

**FACTORS AFFECTING JOB SATISFACTION AMONG THE
NURSING STAFF AT KENYATTA NATIONAL HOSPITAL**

BY:

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**A Management Research Project submitted in Partial
Fulfillment for the Requirement of the Award of a Degree of
Master of Business Administration, Department of Business
Administration, School of Business, University of Nairobi**

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DECLARATION

(a) Student's declaration.

This project is my original work and has not been submitted for a degree in any other University.

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DEDICATION

To my beloved husband Mr. Sam Ong'ayo, my daughters Marion, Anita and Evelyne and my sons Davis and Gerald.

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I wish to acknowledge my employer Kenyatta National Hospital for their support without which this MBA Programme would not have been realized. My Supervisor Mr. James Gathungu for his commitment toward completion of this research paper.

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LIST OF ABBREVIATIONS

CBA	-	Collective Bargaining Agreement
HRM	-	Human Resource Management
KNH	-	Kenyatta National Hospital
MOH	-	Ministry of Health
NGO	-	Non Governmental Organization
NHSSP	-	National Health Sector Strategic Plan
WHO	-	World Health Organization

ABSTRACT

The study focuses on factors affecting job satisfaction among the nursing staff at Kenyatta National Hospital (KNH). The main areas explored included remuneration, communication, empowerment, advancement, workload, working environment, job security, supervision, job enlargement and Administrative Policies.

A research survey design was used whereby questionnaires were administered to all cadres of the nursing staff at KNH to solicit their views on the issues they think affect satisfaction. Factor analysis was applied to identify the underlying variables or factors that could help explain the pattern of correlations within a set of observed variables.

The response rate was 494 (97.6%). The study revealed that all the factors explored had either a positive or negative effect on job satisfaction. The nurses indicated that they were satisfied with job security, supervision and career development while they expressed dissatisfaction with increased workload, resource allocation, empowerment, communication and remuneration. Improvement of the factors that impact negatively on job satisfaction and strengthening those that boost satisfaction will go a long way in improving the efficiency and effectiveness of the nursing staff and ensure provision of quality health care at KNH.

CHAPTER ONE: INTRODUCTION

1.1 BACKGROUND

1.1.1 Job Satisfaction

The greatest challenge organizations are facing today is that of attracting and retaining productive employees. The competitive environment in which organizations are operating have compelled them to place great emphasis on ways of motivating their human resources with the sole objective of attaining high performance outcomes. In so doing, job satisfaction has become one of the key issues being addressed by both profit and non-profit making organizations. For example in the recently introduced performance contracting system in the entire public service, employee satisfaction survey is one of the key service delivery indicators. Indeed, managers/supervisors are evaluated against their ability to enhance employee satisfaction among others.

According to Syptak et.al (1999), satisfied employees tend to be much more productive, creative and committed to their employers. Organizations must therefore create a positive workplace for their employees to increase satisfaction on the job. A study conducted by Khanna (2007) indicated that job satisfaction can lead to high job performance especially for professionals and high-level employees, commonly known as talent. As jobs and work in the new economy shift to professionalized knowledge-based, info-tech, info-comm and bio-science characteristics, job satisfaction will increasingly become a key driver of individual motivation and effort.

Pearson (1991) defined job satisfaction as an employee's effective reaction to a job, based on comparing actual with desired outcomes. It is generally recognized as a multifaceted

construct that includes employee feelings about a variety of both intrinsic and extrinsic job elements. Employees expect their job to provide an accumulation of features (e.g. pay, promotion, autonomy) for which the employee has certain preferential values. The range and importance of these values vary across individuals, but when the accumulation of unmet expectations become sufficiently large, job satisfaction is lower, and there is a greater probability of withdrawal behaviour (Pearson, 1991).

Many management gurus agree that employee satisfaction influences their behaviour. This influence may be positive or negative. Indeed Herzberg et al (1959) developed two distinct lists of factors that determine employee satisfaction. One set of factors caused happy feelings or a good attitude within the worker, and these factors, on the whole, were task-related. The other grouping was primarily present when feelings of unhappiness or bad attitude were evident, and these factors, Hertzberg claimed, were not directly related to the job itself, but to the conditions that surrounded doing that job. The first group he called motivators (job factors). Recognition, achievement, possibility of growth, advancement, responsibility and work itself are some of the happy feelings that are likely to yield into good attitude in a workplace according Hertzberg. The second group Herzberg named hygiene factors (extra-job factors). In this group were salary, interpersonal relations, company policy and administration, working conditions, factors in personal life, status and job security. Motivators refer to factors intrinsic within the work itself like the recognition of a task completed. Conversely, hygiene tends to include extrinsic entities such as relations with co-workers, which do not pertain to the worker's actual job.

Job satisfaction should be of great concern to any organization. This is because it determines employee retention, motivation and increases productivity. Job Satisfaction

according to Syptak (1999) has been associated to improved performance as well as increased commitment to an organization. The same author continues to say that satisfied employees tend to be more productive, creative and committed to the employer. Other studies on the health related institutions have also shown a direct correlation between staff satisfaction and patient care. Health institutions that create work environments that attract, motivate and retain hardworking individuals will be better positioned to succeed in a competitive health care environment (such as the one we are operating in) that demands quality and cost efficiency. Administrators may even discover that creating a positive workplace for their employees may increase their own job satisfaction. Job Satisfaction among Nurses should be critical to any health-related institution. This is because nurses hold the majority of positions in most healthcare settings and their replacement and training is expensive leading to added operations and staff development costs.

1.1.2 The Health Sector

The Public Health Act Cap 242 of the Laws of Kenya and various subsidiary legislations dealing with specific areas of health services provision such as Medical & Dentists Practitioners Board, Pharmacy and Poisons Board, vest the health care with the Ministry of Health. It has the responsibility of formulating policies, establishing and enforcing standards and mobilizing resources for health service development. The services are delivered through a network of 4200 health facilities with the public health system accounting for 51 per cent of the service providers. The rest are provided by the private sector and the NGOs. Provincial and District hospitals provide both referral and outpatient services from lower levels while KNH is at the apex and the key referral and teaching hospital in Kenya (Kenyatta National Hospital Strategic Plan 2005 – 2010). The thrust of the second National Health Sector Strategic Plan (NHSSP)2005 – 2010 is reduction of

inequalities in health care so as to reverse the downward trend in health outcomes that has been witnessed in the last decade.

The main objectives include, increase equitable access to healthcare services, improve the quality and responsiveness of services in the sector; improve the efficiency and effectiveness of service delivery; enhance the regulatory capacity of MOH; foster partnership in improving healthcare and delivery services; improve the financing of the health sector.

Delivering priority health interventions and services requires that an efficient and effective support system be in place. This entails adequate human resources for health. In this regard, one of the priorities in NHSSP 11, 2005-2010 is to develop HRM and HRD policies to address overall shortage of health workers. Highly specialized referral services are provided in both private for profit and public hospitals. The two public hospitals providing such services are Moi Teaching and Referral Hospital in Eldoret and Kenyatta National Hospital in Nairobi.

1.1.3 Kenyatta National Hospital

Kenyatta National Hospital was established in 1901, as a native civil hospital, with a two ward bed facility. It was later relocated to the present Kenya Medical Training College in 1922. It offered in-patient services only. It had a bed capacity of 423 for Africans and 41 for Asians.

In 1937, construction of the Nairobi group Hospital begun. It was completed in 1947. The Hospital was renamed King George VI in 1952. The Ismail Rahimtulla wing was

constructed in 1953 exclusively for the Asian community and the Infectious disease Hospital (IDH) was opened in 1956. Following the attainment of Kenya's independence in 1963, the King George Hospital was renamed Kenyatta National Hospital (KNH), in honour of the first president of the republic of Kenya, Mzee Jomo Kenyatta.

The Hospital operated as a department of the Ministry of Health, until 1987 when the Hospital changed its status into a State Corporation through Legal Notice No. 109 of 1987. The mandate of the Hospital is to be a teaching and referral hospital, to provide specialized healthcare, to provide facilities for training of health professionals, to conduct research and participate in national health planning and policy.

As a national referral hospital, it offers highly specialized healthcare services to patients from Kenya and within the East Africa Region. The hospital provides facilities and resources for training, teaching and research to the college of health sciences, University of Nairobi, and other training institutions, both local and international. It is the major training institution for health care personnel in various disciplines, and a reference point for training post graduate medical doctors in various specialties and also for providing internship for health professionals.

KNH is the second largest hospital in Africa with a bed capacity of 1800. The hospital has a staff strength of 4,634 against an approved establishment of 6,196, indicating a significant shortage of staff. This shortage of personnel has been caused by the resignations and natural attrition of highly trained staff. Further, recruitment to full capacity has not been possible due to inadequate funding which is handled from the exchequer. This has resulted in understaffing of certain critical areas, such as the nursing department where patient to

nurse ratio is way below the WHO recommended ratio of 1:6. The hospital nurse to patient ratio is currently 1:30 in in-patient wards and 1:50 in outpatient clinics. In critical care services the ratio is 1:3, against WHO recommended ratio of 1:1.

1.2 Statement of the Problem

Like other developing countries, Kenya is experiencing an exodus of nurses and other paramedical personnel to Europe, United States, Australia, Canada and the Middle East (MOH 2005). Unfortunately, most of those leaving are the highly skilled health workers in responsible key positions in the Health delivery sector (WHO 2005). On average, training of health personnel takes four (4) years. Further, given its technical nature the training is quite expensive. Replacing personnel who have left is therefore very expensive. Being at the apex of the hospital referral system in Kenya, KNH is expected to be the pace setter in the Health Delivery System. Moreover, in keeping with the hospital vision – “to be the Regional Centre of Excellence in the Provision of Innovative and Specialized Health Care”, highly technically competent and motivated Nurses are key to the provision of quality healthcare. However, this has not been achieved to some extent due to frequent exits of nurses from specialized areas (ICU, Renal, and Burns unit). This in itself presents a great challenge to the hospital hence, the need to identify factors causing continuing exits among the Nurses.

Several management theorists and practitioners agree that there are various factors which determine individual decision to remain in the service of an employer. Liebler and McConnel (1999) have identified a number of factors that contribute to individuals’ decision to leave or remain at their workplace. These range from the number of years in the service, benefits, opportunity for professional growth and peer relationship. Records maintained in the Hospital indicate that a total of 374 nurses have left in the last four years

which translates to almost 100 nurses per year. This is an attrition rate of 22% which is high. Although it is a fact that Nurses are leaving the Hospital, no research or study has been conducted to establish the reason(s) for the exit. Further, no mechanisms have been put in place (e.g. exit interviews) to capture valuable information that could facilitate nurses' retention. For this reason, there is indeed a gap which this study seeks to address. From the foregoing, the researcher seeks to answer the following research question: what factors affect job satisfaction among the nursing staff at KNH?

1.2.1 Objective

To determine factors that affect job satisfaction among the nursing staff at KNH.

1.3 Significance of the Study

- (i) The purpose of this study is to identify factors that affect job satisfaction and therefore provide relevant information that can assist the hospital management in the formulation of sound policies aimed at increasing job satisfaction and retention among the nursing staff at Kenyatta National Hospital.
- (ii) The findings from this study will be useful to other Public and Private Health Institutions in promoting Job Satisfaction and formulating strategies aimed at retention of qualified staff.
- (iii) The findings from this study will contribute to knowledge in the area of job satisfaction.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

One of the major contributors to the study of job satisfaction was Herzberg. He claimed that factors leading to job satisfaction are separate and distinct from factors leading to job dissatisfaction. These growth or motivator factors are a feeling of achievement from a job, recognition for doing a good job, having a meaningful piece of work, gaining increased responsibility and opportunities for advancement. These factors are intrinsic to a particular job and are related to productivity. Dissatisfaction – avoidance or hygiene factors are extrinsic to the job and include company policy and administration, supervision, interpersonal relationships, working conditions and salary. Improving these conditions alone if they are poor, would not result in satisfaction. They still can be influential, however in affecting attitudes towards work if they are not at a minimally acceptable level. Herzberg's work has provided the theoretical basis for numerous works on job satisfaction in nursing and allied health, and most scales assessing job satisfaction are based on this conceptual framework (Dessler C, 2005).

2.2 Factors Affecting Job Satisfaction

There is voluminous literature on job satisfaction. The literature available indicates that job satisfaction is key to high or low performance. Further, they also agree that employees have different needs and therefore managers must recognize this as a fact as they rethink on how well to motivate their employees. Some of the factors that determine employee satisfaction are company and administrative policies, supervision, remuneration, interpersonal relations, working conditions, work itself, achievement, recognition, responsibility and advancement. These factors are discussed here below:-

2.2.1 Remuneration

There is an old adage that says “you get what you pay for”. This is true when it comes to employees. While remuneration alone is not a sufficient condition for high satisfaction, it is a necessary condition for the same. The way remuneration is administered has a critical bearing to satisfaction of employees. They want to be paid fairly. According to Khanna (2007), rewarding staff appropriately could lead to high performance for the organization and job satisfaction for the staff. Job satisfaction is often achieved where performance is recognized by appropriate and equitable performance related pay supplemented with other perks, benefits and non-financial recognition and rewards, which meet the team member’s expectation. Non-financial rewards have more impact than financial recognition in attaining job satisfaction.

2.2.2 Working Environment

The environment in which people work has a tremendous effect on their level of pride for themselves and for the work they are doing. Employers who maintain equipment and facilities in good working conditions are likely to benefit from their employees and at the same time have satisfied workers. “Even a nice chair can make a world of difference to an individual’s psyche” (Herzberg 1959). Overcrowding of employees can lead to low satisfaction and output. This fact is supported by Syptak et al (1999) who found that making employees comfortable at the place they work can make a difference in their productivity.

Tumulty et al (1994), in a study conducted among nurses observed that poor levels of job satisfaction were attributed to the physical working conditions. The nursing occupation is physically demanding as the handling of heavy loads is often involved (moving,

repositioning and lifting patients), and also due to the movements and postures that are expected in many work situations. Moreover, in many occasions, the work environment is not well adapted (transformable beds, internal transport of patients and bad architectural structure of the ward). Irvine and Evans (1995) also outlined the importance of work characteristics (routine, autonomy and feedback), characteristics of how the work role is defined (role conflict and role ambiguity) and characteristics of the work environment (leadership, stress, advancement opportunities and participation) in relation to nurses' job satisfaction.

Schrader and others (2001) conducted a research to examine the relationship between work satisfaction, stress, age, cohesion, work schedule and anticipated turnover. They used a cross-sectional design in which 240 nurses and five nurse managers from 12 nursing units completed a questionnaire. Based on the data reviewed, the researchers found that nurses experience moderate levels of job stress, but cohesion was above average for all nursing units (Shrader et al. 2001). However, they found that the more the job stress, the lower the cohesion, the lower the work satisfaction the higher the anticipated turnover. The higher the work satisfaction, the higher the group cohesion and the lower the anticipated turnover. The more stable the schedule, the lower the work stress, the lower the anticipated turnover, the higher group cohesion and the higher the work satisfaction (Shrader, et al 2001).

2.2.3 Recognition

Generally, individual employees strive to do a good job as long as they are placed in positions that use their talents and where goals are clearly defined and achievable. Indeed the broad role of a manager is to provide necessary direction, guidance and support in clarifying goal path and removing any obstacles which may hinder attainment of the goal. Individuals should also receive regular and timely feedback on how they are doing and should feel they are being adequately challenged in their jobs. Furthermore, every

employee wants their achievement recognized. Their success will not necessarily have to be high. Employees also want to be rewarded for their achievement through advancement or grant of bonus.

Recognition of good performance is an important aspect that raises job satisfaction and boosts one's morale. Indeed, Coughlin (2000) reported that nurses ranked peer recognition high in a study conducted amongst staff nurses. The study identified that the behaviour that directly influences job satisfaction of nurses was giving them timely recognition and appreciation for their good performance. Similarly, McNeese (1997) noted that nurses reported that job satisfaction was most influenced when a manager gave recognition, praise and thanks.

2.2.4 Workload

Inadequate staffing in most organizations leads to overloading of existing capacity. Non-accomplishment of tasks is effectively likely to lead to frustration and stress leading to burnout. Burnout is a phenomenon closely associated with job stress brought about by heavy workload. Toscano (1998) and Ponterdolph conducted a research to investigate any correlation that might exist between the personality trait of hardiness and burnout, (A syndrome of emotional exhaustion and cynicism that occurs frequently among individuals who do 'people work' of 'some kind). The researchers administered a questionnaire to 100 nurses. They identified burnout as a significant contributor to job dissatisfaction at lower levels that needed to be decreased in order to improve job satisfaction.

Khowaja et al (2005) noted that workload was a major contributor to job dissatisfaction. The nurses felt that because of the shortage of staff, absenteeism, performing non-nursing tasks such as feeding and removing linen from washrooms increased their workload. Karr

and Kazanowski (1994) identified tremendous workload as the leading cause of dissatisfaction with the job among nurses. Cameron (1994) found that nurses with high job seniority reported the highest levels of job satisfaction, the lowest levels of burnout and were less likely to leave their positions. Duties at this level are mainly administrative posing less stress.

2.2.5 Empowerment

Empowerment involves providing the workforce with a greater degree of flexibility and more freedom to make decisions relating to work. Empowerment is generally associated with the concept of power, thereby implying that power is redistributed by those in senior positions to those in subordinate positions (Tulloch, 1993). It aims to improve people management practices. Empowerment generally refers to involvement of employees in goal setting, establishing a goal for a task, designing a job or even the speed at which the work should take place. Employees could also participate in decision making, problem solving and in making changes in the organization. Participation could either be an individual paired with a manager or in groups as co-workers.

Global competition and a changing business environment have instigated organizational change in response to increased pressures to improve efficiency and performance (Lawler et al 1992). Specifically, organizations have sought improvements in cost control, flexibility and quality improvement (Psoinos and Smithson, 2002). It has been argued that empowered organizations have demonstrated improvements in various economic performance areas (Applebaum et al 1999).

While the primary motive of empowerment is usually to improve the economic performance of the organization, benefits to the individual employee have also been identified. Nykodym et al (1994) found that employees who consider themselves empowered have reduced conflict and ambiguity in their roles, as they are able to control (to a certain extent) their own environment. They suggested that this reduces emotional strain on the employee. On a similar theme, it was reported that empowered employees have a greater sense of job satisfaction, motivation and organizational loyalty (Mullins and Peacock, 1991), as they feel more involved in the achievement of the organizational goals. Some studies have found that participation in work decisions generates a more positive attitude toward supervisors and the company. Also, though results of some studies are mixed, there seems to be a positive trend toward job satisfaction when consultative participation is used (Cotton et al 1998).

Investigations carried out on empowerment found a strong negative correlation between perceptions of job tension and occupational mental health, suggesting that "lack of access to empowering work structures such as opportunity, resources and support is likely to lead to frustration" (Laschinger, 1997). The variables studied were:- opportunity, information, resources, support overall empowerment, formal power, informed power, job tension, work effectiveness and achievement orientation. Opportunity for growth and movement as well as access to challenges and an increase in knowledge and skills were found to be key in motivation towards empowerment.

2.2.6 Communication

Communication processes used in organizations have a marked effect on how they function. Communication among healthcare team members is important to deliver coordinated care to patients. Unclear targets and objectives and poor communication can contribute to

dissatisfaction and eventually lead to poor work performance. Job satisfaction needs effective communication about the tasks, which have to be done. The team member must know the performance achieved in relation to the target. Every employee needs to know what he/she is supposed to perform, how to perform it, and how he/she is performing it. He/she needs to know his/her strengths and weaknesses. This affects the employees' comportment. Regular work appraisal should therefore be provided. More importantly they must have an awareness of departmental and organizational changes, which affect their job. Critical to communication is listening to employees' feedback and their perception as it is more likely to affect their job satisfaction and work performance.

Davidson et al (1997) observed that effective communication patterns contributed favourably to perceptions about the quality of care, time available to accomplish work demands, and overall enjoyment of the job. Commitment will only be gained if people understand what they are expected to commit to (Liebler and McConnel 2005).

2.2.7 Advancement

Advancement refers to the degree of potential occupational upward mobility within an organization. Advancement chances focus on future incentives. An increase in advancement chances raises job satisfaction (Price and Muller 1986). The perceived fairness of the promotion system within a company influences a persons level of satisfaction. If employees feel they are not advancing their career within an organization, they will look for better opportunities elsewhere.

According to Broski and Cook (1978) in their survey conducted among health professionals found that opportunities for advancement contributed to job satisfaction. Nurses who

perceived they had opportunities for promotion appeared more satisfied than those who perceived they did not have. Crawford and Gressly (1993) in a study conducted among diagnostic practitioners found that opportunity for advancement was the variable found to be the most related to job satisfaction.

2.2.8 Interpersonal Relations

It is fundamental for employees to socialize during their time on the job. However, such interaction should occur in a reasonable time without adversely affecting the organization's productivity (Syptak 1999). Socialization could take the form of special events held after working hours, team lunches provided by the organization or provision of a place where employees could spend time together for example over lunch, during break or between patients. This will help them develop a sense of camaraderie and teamwork. Barnes (1998) in his survey of 620 Health personnel found that positive relationship with coworkers contributed to job satisfaction.

2.2.9 Achievement

According to Noe (2005), learning can be facilitated by providing individuals specific challenging goals and objectives. Individuals should be placed in positions that they are qualified for. Organizations should set clear and achievable goals for their employees. Employees should know upfront what is expected of them and regular feedback should be provided. This will enable them use their talents and feel that they are adequately being challenged in their jobs (Syptak 1999). Lyons (2000) in a study conducted amongst nurses found that having a feeling of worthwhile accomplishment from the job was one of the predictors of job satisfaction.

2.2.10 Job Security

Job security is the probability that an individual will keep his or her job. A job with a high level of job security is such that a person with the job would have a small chance of becoming unemployed. Typically, government jobs and jobs in education, healthcare and law enforcement are considered very secure while private sector jobs are generally believed to offer lower job security. Job security is dependent on the state of a country's economy and prevailing business conditions and it has been found that people have more job security in times of economic expansion and less in times of a recession. Akroyd et al (1994) found that salary and job security seem to be of relatively minor importance in determining job satisfaction among nurses. This could be attributed to the shortages in the field and a realization that job opportunities were available.

2.2.11 Administrative Policies

An organization's policies can be a great source of frustration for employees if the policies are unclear or unnecessary or if not everyone is required to follow them. Policies may not contribute much, however they can help decrease dissatisfaction by making sure that policies are fair and apply to all. Printed copies of the policies and procedure manuals should be easily accessible to all members of staff (Syptak et al 1999)

2.2.12 Supervision

The role of a supervisor is quite difficult and requires leadership skills and the ability to treat all employees fairly. According to Noe (2005) for supervisors to be effective, they should be sensitive to others, be team players, have conflict management skills and be able to meet company objectives. Supervisors should also use positive feedback whenever possible so that no one feels singled out (Syptak 1999). Grawford and Gresslay (1993) in a

study conducted on health personnel found that respondents' relationship with their supervisors contributed to job satisfaction. According to Harmening et al (1994) , lack of respect by supervisors contributed to a decrease in job satisfaction.

2.2.13 Job Enlargement

Job enlargement means increasing the scope of a job through extending the range of its job duties and responsibilities. Thus , job enlargement seeks to motivate workers through reversing the process of specialization. It is important to make employees believe that the work they are doing is important and that their tasks are meaningful. Repetitive routine work often leads to decrease in job satisfaction. Ways of introducing creativity in the work should be considered. Staff should be rotated to different tasks at regular intervals so that their work remains challenging. Heckert et al (1993) in their survey of nurses found that job variety did not have much impact on job satisfaction. However, Oyeyemi (2001) in his survey on health personnel found that job challenge contributed to job satisfaction.

2.3 Benefits of Job Satisfaction

Job satisfaction is an emotion, a feeling, an attitude and a matter of perception. It arises from the employee's appraisal of experience at work. It involves likes and dislikes as well as needs and wants which are internal and external to the employee. As an employer or leader if you fail to meet them, there is a high probability you will also not achieve high performance. Creating job satisfaction remains a challenge for many human resources executives and line executives. By having an experienced business partner skilled in people relations can greatly help in meeting this challenge. Achieving high job satisfaction for employees or team members is prerequisite for becoming a market leader.

Improved job satisfaction in the work place will lead to obvious benefits for both the employee and the employer. For the employee, the creative aspect of achieving satisfaction will reduce if not overcome boredom and monotony in work, physical strain and mental stress. For the employer there will be a lower absenteeism rate and lower staff turn-over - these translate into lower losses, less late-coming, fewer grievances and more effective cost control. Satisfied team members are generally more committed to the work place success than those who do not find job satisfaction. A satisfied team member is more likely to perform well cheerfully than other employees.

2.4 Theoretical/Conceptual Framework

Job satisfaction focuses on employee's attitude towards their job.

Job satisfaction is an emotional response to a job situation. As such, it can not be seen; it can only be inferred. It can be determined by how well outcomes meet or exceed expectation i.e. if organizational participants feel that they are working much harder than others in the department but are receiving fewer rewards they will probably have a negative attitude toward the work, the boss, and/or co-workers they will be dissatisfied. If on the other hand they feel they are being treated well and being paid equitably, they are likely to have a positive attitude towards the job and will be satisfied.

Job dimensions that represent the most important characteristics of a job include:

Work itself – the extent to which the job provides the individual with interesting tasks, opportunities for learning and the chance to accept responsibility; Pay – the amount of financial remuneration that is received and the degree to which this is viewed as equitable vis-à-vis others in the organization; Promotion appointment – chances for advancement in the hierarchy; Supervision – the abilities of the superior to provide technical assistance and

behavioral support; Co-workers – the degree to which fellow workers are technically proficient and socially supportive(Luthans 1993).

Job satisfaction in the broadest sense simply refers to a person's general attitude toward the job (Hudson 1991) Variables significantly contributing to job satisfaction of nurses includes: patients' progress positive relations with coworkers, empowerment and a pleasant working environment. Those that affect job satisfaction include: unrealistic workload, non competitive remuneration and inadequate staffing.

Schematic diagram for theoretical/conceptual framework



Independent variables

Dependent Variable

Source: Researcher's 2008

The variables in the theoretical framework include working environment, communication, remuneration, empowerment, work load, advancement, achievement, interpersonal relations, job security, administrative policies, supervision and job enlargement. These are the independent variables, while job satisfaction is the dependent variable.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Research Design

A survey research design was used in the study. This was suitable because the population consisted of hospital employees who consisted of all nurses in different cadres. Babie (1995) noted that a survey is the most appropriate technique of generating original data for describing a population too large to be observed directly. Through use of appropriate sampling procedures, a survey research ensures that a representative part of the population is drawn and studied.

3.2 Location

The study was carried out in Kenyatta National Hospital (KNH).

3.3 Population

The population of study consisted of the 1,686 nurses working in the various departments of Kenyatta National Hospital.

3.4 Sample Size

Stratification of the population was done in order to calculate and identify the required sample size for the study. The nurses were stratified in terms of cadre to provide an equal chance of being included in the sample. The reason for using stratified sampling was to ensure that particular groups within the population were adequately represented in the sample and improve efficiency by gaining greater control on the composition of the sample. The desired sample was determined by first grouping the 1,686 nurses into two categories – top and lower level and then calculating their percentage. The targeted sample was 506 (30%) of the total nursing population calculated as follows:-

ITEM	LEVEL	TOTAL NO. OF STAFF	% OF TOTAL	REQUIRED SAMPLE
1.	TOP LEVEL (K3 – K7)	98	5.8%	29
2.	LOWER LEVEL (K8 – K11)	1,588	94.2%	477
	TOTAL	1,686	100%	506

3.5 Data Collection

Data was collected using structured questionnaires (Appendix I). The questionnaire was divided into three parts: part one dealt with the bio data of the respondents, part two addressed factors affecting job satisfaction among the respondents and part three dealt with general issues which were suggested by the respondents in the course of filing the questionnaire. The questionnaire was administered to the nurses through the section in-charges and was returned through them and picked by the researcher. Follow ups were made through personal visits and telephone calls to speed up the exercise.

3.6 Data Analysis

The completed responses were coded into SPSS variable view and translated into specific categories in line with the objectives of the study and guided by research questions formulated. The data was entered, cleaned, explored and analysed using the descriptive statistics tool of SPSS to generate the frequencies and percentages. Tables, graphs and charts were used to demonstrate the factors affecting job satisfaction among nurses in Kenyatta National Hospital. Factor analysis was used to attempt to identify underlying variables of factors that explain the pattern of correlation within a set of observed variables. This in turn offered an assessment of the convergent and discriminant validity of the variable in the study. The results of the data analysis was interpreted and conclusions and recommendations made

CHAPTER 4: DATA ANALYSIS, FINDINGS & INTERPRETATION

Introduction

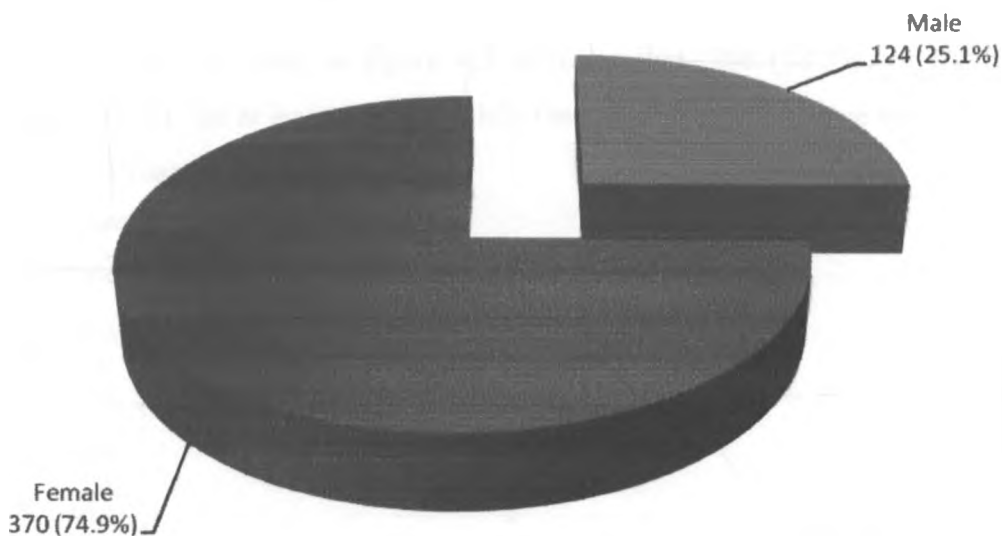
This section provides the results of the analysis of the data from the questionnaires, the discussion of the results and the interpretation.

4.1 Demographic Characteristics

Distribution by gender

A total of 494 questionnaires out of 506 were completed and returned for analysis, representing a response rate of 97.6%. Out of the 494 Nursing staff sampled, 370 (74.9%) were female while 124 (25.1%) were male, as found in figure 4.1.

Figure 4.1: Gender distribution

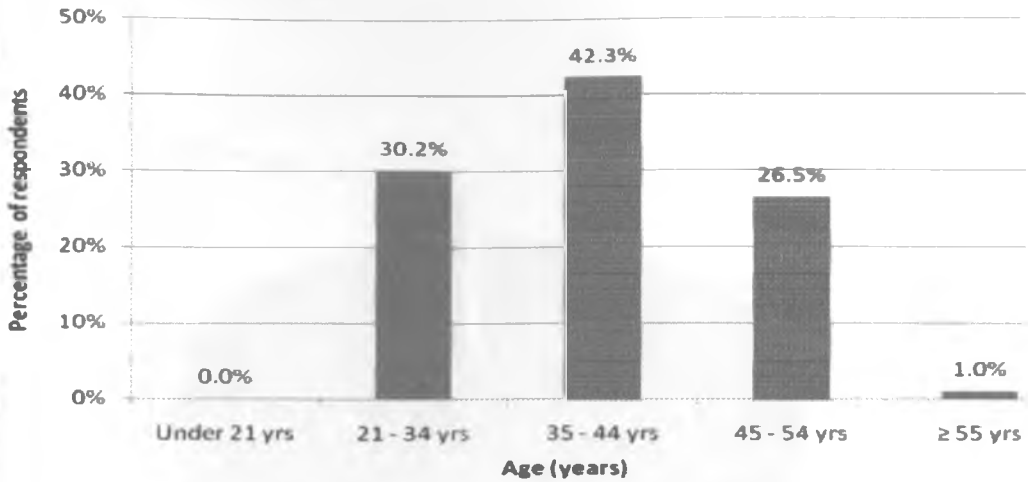


Source: Research Data

Distribution by age

The findings of the survey in figure 4.2 indicates that, 209 (42.3%) of the respondents were aged 35-44 years, 149 (30.2%) were aged 21-34 years while 131 (26.5%) were aged 45-54 years. Only 5 (1%) of the respondents were 55 years old and above while none were less than 21 years of age. This is an indication that majority of the Nursing staff are between the ages of 21 – 45 years.

Figure 4.2: Age Distribution

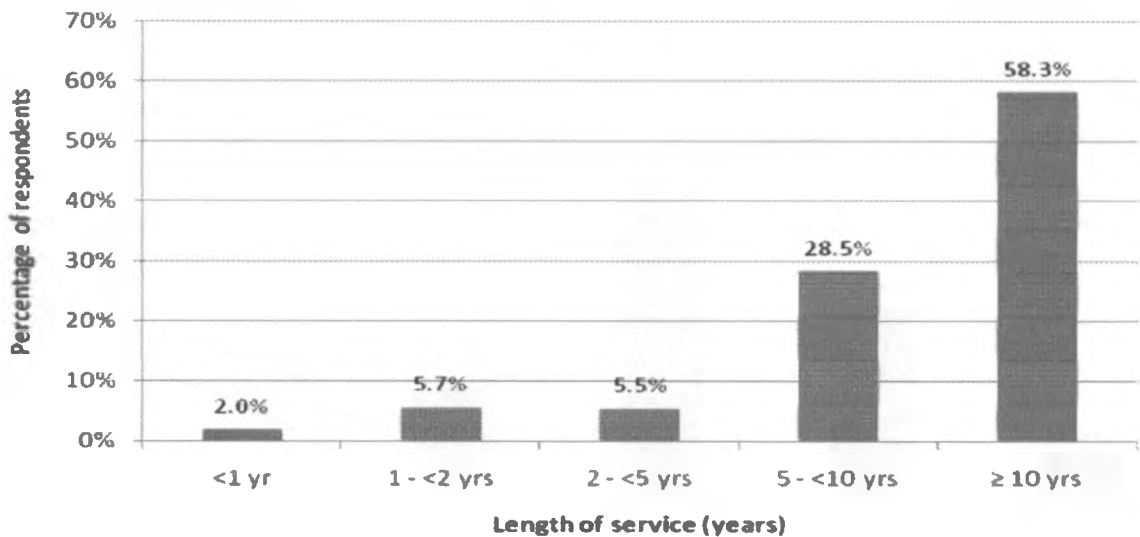


Source: Research Data

Number of years served at KNH (length of service)

The findings of the study in figure 4.3 indicates that, 288 (58.3%) of the respondents have worked in KNH for at least 10 years while the rest 206 (41.7%) have worked at the hospital for less than 10 years

Figure 4.3: Length of Service

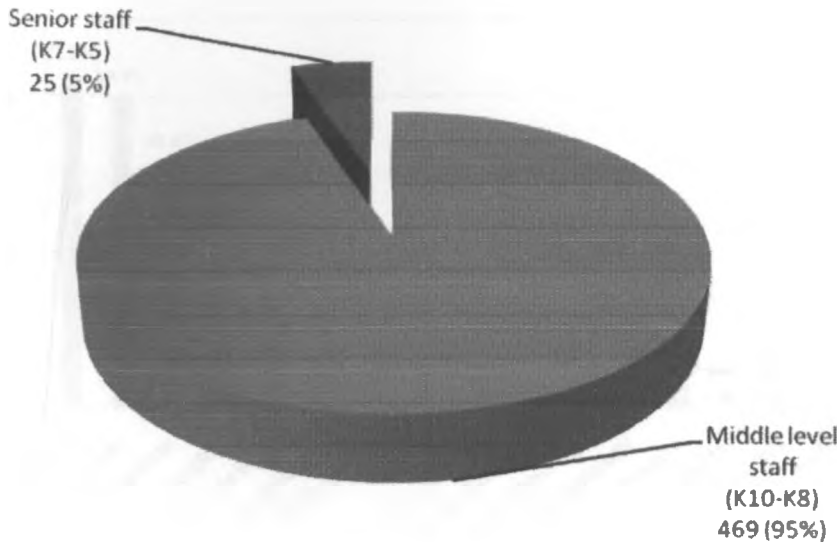


Source: Research Data

Positioning in the organization

Regarding the position at KNH, 469 (95%) of the hospital nursing staff who participated in the survey as indicated in figure 4.4 were middle level managers while 25 (5%) were senior managers. This implies that majority of the Nursing staff are at fairly low levels.

Figure 4.4: Organization Positions

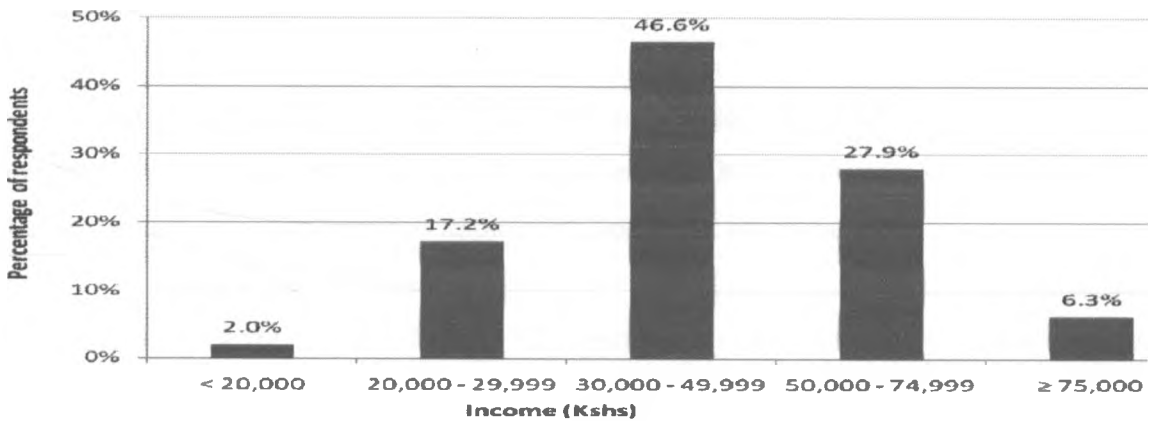


Source: Research Data

Monthly income (salary)

Less than half 230 (46.6%) of the respondents had monthly incomes of Kshs. 30,000 – 49,999, 138 (27.9%) earned Kshs. 50,000 - 74,999, 85 (17.2%) earned Kshs. 20,000 - 29,999, 31 (6.3%) had earnings of Kshs. 75,000/= and above while the rest earned less than Kshs. 20,000 as found in figure 4.5.

Figure 4. 5: Salary



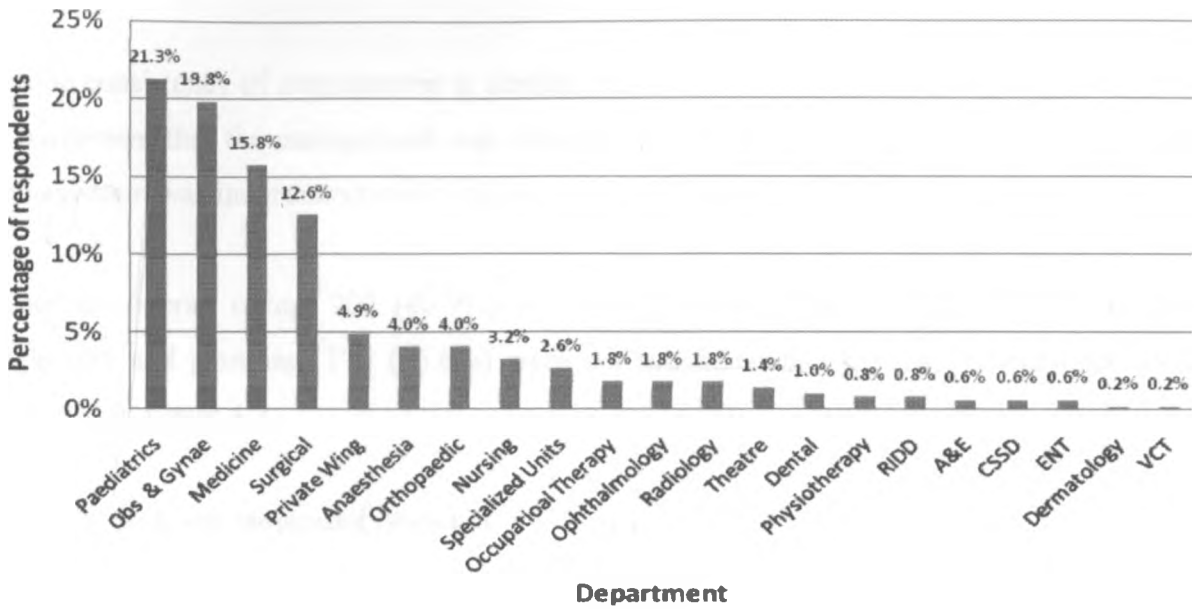
Source: Research Data

Distribution by department

Majority, 436 (88.3%) of the nursing staff as indicated in figure 4.6 were working in nine (9) departments (Paediatrics; Obs & Gynae; Medicine; Surgery; Private Wing; Anaesthesia; Orthopaedic; Nursing and Specialized Units). More than half (69.5%) of the nursing staff were

working in four (4) departments. Each of the remaining departments had less than 2% of the respondents who participated in the survey.

Figure 4.6: Department Distribution



Source: Research Data

4.2 Employee Satisfaction Factors

Respondents were asked to rate their levels of satisfaction on eleven (11) major areas, each of which focused on various aspects. In all around forty issues were addressed.

4.2.1 KNH’s Leadership and Planning

Fig. 4.6 and Table 4.1 analyse Nursing staff satisfaction with the Hospital leadership and planning. The variables considered were confidence in KNH leadership, setting of achievable goals, existence of favouritism and implementation of set objectives.

Two hundred and seventy seven 277 (56.1%) respondents indicated that they had confidence in the leadership of the hospital, 142 (28.7%) had no confidence in the leadership of the hospital while 60 (12.1%) were undecided.

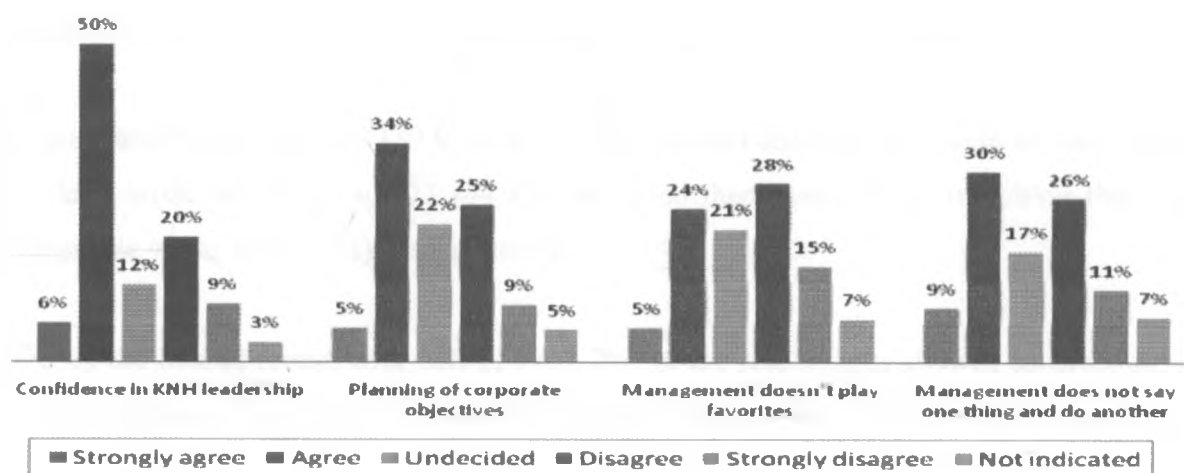
One hundred and ninty six (39.7%) respondents agreed that KNH sets clear and achievable goals, 166 (33.6%) felt that the Hospital did not set clear and achievable goals while 107 (21.7%) were undecided.

About a third (29.4%) of the total number of staff sampled indicated that management did not practice favouritism, 213 (43.1%) indicated that management practiced favouritism while 103 (20.9%) were undecided

On the consistency of management in dealing with issues, 190 (38.5%) of the respondents were in agreement that the management was consistent in its administration, 183 (37%) felt that the management was inconsistent in its administration while 86 (17.4%) were undecided.

Based on overall rating, 202 (40.9%) of the respondents were satisfied with the hospital's leadership and planning, 176 (35.6%) were not satisfied while 89 (18%) were undecided as indicated in figure 4.7.

Figure 4.7: Leadership and planning satisfaction



Source: Research Data

Table 4.1: Satisfaction with KNH's leadership and planning

KNH's leadership and planning	N	Strongly agree (5)	Agree (4)	Undecided (3)	Disagree (2)	Strongly disagree (1)	Not indicated	Response average	Std error of mean
I have confidence in the leadership of KNH	479	30 (6.1%)	247 (50.0%)	60 (12.1%)	97 (19.6%)	45 (9.1%)	15 (3.0%)	3.25	0.052
KNH sets clear and achievable goals	469	26 (5.3%)	170 (34.4%)	107 (21.7%)	122 (24.7%)	44 (8.9%)	25 (5.1%)	3.03	0.051
Management does not practice favoritism	461	26 (5.3%)	119 (24.1%)	103 (20.9%)	139 (28.1%)	74 (15.0%)	33 (6.7%)	2.75	0.054
Management implements what it says	459	42 (8.5%)	148 (30.0%)	86 (17.4%)	127 (25.7%)	56 (11.3%)	35 (7.1%)	2.98	0.056
Overall rating	467	31 (6.3%)	171 (34.6%)	89 (18.0%)	121 (24.5%)	55 (11.1%)	27 (5.5%)	3.00	0.053

Source: Research Data

Interpretation of average response: 1 – Means strongly disagree with KNH's leadership and planning
2 – Means disagree with KNH's leadership and planning

- 3 – Means undecided about KNH's leadership and planning
- 4 – Means agree with KNH's leadership and planning
- 5 – Means strongly agree with KNH's leadership and planning

4.2.2 KNH'S Corporate Culture

The study sought to establish whether the corporate culture had an impact on satisfaction. The factors explored include quality of service, individual initiative, hindrance to performance.

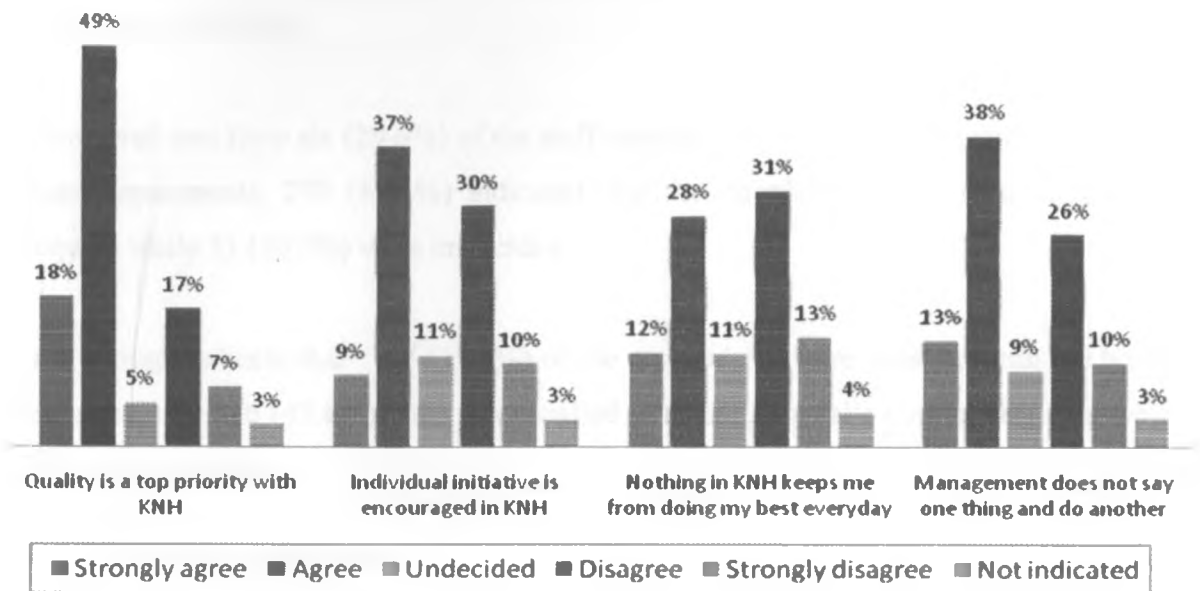
The Findings in figure 4.8 indicate that 335 (67.8%) of the respondents felt that quality was a top priority with KNH services, 120 (24.3%) felt that quality was not a top priority while 26 (5.3%) were undecided.

Less than half (45.7%) of the respondents indicated that individual initiative was encouraged in KNH, 197 (39.9%) felt that individual initiative was not encouraged while 55 (11.1%) were undecided.

The study established that 197 (39.8%) of the staff sampled felt that there were no hindrances to their daily work performance, 221 (44.8%) indicated there were things inhibiting their work performance while 56 (11.3%) were undecided.

Based on the overall rating, over half 253 (51.2%) of the respondents showed satisfaction with KNH's corporate culture, 180 (36.3%) did not agree with it while 46 (9.2%) were undecided.

Figure 4.8: Corporate culture satisfaction



Source: Research Data

Table 4.2: Satisfaction with KNH's Corporate Culture

Corporate culture	N	Strongly agree (5)	Agree (4)	Undecided (3)	Disagree (2)	Strongly disagree (1)	Not indicated	Response average	Std error of mean
Quality service is a top priority at KNH	481	91 (18.4%)	244 (49.4%)	26 (5.3%)	84 (17.0%)	36 (7.3%)	13 (2.6%)	3.56	0.054
Individual initiative is encouraged in KNH	478	43 (8.7%)	183 (37.0%)	55 (11.1%)	147 (29.8%)	50 (10.1%)	16 (3.2%)	3.05	0.055
KNH encourages me to do my best everyday	474	57 (11.5%)	140 (28.3%)	56 (11.3%)	155 (31.4%)	66 (13.4%)	20 (4.0%)	2.93	0.059
Overall rating	478	64 (12.9%)	189 (38.3%)	46 (9.2%)	129 (26.0%)	51 (10.3%)	16 (3.3%)	3.18	0.056

Source: Research Data

4.2.3 Communication

The study sought to establish the effectiveness of communication in the Hospital. The variables considered were how frequent corporate communication was, if individuals could trust what KNH tells them and if there was adequate communication between departments.

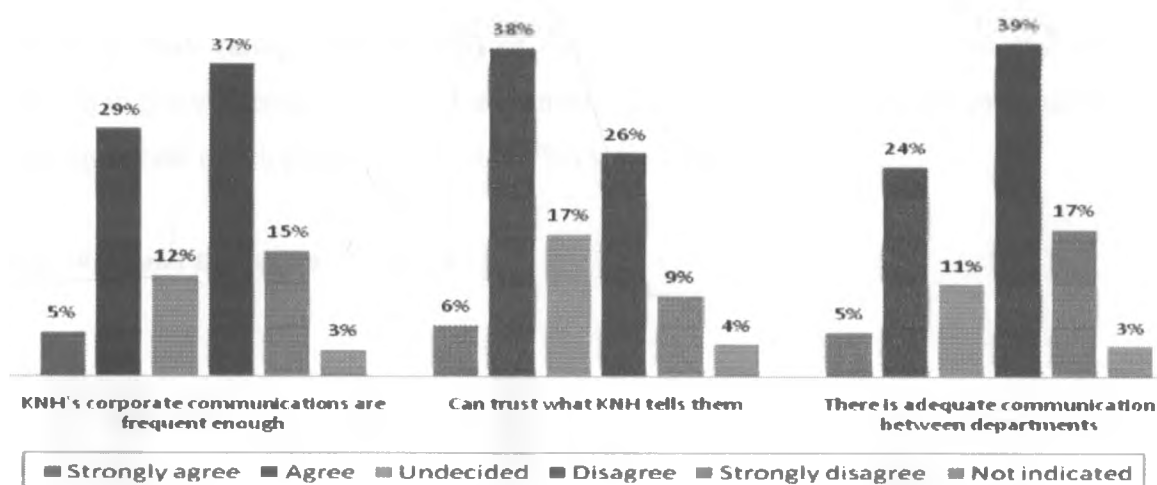
From the study as indicated in figure 4.9, 168 (34%) of the staff felt that the hospital's corporate communications were frequent enough, 253 (51.2%) indicated that the communications were infrequent while 58 (11.7%) were undecided.

About (44.4%) of the respondents felt that they could trust the hospital's communications, 175 (35.4%) indicated that they did not have faith in the hospital's communications while 82 (16.6%) were undecided.

One hundred and forty six (29.6%) of the staff sampled felt there was adequate communication between departments, 278 (56.1%) indicated that the interdepartmental communication was inadequate while 53 (10.7%) were undecided.

Overall ratings indicate that 177 (35.9%) of the respondents were satisfied with the hospital's communications, 236 (47.6%) were not satisfied with the hospital's communications while 64 (13%) were undecided.

Figure 4. 9: Communication Satisfaction



Source: Research Data

Table 4.3: Satisfaction with Communication

Communications	N	Strongly agree (5)	Agree (4)	Undecided (3)	Disagree (2)	Strongly disagree (1)	Not indicated	Response average	Std error of mean
KNH's corporate communications are frequent enough	479	25 (5.1%)	143 (28.9%)	58 (11.7%)	181 (36.6%)	72 (14.6%)	15 (3.0%)	2.72	0.054
Can trust what KNH tells them	476	29 (5.9%)	190 (38.5%)	82 (16.6%)	129 (26.1%)	46 (9.3%)	18 (3.6%)	3.06	0.052
There is adequate communication between departments	477	25 (5.1%)	121 (24.5%)	53 (10.7%)	193 (39.1%)	85 (17.2%)	17 (3.4%)	2.60	0.055
Overall rating	477	26 (5.3%)	151 (30.6%)	64 (13.0%)	168 (33.9%)	68 (13.7%)	17 (3.4%)	2.79	0.054

Source: Research Data

4.2.4 Career Development

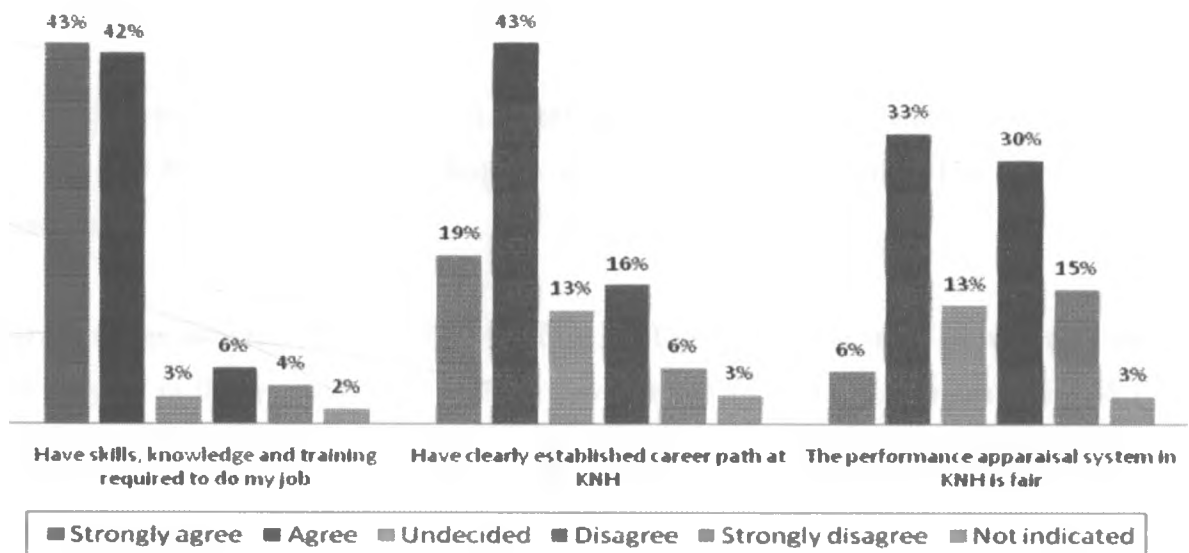
The study sought to establish the perception of nursing staff about their skills, knowledge and training for their work, career paths and the appraisal system at the hospital. Out of the 494 respondents, 419 (84.8%) of the respondents felt they had the skills, knowledge and training required to do their job, 52 (10.6%) felt otherwise while 15 (3%) were undecided as indicated in figure 4.10.

Three hundred and seven (62.1%) of the staff sampled stated that they had a clearly established career path at KNH, 108 (21.9%) felt otherwise while 63 (12.8%) were undecided.

One hundred and ninety one (38.7%) of the respondents felt that the performance appraisal system in the hospital was fair, 222 (45%) it was not fair while 66 (13.4%) were undecided.

From the overall rating, 306 (61.9%) of the KNH employees sampled felt that there were structures in place to ensure career development, 127 (25.8%) felt structures were not in place to encourage career development while 48 (9.7%) were undecided.

Figure 4.10 : Career Development Satisfaction



Source: Research Data

Table 4.4: Satisfaction with Career Development at KNH

Career development	N	Strongly agree (5)	Agree (4)	Undecided (3)	Disagree (2)	Strongly disagree (1)	Not indicated	Response average	Std error of mean
Have skills, knowledge and training required to do my job	486	212 (42.9%)	207 (41.9%)	15 (3.0%)	31 (6.3%)	21 (4.3%)	8 (1.6%)	4.15	0.047
Have clearly established career path at KNH	478	94 (19.0%)	213 (43.1%)	63 (12.8%)	77 (15.6%)	31 (6.3%)	16 (3.2%)	3.55	0.053
The performance appraisal system in KNH is fair	479	29 (5.9%)	162 (32.8%)	66 (13.4%)	147 (29.8%)	75 (15.2%)	15 (3.0%)	2.84	0.056
Overall rating	481	112 (22.6%)	194 (39.3%)	48 (9.7%)	85 (17.2%)	42 (8.6%)	13 (2.6%)	3.51	0.052

Source: Research Data

4.2.5 Employee's Role

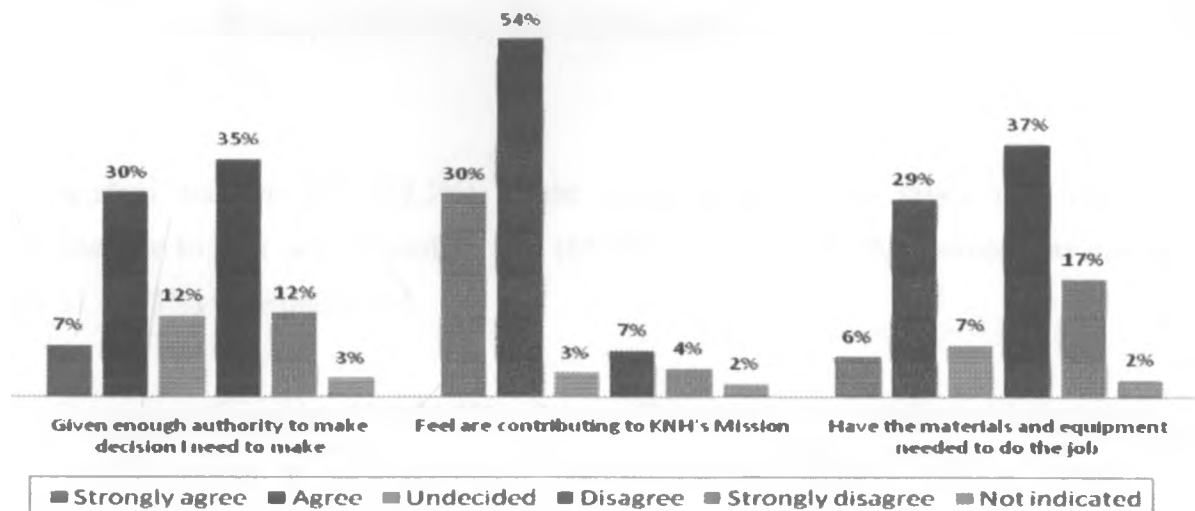
The perception of KNH employees on the role they played was sought as a measure of job satisfaction. This was established by determining if the employees were given enough authority to make decisions, if they were contributing to the Hospital's mission and if they had the materials and equipment needed to do their job well. Less than forty per cent (37.9%) of the respondents as indicated in figure 4.11 felt that they were given enough authority to make decisions they needed to make, 235 (47.5%) disagreed while 59 (11.9%) were undecided.

Four hundred and fifteen (84%) of the staff sampled felt that they were contributing towards the mission of the hospital, 53 (10.7%) felt otherwise while 17 (3.4%) were undecided.

One hundred and seventy four (35.3%) of staff sampled had materials and equipment to do their job, 271 (54.8%) did not have adequate materials and equipment while 37 (7.5%) were undecided.

Overall ratings indicate that 259 (52.4%) of the staff sampled were satisfied with the roles they were playing in the hospital, 187 (37.8%) were not satisfied with their roles while 38 (7.6%) were undecided.

Figure 4.11: Individual Role Satisfaction



Source: Research Data

Table 4.5: Satisfaction with Employee's Individual Role

Your role	N	Strongly agree (5)	Agree (4)	Undecided (3)	Disagree (2)	Strongly disagree (1)	Not indicated	Response average	Std error of mean
Given enough authority to make decision I need to make	481	37 (7.5%)	150 (30.4%)	59 (11.9%)	174 (35.2%)	61 (12.3%)	13 (2.6%)	2.85	0.055
Feel are contributing to KNH's Mission	485	150 (30.4%)	265 (53.6%)	17 (3.4%)	33 (6.7%)	20 (4.0%)	9 (1.8%)	4.01	0.045
Have the materials and equipment needed to do the job	482	29 (5.9%)	145 (29.4%)	37 (7.5%)	185 (37.4%)	86 (17.4%)	12 (2.4%)	2.68	0.057
Overall rating	483	72 (14.6%)	187 (37.8%)	38 (7.6%)	131 (26.5%)	56 (11.3%)	11 (2.3%)	3.18	0.052

Source: Research Data

4.2.6 Recognition and Rewards System

In this area, issues of focus were reward for good work, promotion, recognition and salary. One hundred and forty seven (29.7%) of the respondents were sure of being rewarded upon doing a good job, 293 (59.3%) indicated that there were no rewards for good work while 46 (9.3%) were undecided.

Around a third (32.8%) of the respondents were sure of being promoted upon doing a good job, 272 (55.1%) indicated that there were no promotions for good work done while 47 (9.5%) were undecided.

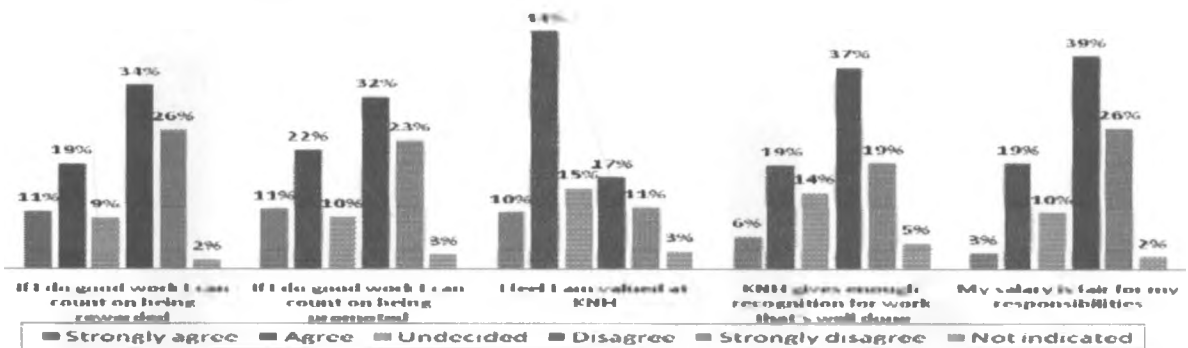
More than half (54%) of the respondents felt they were valued by the employer, 138 (27.9%) indicated otherwise while 73 (14.8%) were undecided.

One hundred and twenty three (24.9%) of the respondents felt they got enough recognition for work that was well done, 279 (56.4%) felt the recognition was not adequate while 69 (14%) were undecided.

One hundred and ten 110 (22.2%) of the respondents felt the salary they earned was commensurate to their responsibilities, 322 (65.2%) felt the salary they earned was inadequate while 51 (10.3%) were undecided.

Overall ratings indicate that 180 (36.3%) of the staff sampled were satisfied with the recognition and rewarding system at the hospital, 240 (48.6%) were not satisfied with the reward system while 60 (12.1%) were undecided as indicated in figure 4.12.

Figure 4.12 : Satisfaction with Recognition and Rewards System



Source: Research Data

Table 4.6: Satisfaction with Recognition and Rewards System

Recognition and rewards	N	Strongly agree (5)	Agree (4)	Undecided (3)	Disagree (2)	Strongly disagree (1)	Not indicated	Response average	Std error of mean
If I do good work I can count on being rewarded	486	52 (10.5%)	95 (19.2%)	46 (9.3%)	167 (33.8%)	126 (25.5%)	8 (1.6%)	2.55	0.061
If I do good work I can count on being promoted	481	54 (10.9%)	108 (21.9%)	47 (9.5%)	156 (31.6%)	116 (23.5%)	13 (2.6%)	2.64	0.062
I feel I am valued at KNH	478	51 (10.3%)	216 (43.7%)	73 (14.8%)	83 (16.8%)	55 (11.1%)	16 (3.2%)	3.26	0.055
KNH gives enough recognition for work that's well done	471	29 (5.9%)	94 (19.0%)	69 (14.0%)	183 (37.0%)	96 (19.4%)	23 (4.7%)	2.53	0.055
My salary is fair for my responsibilities	483	14 (2.8%)	96 (19.4%)	51 (10.3%)	194 (39.3%)	128 (25.9%)	11 (2.2%)	2.33	0.052
Overall rating	477	42 (8.5%)	138 (27.8%)	60 (12.1%)	144 (29.2%)	96 (19.4%)	15 (2.9%)	2.66	0.057

Source: Research Data

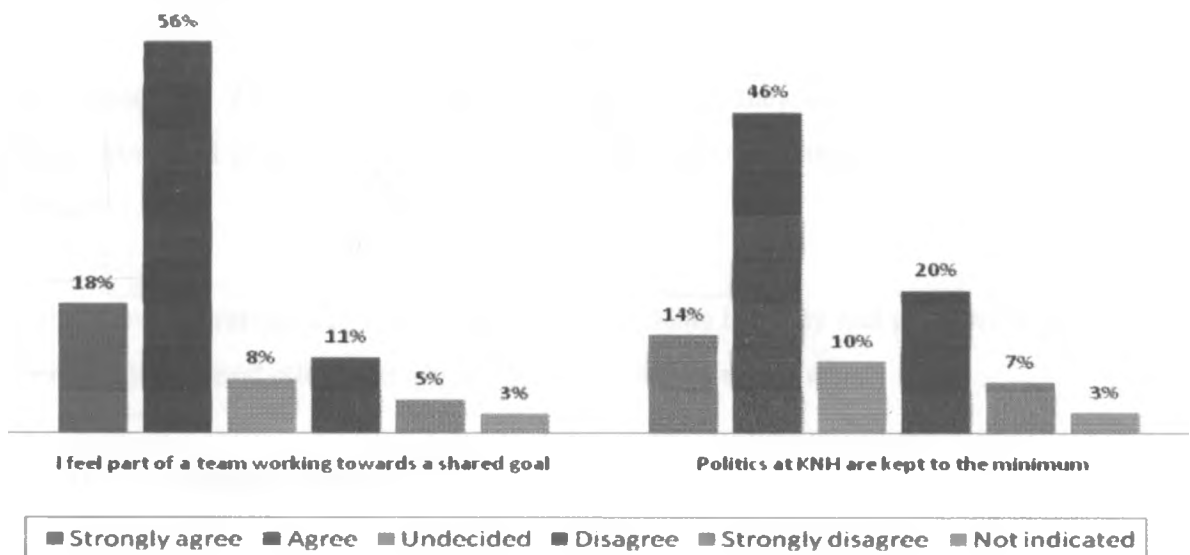
4.2.7 Teamwork and Cooperation

Three hundred and sixty seven (74.3%) of the respondents felt they were part of a team working towards a shared goal, 76 (15.4%) indicated that there was no teamwork while 38 (7.7%) were undecided.

Two hundred and ninety five (59.7%) of the respondents as indicated in figure 4.13 felt that politics at KNH are kept to a minimum, 135 (27.3%) indicated otherwise while 50 (10.1%) were undecided.

On overall rating, 331 (67%) of the respondents felt there was teamwork and cooperation, 106 (21.4%) indicated otherwise while 44 (8.9%) were undecided.

Figure 4.13: Teamwork and cooperation satisfaction



Source: Research Data

Table 7: Satisfaction with Teamwork and Cooperation

Teamwork and cooperation	N	Strongly agree (5)	Agree (4)	Undecided (3)	Disagree (2)	Strongly disagree (1)	Not indicated	Response average	Std error of mean
I feel part of team working towards a shared goal	481	91 (18.4%)	276 (55.9%)	38 (7.7%)	53 (10.7%)	23 (4.7%)	13 (2.6%)	3.75	0.047
Politics at KNH are kept to the minimum	480	69 (14.0%)	45.7% (226)	50 (10.1%)	100 (20.2%)	35 (7.1%)	14 (2.8%)	3.40	0.054
Overall rating	481	80 (16.2%)	251 (50.8%)	44 (8.9%)	77 (15.5%)	29 (5.9%)	14 (2.7%)	3.58	0.051

Source: Research Data

4.2.8 Working Conditions

Some 371 (75.1%) of the respondents as indicated in figure 4.14 felt their jobs were secure, 63 (12.7%) indicated they did not have job security while 52 (10.5%) were undecided.

From the study, 253 (51.2%) of the staff sampled felt their physical working conditions were good, 180 (36.4%) indicated their working conditions were not up to standard while 52 (10.5%) were undecided.

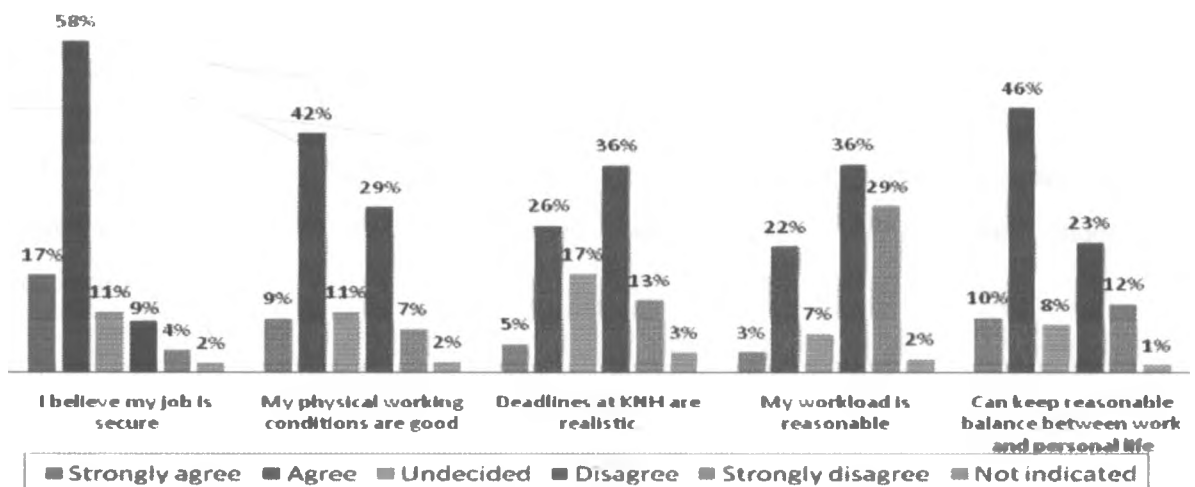
Some 151 (30.6%) of the staff sampled felt the work/task deadlines are realistic, 241 (48.8%) indicated their deadlines are unrealistic while 85 (17.2%) were undecided.

Only 126 (25.5%) of the respondents felt the workload is reasonable, 324 (65.5%) indicated the workload was not realistic while 33 (6.7%) were undecided.

It was noted that 276 (55.9%) of the respondents felt they could keep reasonable balance between work and personal life, 171 (34.6%) indicated they could not while 41 (8.3%) were undecided.

As per the overall rating, 221 (44.8%) of the respondents felt they had good working conditions, 203 (41.1%) indicated otherwise while 58 (11.7%) were undecided.

Figure 4.14: Work conditions satisfaction



Source: Research Data

Table 8: Satisfaction with Working Conditions

Working conditions	N	Strongly agree (5)	Agree (4)	Undecided (3)	Disagree (2)	Strongly disagree (1)	Not indicated	Response average	Std error of mean
I believe my job is secure	486	84 (17.0%)	287 (58.1%)	52 (10.5%)	44 (8.9%)	19 (3.8%)	8 (1.6%)	3.77	0.044
My physical working conditions are good	485	46 (9.3%)	207 (41.9%)	52 (10.5%)	143 (28.9%)	37 (7.5%)	9 (1.8%)	3.17	0.053
Deadlines at KNH are realistic	477	24 (4.9%)	127 (25.7%)	85 (17.2%)	179 (36.2%)	62 (12.6%)	17 (3.4%)	2.73	0.052
My workload is reasonable	483	17 (3.4%)	109 (22.1%)	33 (6.7%)	180 (36.4%)	144 (29.1%)	11 (2.2%)	2.33	0.055
Can keep reasonable balance between work and personal life	488	47 (9.5%)	229 (46.4%)	41 (8.3%)	112 (22.7%)	59 (11.9%)	6 (1.2%)	3.19	0.056
Overall rating	483	40 (8.2%)	181 (36.6%)	58 (11.7%)	140 (28.2%)	64 (12.9%)	11 (2.3%)	3.04	0.052

Source: Research Data

4.2.9 Immediate Supervisor

Respondents were requested to rate how they were handled by their supervisors and 404 (81.8%) of the respondents stated they were fairly treated, 55 (11.1%) indicated otherwise while 26 (5.3%) were undecided.

Some 388 (78.6%) of the respondents felt their supervisors treated them with respect, 60 (12.1%) indicated otherwise while 38 (7.7%) were undecided.

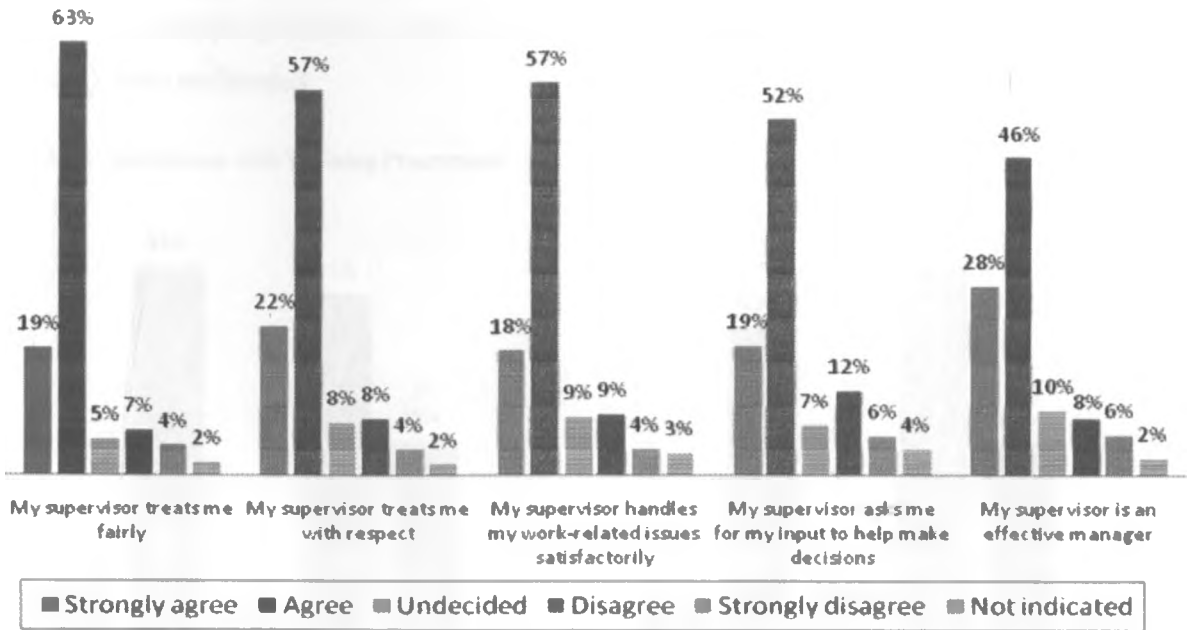
Over three quarters 373 (75.5%) of the respondents felt their supervisors handled their work-related issues satisfactorily, 63 (12.7%) indicated otherwise while 42 (8.5%) were undecided.

Some 350 (70.8%) of the respondents felt their supervisors asked for their input to help in decision making, 89 (18%) indicated otherwise while 36 (7.3%) were undecided.

From the study, 365 (73.9%) of the respondents felt their supervisors were effective managers, 70 (14.2%) indicated otherwise while 47 (9.5%) were undecided.

Based on the overall rating, 376 (76%) of the respondents felt their immediate supervisors were effective in their duties, 67 (13.5%) indicated otherwise while 39 (7.8%) were undecided as indicated in figure 4.15.

Figure 4.15: Satisfaction with Immediate Supervisor



Source: Research Data

Table 9: Satisfaction with Immediate Supervisor

Your immediate supervisor	N	Strongly agree (5)	Agree (4)	Undecided (3)	Disagree (2)	Strongly disagree (1)	Not indicated	Response average	Std error of mean
My supervisor treats me fairly	485	92 (18.6%)	312 (63.2%)	26 (5.3%)	33 (6.7%)	22 (4.5%)	9 (1.8%)	3.86	0.043
My supervisor treats me with respect	486	108 (21.9%)	280 (56.7%)	38 (7.7%)	41 (8.3%)	19 (3.8%)	8 (1.6%)	3.86	0.045
My supervisor handles my work-related issues satisfactorily	478	90 (18.2%)	283 (57.3%)	42 (8.5%)	44 (8.9%)	19 (3.8%)	16 (3.2%)	3.80	0.045
My supervisor asks me for my input to help make decisions	475	93 (18.8%)	257 (52.0%)	36 (7.3%)	61 (12.3%)	28 (5.7%)	19 (3.8%)	3.69	0.051
My supervisor is an effective manager	482	136 (27.5%)	229 (46.4%)	47 (9.5%)	41 (8.3%)	29 (5.9%)	12 (2.4%)	3.83	0.051
Overall rating	478	102 (20.5%)	274 (55.5%)	39 (7.8%)	44 (8.9%)	23 (4.6%)	13 (2.7%)	3.81	0.047

Source: Research Data

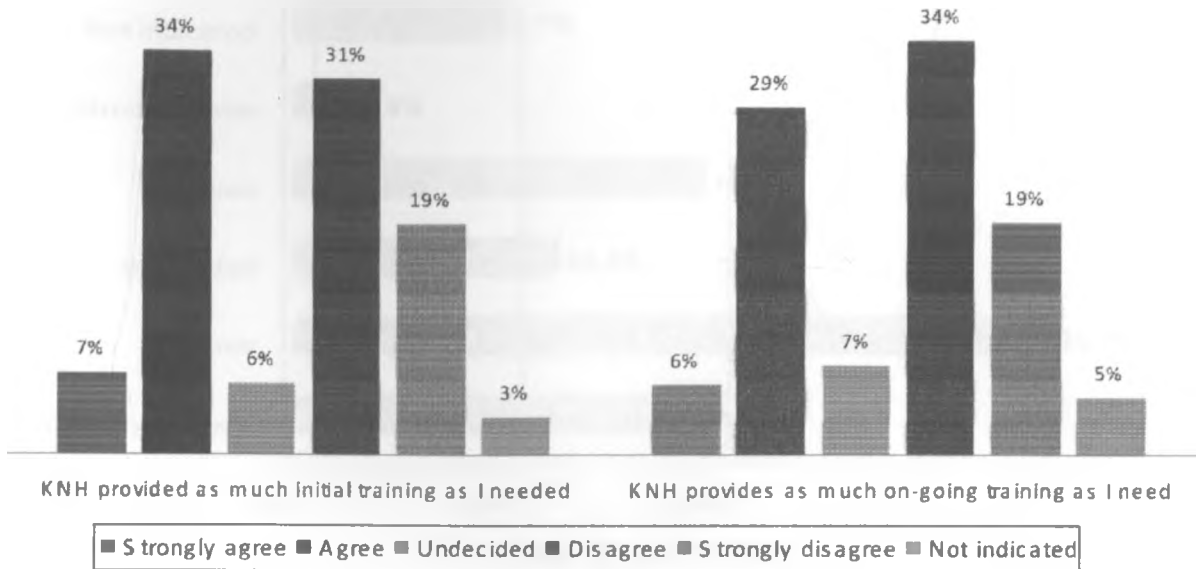
4.2.10 KNH's Training Programme

Respondents assessed training at two levels. Two hundred and five (41.5%) of the respondents felt they were provided with enough initial training as they needed, half 247 (50%) felt the initial training was inadequate while 33 (6.7%) were undecided.

Some 165 (33.4%) of the respondents as indicated in figure 4.16 felt they were provided with enough ongoing training as they needed, over half 268 (54.2%) felt the ongoing training was inadequate while 48 (9.7%) were undecided.

The overall ratings indicated that, 185 (37.5%) of the respondents were satisfied with the hospital's training programme, 258 (52.1%) were dissatisfied with the training programme while 41 (8.2%) were undecided.

Figure 4.16: Satisfaction with Training Programme



Source: Research Data

1

Table 10: Satisfaction with KNH's Training Programme

KNH's training programme	N	Strongly agree (5)	Agree (4)	Undecided (3)	Disagree (2)	Strongly disagree (1)	Not indicated	Response average	Std error of mean
KNH provided as much initial training as I needed	485	27 (5.5%)	178 (36.0%)	33 (6.7%)	159 (32.2%)	88 (17.8%)	9 (1.8%)	2.79	0.057
KNH provides as much on-going training as I need	481	24 (4.9%)	141 (28.5%)	48 (9.7%)	181 (36.6%)	87 (17.6%)	13 (2.6%)	2.65	0.055
Overall rating	483	26 (5.2%)	160 (32.3%)	41 (8.2%)	170 (34.4%)	88 (17.7%)	11 (2.2%)	2.72	0.056

Source: Research Data

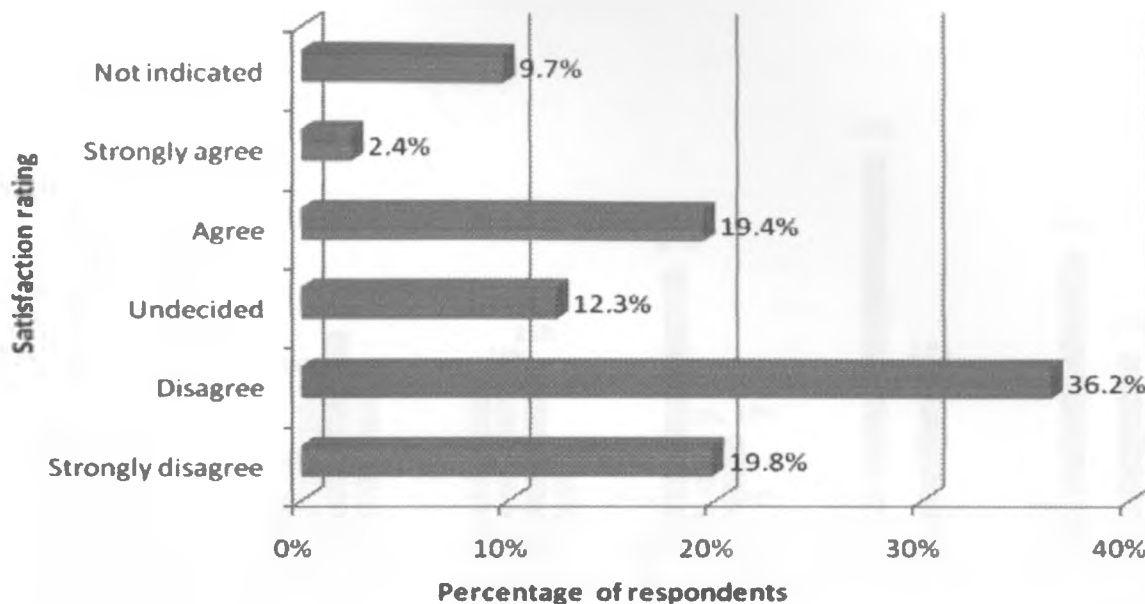
4.2.11 KNH's Benefits

Respondents were asked to assess their satisfaction with the medical scheme, mortgage, car loan, personal loan, house and leave allowances.

One hundred and eight (21.8%) of the KNH employees sampled indicated they were satisfied with the KNH benefits package as a whole, 277 (56%) felt the benefits package was inadequate while 61 (12.3%) were undecided.

More specifically, the various benefits were itemized in order to capture the employees rating of each one of them. The summary is given below in figure 4.17.

Figure 4.17: Satisfaction with Benefits Package



Source: Research Data

Some 295 (59.8%) of the respondents indicated they were satisfied with the medical benefits, 159 (32.1%) felt the medical benefit was inadequate while 25 (5.1%) were undecided.

Less than one fifth (18.5%) of the respondents indicated they were satisfied with the mortgage scheme, over half (51.2%) felt the mortgage scheme was inadequate while 113 (22.9%) were undecided.

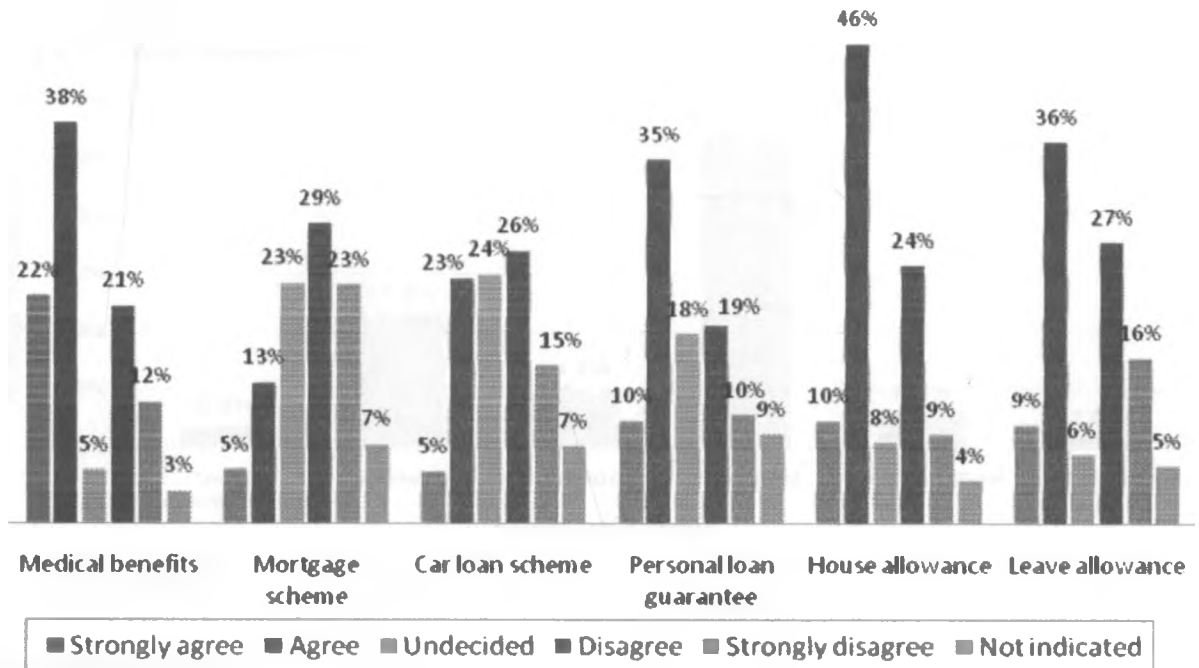
Some 139 (28.2%) of the respondents indicated they were satisfied with the car loan scheme, 202 (40.9%) felt the car loan scheme was inadequate while 117 (23.7%) were undecided.

Two hundred and nineteen (44.3%) of the respondents indicated they were satisfied with the personal loan guarantee, 144 (29.1%) felt the personal loan guarantee was inadequate while 89 (18%) were undecided.

More than half (55.2%) of the respondents were satisfied with the house allowance they were earning, 163 (33%) felt the house allowance was inadequate while 38 (7.7%) were undecided.

Less than half (45.5%) of the respondents indicated they were satisfied with the leave allowance they were earning, 210 (42.5%) felt the leave allowance was inadequate while 32 (6.5%) were undecided as indicated in figure 4.18.

Figure 4.18: Satisfaction with Benefits



Source: Research Data

Table 4.11: Satisfaction with KNH's Benefits

Other benefits	N	Strongly agree (5)	Agree (4)	Undecided (3)	Disagree (2)	Strongly disagree (1)	Not indicated	Response average	Std error of mean
Specifically, I'm satisfied with Medical benefits	479	107 (21.7%)	188 (38.1%)	25 (5.1%)	102 (20.6%)	57 (11.5%)	15 (3.0%)	3.39	0.062
Specifically, I'm satisfied with mortgage scheme	457	25 (5.1%)	66 (13.4%)	113 (22.9%)	141 (28.5%)	112 (22.7%)	37 (7.5%)	2.46	0.055
Specifically, I'm satisfied with car loan scheme	458	24 (4.9%)	115 (23.3%)	117 (23.7%)	128 (25.9%)	74 (15.0%)	36 (7.3%)	2.75	0.054
Specifically, I'm satisfied with personal loan guarantee	452	48 (9.7%)	171 (34.6%)	89 (18.0%)	93 (18.8%)	51 (10.3%)	42 (8.5%)	3.16	0.056
Specifically, I'm satisfied with House allowance	474	48 (9.7%)	225 (45.5%)	38 (7.7%)	121 (24.5%)	42 (8.5%)	20 (4.0%)	3.24	0.055
Specifically, I'm satisfied with leave allowance	467	46 (9.3%)	179 (36.2%)	32 (6.5%)	132 (26.7%)	78 (15.8%)	27 (5.5%)	2.96	0.061
Overall rating	464	49 (10.0%)	159 (32.2%)	72 (14.5%)	116 (23.4%)	66 (13.4%)	31 (6.3%)	2.99	0.057

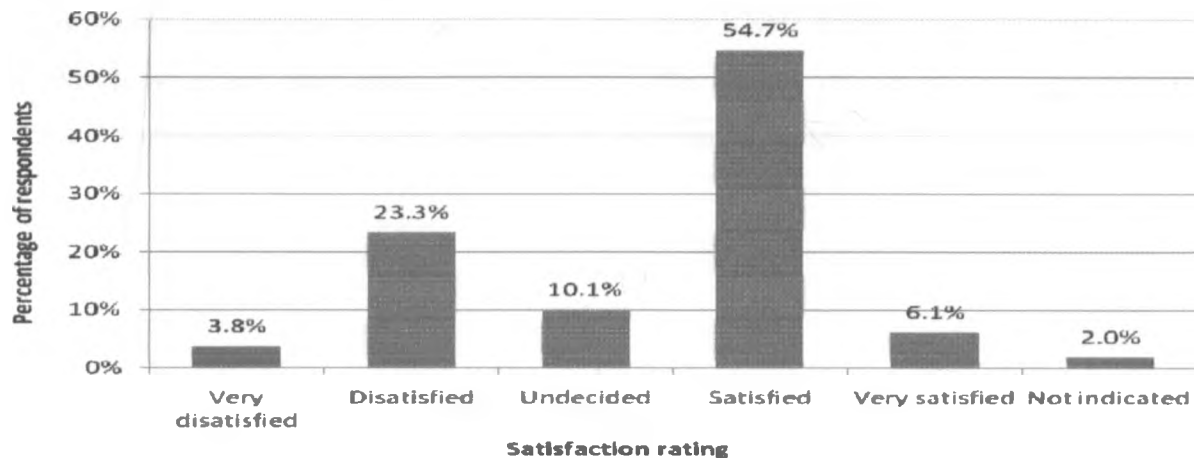
Source: Research Data

4.3 Employee Satisfaction

4.3.1 Overall Employee Satisfaction

The study sought to obtain the respondents overall job satisfaction. It can be concluded that most, 300 (60.8%) of the respondents as indicated in figure 4.19 were satisfied with their job while 134 (33.4%) of the staff were not satisfied, 50 (10.1%) were undecided and only 10 (2%) did not respond to this question.

Figure 4.19: Overall Employee Satisfaction

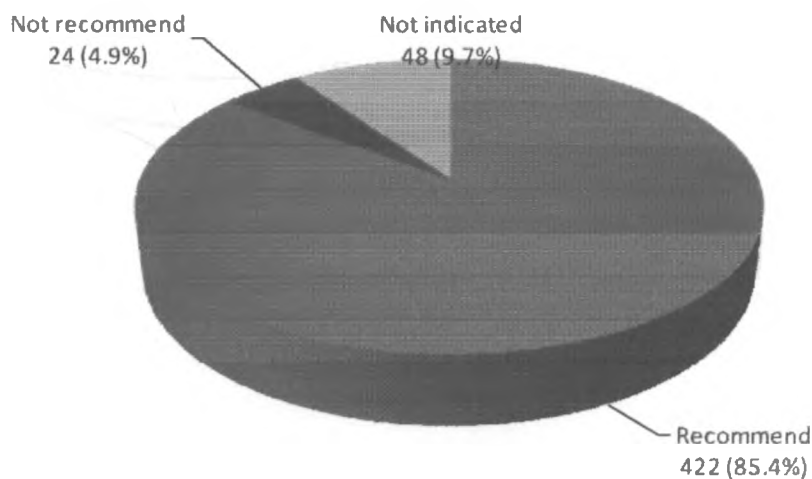


Source: Research Data

Recommendation of KNH as an employer

About 422 (85.4%) of the staff sampled in figure 4.20 indicated that they would recommend a friend and/or relative for employment at KNH while 24 (4.9%) (24) would not recommend anyone for employment at the hospital.

Figure 4.20: Recommendation of the Employer



Source: Research Data

Reasons for staying in KNH

Respondents were asked to give reasons that made them continue working at KNH and 358 (72.5%) indicated that their continued stay in KNH was as a result of job security. About 187 (37.9%) out of the total number of nursing staff sampled indicated that their stay in KNH was influenced by the conducive work environment. Availability of training opportunities in the hospital also contributed to nursing staff choosing to prolong their stay with KNH as indicated by 164 (33.2%) of them. Over a quarter (26.3%) of the nurses pointed out the benefits provided to them by the hospital as the reason for their stay with KNH. Other reasons identified by few respondents were lack of an alternative/ better job offer (2.4%), regular salary/ wage increments (2.2%), job satisfaction (1.4%) and professional experience gained (0.4%).

4.3.2 Factor Analysis

Factor analysis attempts to identify underlying variables or factors, that explain the pattern of correlations within a set of observed variables. Factor analysis is often used in data reduction to identify a small number of factors that explain most of the variance observed in a much larger number of manifest variables. Factor analysis can also be used to generate hypotheses regarding causal mechanisms or to screen variables for subsequent analysis (for example, to identify collinearity prior to performing a linear regression analysis).

The variables should be quantitative at the interval or ratio level. Categorical data (such as religion or country of origin) are not suitable for factor analysis. Data for which Pearson correlation coefficients can sensibly be calculated should be suitable for factor analysis.

Factor analysis is a technique that requires a large sample size. Factor analysis is based on the correlation matrix of the variables involved, and correlations usually need a large sample size before they stabilize. Tabachnick and Fidell (2001, page 588) cite Comrey and Lee's (1992) advice regarding sample size: 50 cases is very poor, 100 is poor, 200 is fair, 300 is good, 500 is very good, and 1000 or more is excellent. As a rule of thumb, a bare minimum of 10 observations per variable is necessary to avoid computational difficulties.

The data should have a bivariate normal distribution for each pair of variables, and observations should be independent.

Factor analysis is a method for investigating whether a number of variables of interest Y_1, Y_2, \dots, Y_l , are linearly related to a smaller number of unobservable factors F_1, F_2, \dots, F_k (where $l < k$).

It has been suggested that these employee satisfaction indicators, say, Y_1, Y_2, \dots, Y_l are functions of a number of underlying factors, F_1, F_2, \dots, F_k , tentatively described using global terms. It is assumed that each Y variable is linearly related to the l factors, as follows:

$$Y_1 = \beta_{10} + \beta_{11}F_1 + \beta_{12}F_2 + \dots + \beta_{1k}F_k + e_1$$

$$Y_2 = \beta_{20} + \beta_{21}F_1 + \beta_{22}F_2 + \dots + \beta_{2k}F_k + e_2$$

$$Y_l = \beta_{l0} + \beta_{l1}F_1 + \beta_{l2}F_2 + \dots + \beta_{lk}F_k + e_l$$

The error terms e_1, e_2, \dots, e_l serve to indicate that the hypothesized relationships are not exact. In the special vocabulary of factor analysis, the parameters β_{ij} are referred to as loadings. For example, β_{12} is called the loading of variable Y_1 on factor F_2 .

The correlation matrix contains the Pearson correlation coefficient between all pairs of variables and the one-tailed significance of these coefficients. We can use this correlation matrix to check the pattern of relationships. The significance values lie in the range $0 \leq p \leq 0.365$, i.e., none of them is greater than 0.05. On the other hand, the correlation coefficients lie in the range $-0.025 \leq p \leq 0.782$, i.e., none of them is greater than 0.9. Therefore, there is no singularity in the data. In addition, all these variables correlate fairly well and none of the correlation coefficients are particularly large; therefore, there is no need to consider eliminating any variables at this stage.

Table 4.12: KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		0.911
Bartlett's Test of Sphericity	Approx. Chi-Square	7010.49
	df	820
	Significance	0.000

Source: Research Data

The Kaiser-Meyer-Olkin measure of sampling adequacy - This measure varies between 0 and 1, and values closer to 1 are better. A value of 0.6 is a suggested minimum. Based on our findings, the KMO value is 0.911 which is a value close to 1 indicating that the patterns of correlations are relatively compact and therefore, factor analysis should yield distinct and reliable factors.

Bartlett's test of sphericity - This tests the null hypothesis that the origin correlation matrix is an identity matrix. An identity matrix is matrix in which all of the diagonal elements are 1 and all off diagonal elements are 0. For factor analysis to work we need some relationships between variables and if the *R*-matrix were an identity matrix then all correlation coefficients would be zero. Therefore, we want this test to be significant (i.e., have a significant value less than 0.05). A significant test tells us that the *R*-matrix is not an identity matrix; therefore, there are some relationships between the variables we hope to include in the analysis. For this data, Bartlett's test is highly significant ($p < 0.0001$) and therefore factor analysis is appropriate.

Table 4.13: Total Variance Explained

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	11.0	26.8	26.8	11.0	26.8	26.8	4.0	9.7	9.7
2	2.7	6.5	33.3	2.7	6.5	33.3	2.9	7.1	16.8
3	1.9	4.6	37.9	1.9	4.6	37.9	2.8	6.9	23.6
4	1.7	4.2	42.1	1.7	4.2	42.1	2.6	6.4	30.0
5	1.6	3.8	45.8	1.6	3.8	45.8	2.4	5.8	35.8
6	1.4	3.4	49.2	1.4	3.4	49.2	2.2	5.4	41.3
7	1.3	3.2	52.4	1.3	3.2	52.4	2.2	5.3	46.6
8	1.2	2.8	55.3	1.2	2.8	55.3	2.1	5.2	51.8
9	1.1	2.7	58.0	1.1	2.7	58.0	2.1	5.2	57.0
10	1.0	2.4	60.4	1.0	2.4	60.4	1.4	3.5	60.4
11	0.9	2.3	62.7						
12	0.9	2.2	64.9						
13	0.9	2.1	67.0						
14	0.8	2.1	69.1						
15	0.8	1.9	70.9						
16	0.8	1.9	72.8						
17	0.7	1.8	74.6						
18	0.7	1.7	76.3						
19	0.7	1.6	77.9						
20	0.6	1.6	79.5						
21	0.6	1.5	81.0						
22	0.6	1.4	82.4						
23	0.6	1.4	83.8						
24	0.5	1.3	85.1						
25	0.5	1.2	86.3						
26	0.5	1.2	87.5						
27	0.5	1.1	88.6						
28	0.5	1.1	89.8						
29	0.4	1.1	90.8						
30	0.4	1.0	91.8						
31	0.4	1.0	92.8						
32	0.4	1.0	93.8						
33	0.4	0.9	94.7						
34	0.3	0.8	95.5						
35	0.3	0.8	96.3						
36	0.3	0.8	97.1						
37	0.3	0.7	97.8						
38	0.3	0.7	98.5						
39	0.2	0.6	99.1						
40	0.2	0.5	99.6						
41	0.2	0.4	100						

Source: Research Data

Eigenvalues are the variances of the factors. Because we conducted our factor analysis on the correlation matrix, the variables are standardized, which means that each variable has a variance of 1, and the total variance is equal to the number of variables used in the analysis, in this case, 41. In the table above, the eigenvalues associated with each factor represent the variance explained by that particular linear component and they are also displayed in terms of the percentage of variance explained (so, factor 1 explains 26.8% of total variance). The first few factors explain relatively large amounts of variance (especially factor 1) whereas subsequent factors explain only small amounts of variance. Thereafter, we extract all factors with eigenvalues greater than 1, which leaves us with ten factors. The eigenvalues associated with these factors are again displayed (and the percentage of variance explained) in the columns labeled *Extraction Sums of Squared Loadings*. In the final part of the table (labeled *Rotation Sums of Squared Loadings*), the eigenvalues of the factors after rotation are displayed. Rotation has the effect of optimizing the factor structure and one consequence for this data is that the relative importance of the 10 factors is equalized. Before rotation, factor 1 accounted for considerably more variance than the remaining 9 (26.8% compared to 6.5%, 4.6%, 4.2%, 3.8% etc), however after extraction it accounts for only 9.7% of variance (compared to 7.1%, 6.9%, 6.4%, 5.8% etc).

Communalities indicate the amount of variance in each variable that is accounted for. Initial communalities are estimates of the variance in each variable accounted for by all components or factors. Extraction communalities are estimates of the variance in each variable accounted for by the factors (or components) in the factor solution. Small values indicate variables that do not fit well with the factor solution, and should possibly be dropped from the analysis.

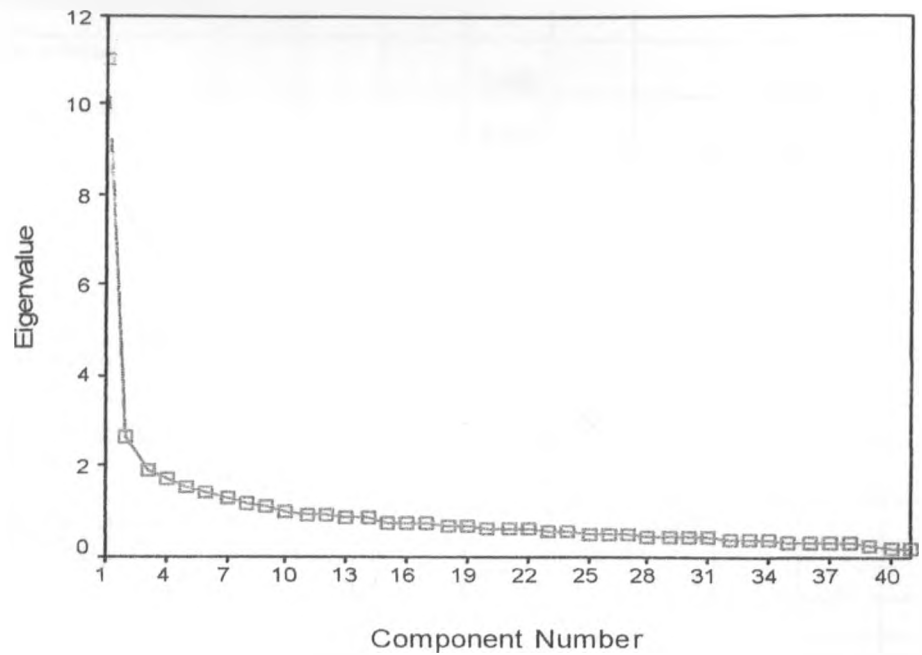
The table below shows communalities before and after extraction. Principle component analysis works on the initial assumption that all variance is common; therefore, before extraction the communalities are all 1. The communalities in the column labeled *Extraction* reflect the common variance in the data structure. For example, 62.6% of the variance associated with variable 1 is common, or shared, variance. After extraction some of the factors are discarded and so some information is lost. The amount of variance in each variable that can be explained by the retained factors is represented by the communalities after extraction.

Table 4.14: Communalities

Employee satisfaction indicators	Initial	Extraction
I have confidence in the leadership of KNH	1.000	0.626
There is adequate planning of corporate objectives	1.000	0.633
Management does not play favorites	1.000	0.527
management does not say one thing and do another	1.000	0.545
quality is a top priority with KNH	1.000	0.540
Individual initiative is encouraged in KNH	1.000	0.435
Nothing in KNH keeps me from doing my best everyday	1.000	0.431
KNH's corporate communications are frequent enough	1.000	0.604
Can trust what KNH tells them	1.000	0.501
There is adequate communication between departments	1.000	0.754
Have skills, knowledge and training required to do my job	1.000	0.629
Have clearly established career path at KNH	1.000	0.515
The performance appraisal system in KNH is fair	1.000	0.459
Given enough authority to make decision I need to make	1.000	0.476
Feel are contributing to KNH's Mission	1.000	0.554
Have the materials and equipment needed to do the job	1.000	0.602
If I do good work I can count on being rewarded	1.000	0.736
If I do good work I can count on being promoted	1.000	0.757
I feel I am valued at KNH	1.000	0.572
KNH gives enough recognition for work that's well done	1.000	0.599
My salary is fair for my responsibilities	1.000	0.529
I feel part of team working towards a shared goal	1.000	0.576
Politics at KNH are kept to the minimum	1.000	0.589
I believe my job is secure	1.000	0.491
My physical working conditions are good	1.000	0.540
deadlines at KNH are realistic	1.000	0.499
My workload is reasonable	1.000	0.601
Can keep reasonable balance between work and personal life	1.000	0.577
My supervisor treats me fairly	1.000	0.785
My supervisor treats me with respect	1.000	0.789
My supervisor handles my work-related issues satisfactorily	1.000	0.729
my supervisor asks me for my input to help make decisions	1.000	0.665
My supervisor is an effective manager	1.000	0.732
KNH provided as much initial training as I needed	1.000	0.695
KNH provides as much on-going training as I need	1.000	0.742
I'm satisfied with Medical benefits	1.000	0.488
I'm satisfied with mortgage scheme	1.000	0.735
I'm satisfied with car loan scheme	1.000	0.782
I'm satisfied with personal loan guarantee	1.000	0.585
I'm satisfied with House allowance	1.000	0.561
I'm satisfied with leave allowance	1.000	0.594

Source: Research Data

Figure 4.21: Scree Plot



Source: Research Data

Analyzing the curve in the scree plot above, it is difficult to interpret because the curve begins to tail off after four factors, but there is another drop after the 10th factor before a stable plateau is reached. Therefore, we could justify retaining either four or ten factors. However, since our sample size which is at 494 exceeds 250 and the average communality is 0.604 which is greater than 0.6 then we retain all factors with eigenvalues above 1 (Kaiser’s criterion).

Table 4.15: Rotated Component Matrix

	Component									
	1	2	3	4	5	6	7	8	9	10
My supervisor treats me with respect	0.864									
My supervisor treats me fairly	0.849									
My supervisor is an effective manager	0.808									
My supervisor handles my work-related issues satisfactorily	0.801									
my supervisor asks me for my input to help make decisions	0.761									
management does not say one thing and do another		0.649								
I have confidence in the leadership of KNH		0.641								
Management does not play favorites		0.637								
There is adequate planning of corporate objectives		0.637								
Can trust what KNH tells them		0.441								
Feel are contributing to KNI's Mission			0.690							
Have skills, knowledge and training required to do my job			0.649							
quality is a top priority with KNH			0.556							

I feel part of team working towards a shared goal		0.542							
I feel I am valued at KNH		0.415							
Nothing in KNH keeps me from doing my best everyday									
If I do good work I can count on being promoted			0.828						
If I do good work I can count on being rewarded			0.796						
KNH gives enough recognition for work that's well done			0.505						
My workload is reasonable				0.679					
Can keep reasonable balance between work and personal life				0.619					
deadlines at KNH are realistic				0.573					
Have the materials and equipment needed to do the job				0.480					
My physical working conditions are good				0.425					
Specifically, I'm satisfied with House allowance					0.672				
Specifically, I'm satisfied with leave allowance					0.669				
Specifically, I'm satisfied with Medical benefits					0.579				
My salary is fair for my responsibilities					0.463				
I believe my job is secure									
There is adequate communication between departments						0.793			
KNH's corporate communications are frequent enough						0.588			
Given enough authority to make decision I need to make						0.413			
Specifically, I'm satisfied with car loan scheme							0.848		
Specifically, I'm satisfied with mortgage scheme							0.791		
Specifically, I'm satisfied with personal loan guarantee							0.577		
KNH provides as much on-going training as I need								0.801	
KNH provided as much initial training as I needed								0.726	
Have clearly established career path at KNH								0.465	
Individual initiative is encouraged in KNH									
Politics at KNH are kept to the minimum									0.711
The performance appraisal system in KNH is fair									

Source: Research Data

The table above shows the rotated component matrix which is a matrix of the factor loadings for each variable onto each factor. Because these are correlations, possible values range from -1 to +1. Factor loadings less than 0.4 have not been displayed because we asked for these loadings to be suppressed. This makes the output easier to read by removing the clutter of low correlations that are probably not meaningful anyway. It is important to note that before rotation, most variables loaded highly onto the first factor and the remaining factors didn't really get a look in.

However, the rotation of the factor structure clarifies things considerably: there are ten factors and variables load very highly onto only one factor.

Now we look at the content of questions (variables) that load onto the same factor to try to identify common themes. The questions that load highly on factor 1 seem to all relate to the role of the supervisor. Therefore we might label this factor *role of the supervisor*. The questions that load highly on factor 2 all seem to relate to management roles; therefore, we might label this factor *management role*. The five questions that load highly on factor 3 all seem to relate to individual role; therefore, we might label this factor *individual role*. The questions that load highly on factor 4 all seem to relate to rewards and recognition; therefore, we might label this factor *rewards and recognition*. The questions that load highly on factor 5 all seem to relate to working conditions; therefore, we might label this factor *working conditions*. The questions that load highly on factor 6 all seem to relate to remuneration; therefore, we might label this factor *remuneration*. The questions that load highly on factor 7 all seem to relate to communication; therefore, we might label this factor *communication*. The questions that load highly on factor 8 all seem to relate to benefits; therefore, we might label this factor *benefits*. The questions that load highly on factor 9 all seem to relate to career development; therefore, we might label this factor *career development*. Finally, the questions that load highly on factor 10 all seem to relate to culture; therefore, we might label this factor *culture*. This analysis seems to reveal that the initial questionnaire, in reality, is composed of ten sub-scales: role of the supervisor; management roles; individual role; rewards and recognition; working conditions; remuneration; communication; benefits; culture; and career development. Therefore, based on the findings it is indicative that the survey questions were able to measure employee satisfaction in a balanced way. In addition, the ten constructs are sub-components of employee satisfaction.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

The purpose of this study was to identify factors that affect job satisfaction among the nursing staff at KNH. The study used a survey design targeting a sample of 506 (30 %) of the total hospital nursing population.

5.1 Summary

The objective of the study was to establish factors affecting job satisfaction .The factors included remuneration, working conditions, workload, empowerment, communication, interpersonal relations, among others. Nursing duties are labour intensive and require appropriate physical working conditions to facilitate provision of quality service. Sound leadership and clear communication of organization goals and objectives are essential for the attainment of set objectives and optimum performance. Employees further expect adequate compensation for work done, realistic workloads and duties that are challenging and interesting. It is also imperative that staff get reward by way of promotion or receive recognition for good performance.

Empowerment among the nurses is limited due to their large numbers and the heavy workload they handle -65% reported that their workload was unrealistic and 58% reported that they were not given authority to make decisions.

Job security appears to be a major determinant of those choosing to stay at KNH and so is conducive work environment.

5.2 Conclusion

Based on the findings of the research, the majority (74.9%) of nursing profession is largely dominated by female employees. Most of them were at their most productive ages (21to 45 years) and were serving at middle management positions in the various departments in the hospital.

Among the eleven factors the nurses were asked to assess regarding their satisfaction, it was only in four that at least fifty percent of the respondents expressed satisfaction. These were treatment by supervisor (76%), teamwork/cooperation (67%), career development (62%) and individual employee's role (52%). The rest of the factors were considered satisfactory by respondents within the range of forty to forty nine percent. Whether these translate to sound leadership by hospital management is not clear.

The lowest assessed factors were communication (35%), recognition and reward system (36%) and training programme (38%). The fact that over half of the respondents indicated that interdepartmental communication was inadequate raises concern on effectiveness of the communication channels at the hospital. Although overall satisfaction in career development was rated high, almost half of the respondents stated the hospital appraisal system was unfair. The on going training for staff was rated low and it is not clear what contributes to this state of affairs.

Although more than half of the respondents expressed satisfaction on employee's role, around half stated they have no authority to make decisions. The hospital does not provide adequate resources to facilitate provision of quality service as indicated by 55% of the respondents.

More than half of the respondents indicated that there were no rewards for good work, no promotion for good work done and that there was inadequate recognition for achievement. Also over 60% said salary was inadequate. It appears like recognition and the reward system in the hospital may have not been consistently applied.

The hospital provides good physical working environment. However, the staff felt the workload and deadlines were unrealistic and not commensurate with their remunerations even though the available benefits particularly medical and house allowance were quite attractive. On the overall, the level of satisfaction among the nursing staff was average.

5.3 Recommendations

Retention of highly specialized nurses at KNH is critical in realizing its vision of being the regional centre of excellence in the provision of quality health care. Retention can only be achieved by maintaining adequate levels of job satisfaction. In order to fulfill this, the hospital management needs to address the following areas identified by the study as wanting.

5.3.1 Remuneration

The financial package needs continuous review to meet the nurses' expectations. In addition clear policies related to salary increments and benefits should be put in place and observed. Collective bargaining agreements (CBA) should be honoured and implemented immediately they are concluded. Further more, rewards and advancement should be linked to performance. Non- monetary performance related reward incentives be considered for implementation. These could include introduction of monthly reporting and publishing of excellent performers in the organization's newsletter and award of certificate to the best performers, and identify and develop talent and assign them challenging roles.

5.3.2 Communication

Management should create an environment where open communication is the norm. Frequent communication to employees should be made of all business objectives and any organization/departmental changes that are effected. Further, computerization and networking of systems to facilitate E-mail in intranets should be undertaken to ensure instant dissemination and sharing of information. Lastly but most important, feedback from staff should be encouraged.

5.3.3 Workload

The hospital management should ensure optimum staffing to facilitate realistic workload to minimize stress on the existing capacity. Attainment of the WHO recommended staff to patient ratios will facilitate adequate coverage of patient needs, leading to provision of quality services. According to Toscano(1998),heavy workloads lead to frustration and stress leading to burnout which is a significant contributor to job dissatisfaction.

5.3.4 Empowerment.

The nurses should be involved in decisions involving their work, goal setting and problem solving. The nurses will be motivated to do their jobs well if they have ownership and are responsible for outcomes. Empowerment will facilitate prompt decision making as well as solve problems in a timely manner.

5.3.5 Resource allocation.

The hospital management should ensure that adequate equipment and materials are availed to facilitate provision of quality services. The hospital's equipment should be in working condition. Lack of complimentary inputs leads to frustration and stress among staff

5.4 Limitations of the Study

The study was limited to Kenyatta National Hospital and not extended to other public health institutions. Further, even though the response rate was high some of the respondents could have completed the questionnaires as an obligation and not provision of honest feedback hence inconsistencies-85% would recommend KNH as an employer and at the same time 65% indicate that the salary was not commensurate with their responsibilities. Information from staff in other hospitals offering same services could have assisted to compare if indeed the salary at KNH are not in line with responsibilities.

5.5 Suggestion for Further Study

To obtain valuable information a study targeting nurses with the intention of leaving should be conducted. This can possibly be done through conducting exit interviews.

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Appendix I: Questionnaire

Please tick () inside the box as appropriate.

PART I: BIO DATA

Sex: Male () Female ()

Marital status: Married () Single ()

Level of education: Primary () High School ()
 College () University ()

Age: 19 – 25 () 26 – 35 () 36 – 45 () 46 – 55 ()

Job Group: K5 and above () K8 – K6 () K11 – K9 ()

PART II: FACTORS AFFECTING JOB SATISFACTION

Please tick () inside the box as appropriate

1. **Nurses perception of KNH's Leadership and Planning.** To what extent do you agree/disagree with the following statement?

	Statement	Strongly Disagree 1	Disagree 2	Undecided 3	Agree 4	Strongly Agree 5
1	I have confidence in the leadership of KNH					
2	KNH sets clear and achievable goals					
3	Management does not practice favouritism					
4	Management implements what it says					

2. **Corporate Culture.** To what extent do you agree/disagree with the following statement?

	Statement	Strongly Disagree 1	Disagree 2	Undecided 3	Agree 4	Strongly Agree 5
1	Providing quality service is a top priority at KNH					
2	Management encourages individual initiatives at KNH					
3	KNH encourages me do my best everyday					

4	Duties are and responsibilities are clearly defined at KNH					
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3. Communications. To what extent do you agree/disagree with the following statement?

	Statement	Strongly Disagree 1	Disagree 2	Undecided 3	Agree 4	Strongly Agree 5
1	Management communicates KNH corporate decisions in a timely manner					
2	I feel I can trust what KNH tells me					
3	I often feel that I know what is going on in the organization					
4	There is adequate communication between departments					
5	Management regularly provides feedback					

4. Career Development and Advancement. To what extent do you agree/disagree with the following statement?

	Statement	Strongly Disagree 1	Disagree 2	Undecided 3	Agree 4	Strongly Agree 5
1	KNH provides adequate orientation to new employees					
2	KNH provides continuous professional education to its employees					
3	I have the skills, knowledge and training required to do my job					
4	I have a clearly established career path at KNH					
5	The performance appraisal system in KNH is fair					
6	KNH's Promotion Policy is fair					

5. Recognition and Rewards. To what extent do you agree/disagree with the following statement?

	Statement	Strongly Disagree 1	Disagree 2	Undecided 3	Agree 4	Strongly Agree 5
1	If I do good work I can count on being appreciated					
2	I feel I am valued at KNH					
3	KNH gives enough recognition for work that's well done					

4	My salary is fair for my responsibilities					
5	I am given enough authority to make decisions					
6	I feel part of a team working towards a shared goal					

6. **Working conditions.** To what extent do you agree/disagree with the following statement?

	Statement	Strongly Disagree 1	Disagree 2	Undecided 3	Agree 4	Strongly Agree 5
1	KNH provides equipment to enable me work properly					
2	My physical working conditions are good					
3	Deadlines at KNH are realistic					
4	My workload is reasonable					
5	I can keep a reasonable balance between work and personal life					

7. **Supervisor.** To what extent do you agree/disagree with the following statement?

	Statement	Strongly Disagree 1	Disagree 2	Undecided 3	Agree 4	Strongly Agree 5
1	My supervisor is quite competent in doing his/her job as a Manager					
2	My supervisor treats me fairly					
3	My supervisor treats me with respect					
4	My supervisor handles my work-related issues satisfactorily					
5	My supervisor asks me for my input to help make decisions					
6	My supervisor gives me feedback on my performance					

8. **Overall, how satisfied are you with your work in KNH? (Please tick one number)**

1	Very dissatisfied ()
2	Dissatisfied ()
3	Undecided ()
4	Satisfied ()
5	Very satisfied ()

9. **Benefits.** To what extent do you agree/disagree with the following statement?

	Statement	Strongly Disagree 1	Disagree 2	Undecided 3	Agree 4	Strongly Agree 5
1	The Medical Cover is adequate					
2	Mortgage scheme is appropriate					
3	Car loan scheme is fairly administered					
4	Personal loan guarantee is provided					
5	House Allowance is adequate					
6	Leave allowance is adequate					

PART III: SUGGESTIONS

1. **What makes you want to stay at KNH**

- Job security
- Training opportunities
- Conducive working environment
- Benefits
- Any other (specify)

2. **What changes, if any, would you like made to KNH's benefits package?**

3. **Would you recommend employment at KNH to a friend?**

Yes No

4. **What can KNH do to increase your satisfaction as an employee?**

Appendix II: INTRODUCTION/LETTER FORWARDING
QUESTIONNAIRE

11th October, 2008

The Chief Nurse
KNH

RE: SATISFACTION SURVEY - MRS J. K. ONG'AYO

I am a student of the University of Nairobi pursuing an MBA Program. As part of the requirement for the award of an MBA degree, I am required to undertake a research project.

In this regard, I have enclosed five hundred and six (506) questionnaires to be completed by the nurses whose Personal Numbers appear on the list.

I shall appreciate if the nurses take time to complete the questionnaire. Their specific answers will be treated as completely anonymous. However, their views will be very important in my research.

J. K. Ong'ayo (Mrs)



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P.O. Box 30197
Nairobi, Kenya

DATE.....

TO WHOM IT MAY CONCERN

The bearer of this letter JOYCE K. ONG'AYO.....

Registration No: D61/P/8576/05.....

is a Master of Business Administration (MBA) student of the University of Nairobi.

He/she is required to submit as part of his/her coursework assessment a research project report on a management problem. We would like the students to do their projects on real problems affecting firms in Kenya. We would, therefore, appreciate if you assist him/her by allowing him/her to collect data in your organization for the research.

The results of the report will be used solely for academic purposes and a copy of the same will be availed to the interviewed organizations on request.

Thank you.

DR. W.N. IRAKI
CO-ORDINATOR, MBA PROGRAM

Appendix IV

KENYATTA NATIONAL HOSPITAL'S NURSING STRUCTURE

JOB GROUPS

