Table 4.12: Level job satisfaction (Descriptive)**Scale:** 1 = strongly agree, 2 = agree, 3 = unsure, 4 = disagree, 5 = strongly disagree

No.	Item	N	Mean	Standard Deviation	Skewness
16	I am satisfied with my job (N = 70)	70	2.36	1.12	1.05
17	My supervisor is approachable and easy to talk to (N = 70)	70	2.31	1.15	0.47
18	I receive right amount of salary for my work (N = 70)	70	3.26	1.13	-0.15
19	I receive adequate training for the work I do (N = 70)	70	2.81	1.20	0.00
20	I have adequate resources and equipment to carry out my duties (N = 70)	70	2.61	1.15	0.45
21	My working conditions are satisfactory (N = 70)	70	2.93	1.18	0.25
22	I would recommend this organisation as a good one (N = 70)	70	2.79	1.08	0.66
23	We have physical working conditions that are safe, not injurious to health, not stressful (N = 70)	70	2.49	1.02	1.10
24	Management usually keeps us informed about things we want to know (N = 70)	70	2.84	1.07	0.40
25	I'm happy with my job's vacation/leave policy (N = 70)	70	3.44	1.19	-0.39
	OVERALL MEAN		2.78		

Positive skewness values show that the respondents tend to agree with the items listed in Table 4.12, whereas negative skewness values imply that the respondents tend to disagree with the listed items. Values of the mean closer to 2 show that the respondents tend to agree with the items listed in Tables 4.12. Mean values that are closer to 3 indicate that the respondents tend to be not sure about those items in Tables 4.12. Low standard deviations indicate that the responses are clustered closer to their respective means (averages). The overall mean (2.78) which is slightly less than 3, shows that the respondents tend to slightly agree with those items pertaining to level of job satisfaction.

Table 4.13: Ways of improving job satisfaction (Descriptive)**Scale:** 1 = strongly agree, 2 = agree, 3 = unsure, 4 = disagree, 5 = strongly disagree

No.	Item	N	Mean	Standard Deviation	Skewness
26	Increased salary can improve my level of job satisfaction (N = 70)	70	1.86	1.07	1.25
27	Physical work conditions can improve my job satisfaction level (N = 70)	70	1.83	0.95	1.72
28	Recognition and promotion activities can improve my job satisfaction level (N = 70)	70	1.67	0.81	1.18
29	Availability of medical equipment and medicines can improve my job satisfaction (N = 70)	70	1.63	0.78	1.89
30	Training and development opportunities are needed to improve my job satisfaction (N = 70)	70	1.53	0.72	2.21
31	Managers should provide us with opportunities to participate in actions and decisions affecting their work (N = 70)	70	1.53	0.72	2.21
	OVERALL MEAN		1.68		

Positive skewness values show that the respondents tend to agree with the items listed in Table 4.13. Values of the mean closer to 2 show that the respondents tend to agree with the items listed in Tables 4.13. Mean values that are closer to 1 indicate that the respondents tend to strongly agree with those items in Tables 4.13. Low standard deviations indicate that the responses are clustered closer to their respective means (averages). The overall mean (1.68) shows that the respondents tend to agree with those ways of improving job satisfaction.

SECTION 5: CORRELATION ANALYSIS

Spearman's rank rho test

This test calculates the correlation between two ranked variables (X and Y). The correlation is statistically significant if the p-value is less than 0.05 level of significance. The coefficient of Spearman's rank correlation is given by the formula

$$r = 1 - \frac{6 \sum D^2}{N(N^2 - 1)}$$

where

D = differences of ranks of corresponding values of X and Y

N = number of paired values in the data

$$-1 \leq r \leq 1$$

Table 4.14: Spearman's rank correlation between age group and views (perceptions) of respondents about job satisfaction among health workers in a private hospital

Items		
I am satisfied with my job (N = 70)	Correlation coefficient(r)	-0.257*
	p – value	0.032
We have physical working conditions that are safe, not injurious to health, not stressful (N = 70)	Correlation coefficient(r)	-0.313*
	p – value	0.008
Training and development opportunities are needed to improve my job satisfaction (N = 70)	Correlation coefficient(r)	0.290*
	p – value	0.015
Managers should provide us with opportunities to participate in actions and decisions affecting their work (N = 70)	Correlation coefficient(r)	0.250*
	p – value	0.037

*Correlation is significant at the 0.05 level

SPSS 25 software package was used to perform the correlation analysis and the results are shown in Table 4.14. Since all the p-values are less than 0.05 level of significance, then the correlation between age group and views of health workers about the items listed in Table 4.14 is statistically significant. Positive correlation coefficient ($r > 0$) means that older health workers tend to disagree with the items listed in Table 4.14, whereas younger ones tend to agree. This means that majority of older respondents tend to disagree that they are satisfied with their job, they have physical working conditions that are safe, not

injurious to health, not stressful and the training and development opportunities are needed to improve their job satisfaction. Negative correlation coefficient ($r < 0$) means that older health workers tend to agree with the items listed in Table 4.14, whereas younger health workers tend to disagree. This means that older health workers tend to agree that they are satisfied with their job, they have physical working conditions that are safe, not injurious to health, not stressful and the training and development opportunities are needed to improve their job satisfaction. See Figures 4.7(a) and (b) below to display this research finding.

Figure 4.7 (a): Views of respondents versus age ($r > 0$)

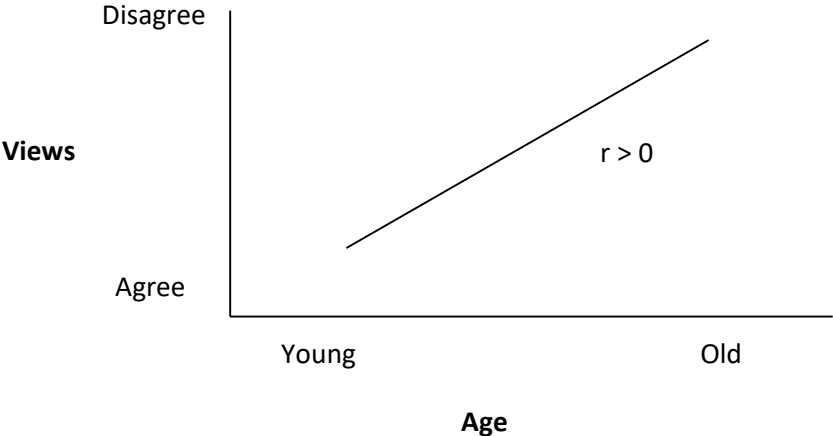


Figure 4.7(b): Views of respondents versus age level ($r < 0$)

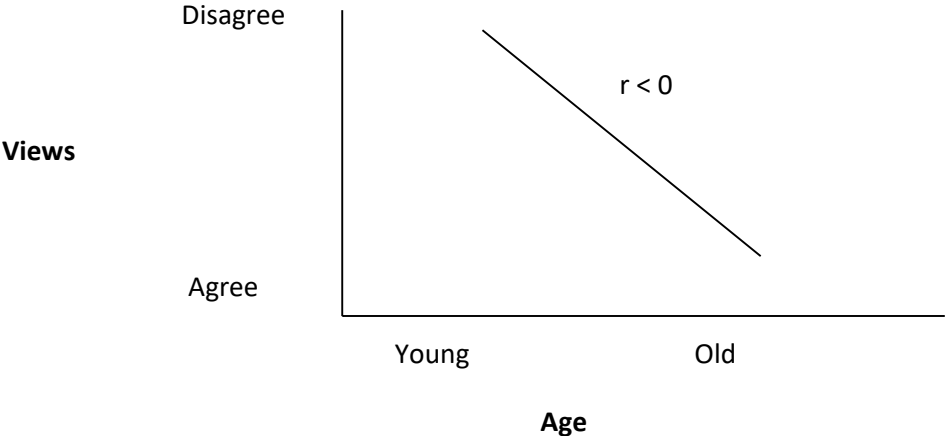


Table 4.15: Spearman’s rank correlation between educational level and views (perceptions) of respondents about job satisfaction among health workers in a private hospital

Item		
Organisational policies plays an important role in determining the level of my job satisfaction (N = 70)	Correlation coefficient(r)	-0.260*
	p - value	0.030

*Correlation is significant at the 0.05 level

Since the p-value (0.030) is less than 0.05 level of significance, then the correlation between educational level and views of health workers about the item listed in Table 4.15 is statistically significant. Negative correlation coefficient (r = -0.260) means that more qualified health workers tend to agree with the item listed in Table 4.15, whereas less qualified health workers tend to disagree. Hygiene factors viewed as job dissatisfiers are contextual such as company or organisational policies as well as working conditions (Akkinawo, Akinbobola & Ahmefule, 2013: 5594). See Figures 4.8 below to displays this research finding.

Figure 4.8: Views of respondents versus educational level (r < 0)

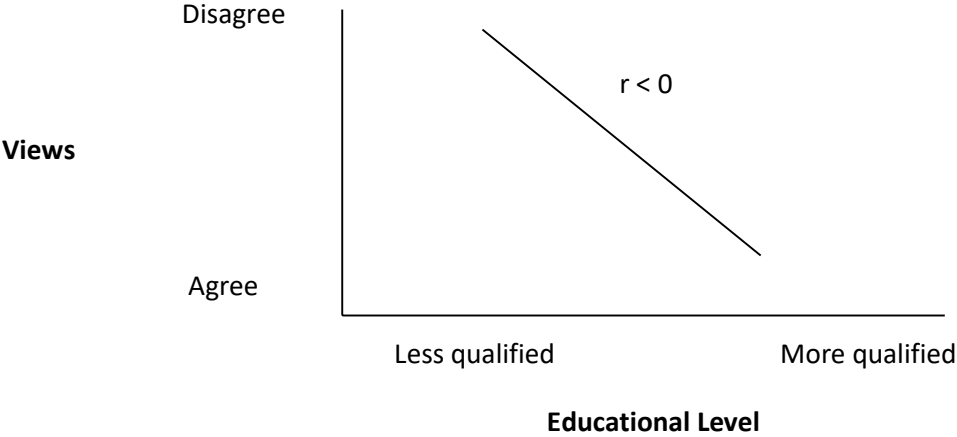


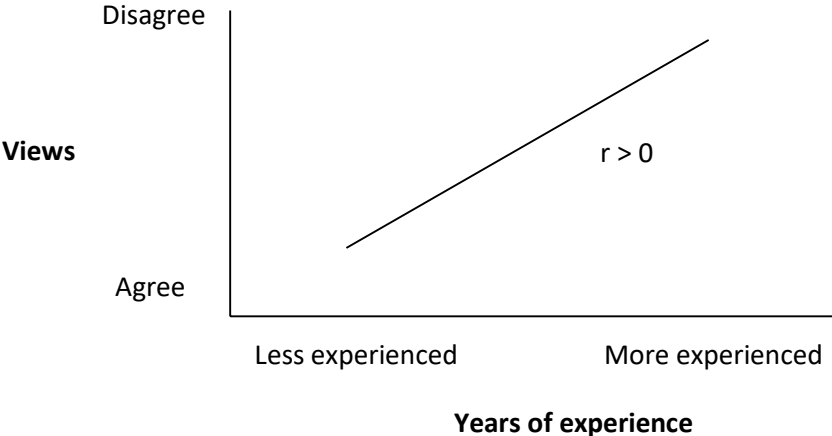
Table 4.16: Spearman’s rank correlation between years of experience and views (perceptions) of respondents about job satisfaction among health workers in a private hospital

Item		
My supervisor is approachable and easy to talk to (N = 70)	Correlation coefficient(r)	0.266
	p - value	0.026

*Correlation is significant at the 0.05 level

Since the p-value (0.026) is less than 0.05 level of significance, then the correlation between job experience and views of health workers about the item listed in Table 4.16 is statistically significant. Positive correlation coefficient (r = 0.266) means that more experienced health workers tend to disagree with the item listed in Table 4.16, whereas less experienced health workers tend to agree. The quality of supervision has been identified as one of the key items in determining the satisfaction in this and other studies (Viswanath et al., 2013:489). See Figure 4.9 below that displays this research finding.

Figure 4.9: Views of respondents versus years of experience (r > 0)



4.2 CHAPTER SUMMARY

This chapter provided data analysis and interpretation. Statistical Package for Social Science (SPSS) version 25 was used to analyse data. Data in this chapter was presented

in 5 sections namely Section 1: demographic information, Section 2: reliability analysis, Section 3: percentages of job satisfaction among health workers in a private hospital, Section 4: descriptive statistics as well as Section 5: correlation analysis. The next chapter consolidates the study and provides the conclusion, limitations and recommendations that are directly derived from the study.

CHAPTER 5: CONCLUSION AND RECOMMENDATIONS

5.1 INTRODUCTION

The primary objective of this study was to investigate the level of job satisfaction among health workers in a private hospital in Mafikeng, North West province. Quantitative data was collected from a total of 70 health workers from a private hospital in Mafikeng, North West province. This final chapter provides findings from the study and literature review. Limitations, recommendations and conclusion are also given in this chapter.

5.2 SUMMARY OF CHAPTERS

Chapter 1: In this chapter an overview of the study was given. The chapter outlined the introduction, the problem statement, primary and secondary research questions, primary and secondary research objectives, significance of the study, as well as a brief methodology followed in the study. Detailed methodology was given in chapter 3.

Chapter 2: In this chapter literature related to job satisfaction among health workers was reviewed. More specifically, the literature reviewed in this study focused on job satisfaction and dissatisfaction, job satisfaction theories, job satisfaction in African countries, job satisfaction in relation to demographic variables, level of job satisfaction among health workers, job satisfaction among health workers in a private hospital and ways of improving levels of job satisfaction among health workers.

Chapter 3: In this chapter research methodology followed to address researcher's concern was discussed. Research design, population and sampling, data collection and analysis methods, ethical considerations as well as reliability and validity were amply justified and examined in detail in this chapter.

Chapter 4: In this chapter data analysis and interpretation were presented. Statistical Package for Social Science (SPSS) version 25 was used to analyse data. Tables and figures were used to present results. Literature was reviewed to refute or corroborate the study findings.

Chapter 5: In this chapter conclusion and recommendations of the whole study are succinctly provided to demonstrate how the research problem was addressed and how the findings of the study inform the recommendations for both practice and further

research.

5.3 REALISATION OF THE RESEARCH OBJECTIVES

The first objective of this study was to determine the factors that influence job satisfaction among health workers. Some of the statements were removed from the subscale (section B of a questionnaire) in order to increase the Cronbach reliability coefficient, and therefore, they were not considered in the study. Majority of respondents were in favour of all remaining three statements under this objective. Literature review was done to confirm the study findings.

The second objective of the study was to establish the association between demographic characteristics and level of job satisfaction. The findings of the study show that there is a significant relationship between demographic characteristics and the level of job satisfaction among health workers. These were confirmed in analysis of the responses to the questionnaire under section 5 of the analysis.

The third objective was to identify the common ways of improving the levels of job satisfaction among health workers. Majority of respondents strongly agreed with the statements given for this objective. Literature was conducted to confirm the findings of this study.

5.4 RESEARCH METHODOLOGY AND DESIGN

Research methodology is defined by Igwenagu (2016:5) as a set of systematic technique used in research. This simply means a guide to research and how it is conducted. Research methodology describes and analysis methods, throws more light on their limitations and resources, clarify their pre-suppositions and consequences, relating their potentialities to the twilight zone at the frontiers of knowledge. The author further amplifies that the research methodology may be understood as a science of studying how research is done scientifically. This means conducting research scientifically and ethically from the conceptualisation and planning phases, through the implementation phase, to the dissemination phase (Brink et al. 2012:32).

A quantitative research design was used to address the researcher's concern on job dissatisfaction among health workers in a private hospital in Mafikeng, North West

province. According to Bryman et al. (2011:382) quantitative research usually emphasize the quantification in the collection and analysis of data. The advantage of choosing a quantitative research design in this study is that it quantified the results such that they are generalizable. Purposive and convenient sampling techniques were used to select health workers for their voluntary participation in the study. Self-completion questionnaire was used to collect data. Statistical Package for Social Science (SPSS) version 25 was used to analyse data.

5.5 FINDINGS FROM THE STUDY

On the first objective of determining the factors influencing job satisfaction among health workers, some items (7,8,11,12,14 and 15) were removed from this subscale (section B of a questionnaire) in order to increase the reliability coefficient, and therefore, they were not considered in this study. Majority of respondents agreed with the remaining three statements from the questionnaire (that is 9, 10 and 13). Majority of respondents agreed that the hospital is well managed and everything happens on time, that content of their work itself plays a major role in influencing their job satisfaction, and that organisational policies plays an important role in determining the level of their job satisfaction.

On the second objective of establishing the association between demographic characteristics and level of job satisfaction, the results show that there is a significant relationship between demographic characteristics and level of job satisfaction among health workers in the one private hospital in Mafikeng, North West province.

On the third objective of identifying the common ways of improving level of job satisfaction among health workers, majority of respondents strongly agreed with all statements in Section D of the questionnaire. Respondents strongly agreed that increased salary could improve their level of job satisfaction, that physical work conditions could improve their satisfaction level, that recognition and promotion activities could improve their satisfaction level, that availability of medical equipment and medicine could improve their satisfaction, that training and development opportunities are needed to improve their satisfaction level, and that their managers should provide them with the opportunities to participate in actions and decision affecting their work.

5.6 LIMITATIONS

The study was conducted in only one private hospital in Mafikeng, North West province, South Africa. More research is recommended in other private hospitals in Mafikeng, North West province, South Africa in order to understand satisfaction levels of health workers in different private hospitals. Some of the studies can be conducted to compare satisfaction levels of different health workers in different private hospitals. The findings can also be conducted using different methodologies such as qualitative or mixed methods research. Qualitative research can be conducted to explore and describe the health workers lived experiences of working in private hospitals. Mixed method studies could help to strengthen the results, generalise findings and augment weaknesses of both qualitative and quantitative studies.

The study was also limited to health workers only, excluding other workers in the hospital such as cleaners, gardeners and security personnel. These people were excluded because they do not provide direct care, treatment and rehabilitation services to the patients in a private hospital. Inclusion of all workers in the hospital could have given a clear picture of satisfaction level of all employees of the hospital.

Majority of respondents were hesitant to participate in the study because data was collected while they were on duty and they did not want to abandon their responsibilities of providing care to their patients. However, participation in the study was totally voluntary.

5.7 RECOMMENDATIONS

Based on the study findings and literature review, the following recommendations are made to improve the level of job satisfaction among health workers in a private hospital in Mafikeng, North West province. Recommendations focus on hospital management as well as future research.

The hospital management should continue to manage the hospital well by developing, implementing, monitoring and evaluating all organisational policies as indicated in the study that they play an important role in determining the level of job satisfaction of employees. Hospital management should also benchmark practices regarding vacation

and leave policies to ensure that their policies are still current and relevant.

Majority of respondents indicated that they were unsure whether they receive right salary for the kind of work that they are delegated to accomplish. Therefore, it is highly recommended that the hospital management benchmark their perks against other similar institutions provincially and then nationally regarding salaries. Such benchmarking of salaries would ensure that their salaries are competitive with other private hospitals. This would also assist to recruit and retain highly educated and experienced health workers. In line with Bruce and Sangweni (2012:102) it is also recommended that remuneration for most of the health workers such as professional nurses should be investigated at a national level.

The concept of job satisfaction among health workers remains a contested area for both practice and further research even today. Satisfaction of job is still relevant to today's research because it affects employees' physical and psychological wellbeing and it leads to absenteeism, turnover and demotivation. There is a need for more research on job satisfaction among health workers. Such research should follow different research methodologies such as qualitative, quantitative and mixed methods research methodologies.

5.8 CHAPTER SUMMARY

The focus of the study was on job satisfaction among health workers in MaHikeng, North West province. All objectives of the study that were set out in Chapter 1 were achieved. The study identified that health workers are satisfied with their job at a private hospital in Mahikeng, North West province. However, a majority of the respondents were unsure whether they receive right salary for their work. Again a majority of respondents were also unsure whether they are happy with their job's vacation or leave policies. As a result, recommendations were made for hospital management and for research to address the significant challenges raised by respondents.

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APPENDIX A: QUESTIONNAIRE



Questionnaire

Mrs Motlagomang Patience Sehularo is a Master of Business Administration (MBA) candidate at the Business School in North-West University, Mafikeng Campus. Mrs Sehularo is conducting research on “Job satisfaction among health workers in a private hospital in Mafikeng, North West province” under the supervision of Prof W. Musvoto and Dr Energy Sonono.

A questionnaire will be used for statistical purposes only and it should take you approximately 30 minutes to complete it. Your voluntary participation is important for my research study to help improve job satisfaction level among health workers in a private hospital.

Your participation is completely voluntary and the questionnaire will be kept anonymous. Only the researcher and the study supervisors (Prof W. Musvoto and Dr Energy Sonono) will have access to the questionnaire. Should you have any concerns or questions regarding the questionnaire please do not hesitate to contact me on the contact numbers below.

Thank you for your voluntary participation

Kind regards,

Mrs Motlagomang Patience Sehularo (MBA Candidate)

Cell Numbers: 0839443167

Instruction: Please make a cross (X) against any of the options where necessary and fill blank spaces where they are provided.

Section A: Demographic information

1. Age

18-30	31-40	41-50	50+

2. Gender

Male	
Female	

3. Marital status

Single	Married	Divorced	Widow

4. Educational qualification

Matric	Certificate	Diploma	Degree	Postgraduate

5. Years of experience

0-5 years	6-10 years	11-15 years	16-20 years	21 years and above

6. Rank or position

Medical doctor	Psychiatrist	Social Worker	Nurse	Clinical Psychologist	Other

Section B: Factors influencing job satisfaction

To what extent do you agree with the following statements?	Strongly agree	Agree	Unsure	Disagree	Strongly disagree
7. Being appreciated can make me satisfied with my job					
8. There is effective feedback at our hospital					

9. Our hospital is well managed and everything happens on time					
10. Content of my work itself plays a major role in influencing my job satisfaction					
11. Grievances are heard and addressed satisfactorily at my work					
12. Promotional chances considerably affect my job satisfaction					
13. Organisational policies plays an important role in determining the level of my job satisfaction					
14. Wages and salaries play a significant role in influencing my job satisfaction					
15. Supervision is an important source of my job satisfaction					

Additional information regarding factors influencing job satisfaction:

Section C: Level of job satisfaction

To what extent do you agree with the following statements?	Strongly agree	Agree	Unsure	Disagree	Strongly disagree
16. I am satisfied with my job					
17. My supervisor is approachable and easy to talk to					
18. I receive right amount of salary for my work					

19. I receive adequate training for the work I do					
20. I have adequate resources and equipments to carry out my duties					
21. My working conditions are satisfactory					
22. I would recommend this organisation as a good one					
23. We have physical working conditions that are safe, not injurious to health, not stressful					
24. Management usually keeps us informed about things we want to know					
25. I'm happy with my job's vacation/leave policy					

Additional information regarding the level of job satisfaction:

Section D: Ways of improving job satisfaction

To what extent do you agree with the following statements?	Strongly agree	Agree	Unsure	Disagree	Strongly disagree
26. Increased salary can improve my level of job satisfaction					
27. Physical work conditions can improve my job satisfaction level					
28. Recognition and promotion activities can improve my job satisfaction level					
29. Availability of medical equipments and medicines can improve my job satisfaction					

30. Training and development opportunities are needed to improve my job satisfaction					
31. Managers should provide us with opportunities to participate in actions and decisions affecting their work					

Additional information regarding ways of improving job satisfaction

Thank you immensely for your voluntary participation in this research.

Yours faithfully,

Mrs MP Sehularo

APPENDIX B: REQUISITION LETTER FOR PERMISSION TO CONDUCT RESEARCH



The Hospital Management

Victoria Private Hospital

Victoria Street

Mafikeng

2745

15. 08. 2018

Dear Matron

Request to Victoria Hospital Management for permission to conduct research

I am a Master of Business Administration (MBA) candidate at the Business School in North-West University, Mafikeng Campus. I hereby request health workers of Victoria private Hospital to participate in my research on "Job satisfaction among health workers in a private hospital". I conduct the study under the supervision of Prof W. Musvuto (PhD). The study has been approved by the Institutional Office of the North-West University.

The primary objective of the study is to investigate the level of the job satisfaction among health workers in a private hospital, while the secondary objectives of this study are:

- To determine whether health workers with different age groups, gender, marital status, educational qualifications, experience, rank or position experience job satisfaction differently;
- To establish the level of job satisfaction among health workers;
- To identify ways of improving level of job satisfaction among health workers; and
- To describe recommendations for improving job satisfaction among health workers

In order to achieve the above objectives, a questionnaire will be used to collect data from the health workers and it should take them approximately 5-10 minutes to complete it. Their

voluntary participation is important for my research study to help improve job satisfaction level among health workers in a private hospital.

Their participation is completely voluntary and the questionnaire will be kept anonymous. Only the researcher and the study supervisor (Prof W. Musvuto) will have access to the questionnaires.


In completion of this study the Hospital management will be provided with the results and recommendations.

Should you have any concerns or questions regarding the study please do not hesitate to contact me on the contact numbers below.

Your assistance will be highly appreciated.

Thanking you in advance

Yours faithfully



Mrs M.P. Sehularo (MBA Candidate)

Cell: 083 944 3167

Email: dsehularo3@gmail.com

APPENDIX C: PERMISSION TO CONDUCT RESEARCH AT A PRIVATE HOSPITAL



Dineo Sehularo <dsehularo3@gmail.com>

Request to conduct a research

Nicolette Segwe <nsegwe@clinix.co.za>
To: "dsehularo3@gmail.com" <dsehularo3@gmail.com>

7 September 2018 at 12:26

Hi Sister Sehularo,

The permission is granted but there is a non-disclosure form which needs to be signed by you and your institution before staff can assist you.

When can you come and fetch it ?

Regards,

Matron Segwe-Sega

From: Nicolette Segwe
Sent: 07 September 2018 11:54 AM
To: dsehularo3@gmail.com
Subject: FW: Request to conduct a research

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[Quoted text hidden]

APPENDIX D: LANGUAGE EDITING CERTIFICATE



Office: 0183892451

FACULTY OF EDUCATION

Cell: 0729116600

Date: 25th November, 2018

TO WHOM IT MAY CONCERN

CERTIFICATE OF EDITING

I, **Muchativugwa Liberty Hove**, confirm and certify that I have read and edited the entire mini-dissertation **Job satisfaction among health workers in a private hospital in Mafikeng, North West province by Motlagomang Patience Sehularo**, <https://orcid.org/0000-0003-0472-7293>, submitted in partial fulfilment of the requirements for the degree *Master of Business Administration (MBA)* at the North-West University.

Motlagomang Patience was supervised by **Professor Wedzerai Musvoto** and **Doctor Energy Sonono** of the North-West University.

I hold a PhD in English Language and Literature in English and am qualified to edit such a thesis for cohesion and coherence. The views expressed herein, however, remain those of the researcher/s.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Liberty Hove', is written over a light blue horizontal line.

Dr M.L.Hove (PhD, MA, PGDE, PGCE, BA Honours – English)

