

ORIGINAL PAPER

Job Satisfaction and Work Environment of Primary Health Care Nurses in Ekiti State, Nigeria: an Exploratory Study

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Abstract

Background: Job satisfaction, quality of work environment and morale of health practitioners is beginning to receive attention worldwide.

Objectives: This study examined the nature of the work environment of community health nurses, and determined the level of job satisfaction among these nurses. It further explored the relationship between work environment and job satisfaction of these nurses, and perceived factors in the work environment that would increase their job satisfaction.

Methods: A descriptive cross-sectional design was employed. The study was conducted in public primary health care facilities in Ekiti State, Nigeria. All the 216 nurses in these facilities were recruited but only 161 nurses responded to the instrument administered. A 58- item semi-structured questionnaire was used to survey nurses currently practicing in the above health setting. Data analysis was done using descriptive and inferential statistics.

Results: Findings from the study revealed the mean score of nurses' perception of their work environment to be 64.65 ± 19.77 . Forty four percent (44%) of the nurses perceived their WE as of an average quality while 31% reported high quality WE. A majority (67.1%) of the nurses had low degree of job satisfaction while only few nurses (3.1%) reported high degree of satisfaction with job. A significant positive strong correlation was found between overall work environment and the general job satisfaction of the nurses ($r = 0.55, p = < 0.01$). "Provisions of modern equipment for work" and "increment/prompt payment of salary" were the most prominent factors in work environment that the nurses perceived as capable of increasing their job satisfaction (54.7% and 49.7% respectively). The least reported factor was "recommendation when one does a good job" (1.9%).

Conclusion: The study concluded that a healthy work environment for nurses in the primary health care settings is an important factor in improving work satisfaction, reducing turnover intention and improving nursing care outcomes.

Keywords: Job Satisfaction, work environment, turnover intention.

Introduction

Job satisfaction, quality of work environment and morale of health practitioners is beginning to receive attention worldwide. The efficiency of an organization depends largely on the morale of the employees. Job satisfaction of the

health workers is said to be highly important in building up employee motivation and efficiency as higher job satisfaction determine better employee performance and higher level of patients' satisfaction (Alemshet et al., 2011). It has been observed that when health professionals are satisfied with their job as a

result of presence of key elements in the workplace that strengthen and support the workforce, rates of absenteeism and turnover intent usually decrease, staff morale and productivity increase and work performance as a whole improves (ICN, 2007; Bjork et al., 2007; El-Jardali et al., 2009; Park & Kim, 2009).

Job satisfaction generally describes how content an individual is with his/her job or the feelings people have about their jobs. The most focal employees' attitude is job satisfaction and employees have views about various aspects of their job, their career and for whom they work (Jayasuriya et al., 2012). In the literature there are many other definitions on job satisfaction. The online business dictionary defined job satisfaction as contentment (or lack of it) arising out of interplay of employee's positive and negative feelings toward his or her work (Business Dictionary, 2012). According to Greenberg & Baron (2000), job satisfaction is determined by the total amount of positive and negative perceptions of employees with regard to their working environment. Quality work environment on the other hand have been linked to nurses job satisfaction, organizational commitment and subsequent intention to remain employed (Ingersol *et al.*, 2002; Ezeja *et al.*, 2010; O'Biren – Pallas, 2010 & Jayasuriya *et al.*, 2012).

The provision of a conducive and quality work environment has been cited as the most important influence of job satisfaction for rural nurses (Almalki, FitzGerald & Clark, 2012; Jayasuriya *et al.*, 2012). Institutional effectiveness will not remain unhindered when poor quality work environment thus cause employee dissatisfaction with job with the usual resultant high turnover which can force a reduction in job performance. The cost of recruiting and training new employees may be an overwhelming task when turnover is high. Primary health care nurses' dissatisfaction with their job will invariably have a significant public health implication considering the fact that this group of nurses form the largest percentage of trained health care giver in the rural communities of the developing countries. A study on job satisfaction among physicians as reported by Omolase et al. (2010) indicated that prolonged dissatisfaction may result in health problems for health care giver and that

employees who are satisfied with their work are claimed to likely report high satisfaction in their marriages and fewer psychiatric symptoms. Reported correlated of physicians' satisfaction with general life satisfaction was also observed to be reciprocal, as people who are satisfied with life were reportedly better satisfied with their job and those that are satisfied with their job tend to be satisfied with life (Omolase et al., 2010).

Since the Alma-Ata declaration, countries around the world (Nigerian inclusive) have made considerable efforts in trying to bring health to all through national health policies and plans have been formulated and implemented by governments of these countries based on Primary Health Care principle. In a bid to make basic health services accessible to her citizenry, Nigeria fully joined the world wide movement to adopt and implement a national primary health care programme in 1986 (Tope-Ajayi, 2004; Omoleke, 2010). Bearing in mind the interplay between conducive work environment and job satisfaction, implementation of the Primary Health Cares policy/programme or of any other health programme that aims to improve the quality of health of Nigerians will be defective if appropriate and quality work environment and committed and satisfied team are not developed and placed in their right context for efficient service delivery where everyone feels that he or she is an important stakeholder who must make significant contributions.

Community health nursing as a product of decades of responsiveness and growth has a practice adapted to accommodate the needs of a changing society like Nigeria and has consistently maintained its goal of improving community health worldwide. The dart of nurses especially in the primary health care setting in Nigeria is evidently a multifactorial issue and can be rightly associated with a combination of factors that have direct relationship with what can be clearly seen in terms of the work environment for nurses in this setting. The need for community health nurses is increasing as health care reform shifts the care of people with chronic illness from institutions (hospital or clinic) to their own homes, the school, and the workplace. The incurability of most chronic illnesses also shifts the focus to the caring aspect of health care, and nurses are key

providers of this care. The primary health care programme in Nigeria specifically call for an increase in the demand for nurses in the community setting; declining nursing school enrolment is also a common experience since nursing is not made attractive to the young generations and this can potentiate the shortage in nurses workforce. Better job opportunities exist for qualified nurses even in other fields of human endeavour or in other countries and young qualified nurses are availing themselves of the opportunities by migrating en mass to pick up non nursing jobs within Nigeria or travel overseas for greener pasture. Nurses occupy a central position in the health care delivery system. Nurses interestingly form a larger percentage of the health workforce at all healthcare settings in Nigeria. If the goals of our national health policy in improving access to healthcare for the community are to be achieved, the health care delivery system in Nigeria as well as the National Health Policy will need to give high priority to developing effective workforce strategies that focus on three core elements: improving recruitment, helping the existing workforce perform better, and slowing the rate at which health workers (nurses specifically) leave the workforce as recommended by the WHO in the 2006 World Health Report (WHO, 2006).

Empirical data on nurses' work environment in the community health care settings and the contributions of these to level of job satisfaction especially in Nigeria is scarce; hence this study was designed to assess job satisfaction and nature of work environment of nurses in the primary health care settings in Nigeria. The results of this study will guide policy makers on healthcare issues and nursing executives in developing a work environment with the work characteristics known to be linked to job satisfaction and positive effect on patient's care.

Materials and Methods

A descriptive cross-sectional design was employed. The study was conducted in 303 primary health care facilities in Ekiti State, Nigeria. All the 216 nurses in the primary health care facilities were recruited but only 161 nurses responded to the instrument administered. A 52-item semi-structured questionnaire was used to survey nurses currently practicing in primary

health care setting in Ekiti State. Reliability coefficient of the instrument was found to be 0.97.

A structured list of questions adapted from the World Health Professions Alliance (WHPA, 2008) checklist on positive practice environment for health care professionals was used to assess five facets of nurses' work environment: "professional recognition", "management practices", support structure in the workplace", "education and career advancement", and "occupational health and safety". Work environment (WE) score were computed using thirty one, 5-point likert-scale of: poor (1), fair (2), average (3), good (4), and excellent (5) such that the maximum score obtainable was 155. These scores were then transformed to percent equivalents of raw score. Nurses that scored $\geq 70\%$ were grouped as having high quality work environment, 40-69%, average quality WE, and $< 40\%$, low quality WE.

Job satisfaction of the nurses was assessed with a 20 question short form of the Minnesota Satisfaction Questionnaire (MSQ) scored on a 5-point scale: Very dissatisfied (1), Dissatisfied (2), Neither (3), Satisfied (4), and Very Satisfied (5) giving a total obtainable score of 100. Level of nurses' job satisfaction was grouped into three categories of high degree of satisfaction ($\geq 70\%$), average degree of satisfaction (40-69%), and low degree of satisfaction ($< 40\%$) similar to the MSQ scoring system by Weiss et al.(1967).

Ethical approval for this study was obtained from the Health Research Ethics Committee of the Institute of Public Health, Obafemi Awolowo University, Ile Ife, Nigeria (protocol number IPHOAU/12/01) and the authority of the Ekiti State Primary Health Care Development Agency (Ref. EK/PHCDA/ADM.288/6), the supervisory body for the primary health care facilities / centres where the study was conducted. Informed consent of individual participants was obtained prior to the onset of the survey, the survey was anonymous and participation was voluntary. Data analysis was done using descriptive and inferential statistics.

Results

A total of 161 filled questionnaires were retrieved out of 216 administered, giving a

response rate of 75%. The 161 respondents comprised of 20 males (12.4%) and 141 females (87.6%). The ages of the respondents ranged from 22 to 62 years with a mean of 40.75 years. Most of the respondents (135, 85.4%) were married, 20(12.7%) were single, and 3(1.9%)

were widowed. A total of 141(88.8%) nurses held a diploma certificate in either general nursing only or General Nursing with other diploma courses, 15(9.4 %) held a university degree while only 3(1.9 %) had a Master of Science degree(Table 1).

Table 1: Socio-demographic characteristics of community health nurses in Ekiti State

Characteristics	N (%)	X(SD)	Range
Age Range (yrs) (N= 161)		40.75(10.52)	22-62
21-30	43(26.7)		
31-40	29(18.0)		
41 and above	89(55.3)		
Sex (N=161)			
Male	20(12.4%)		
Female	141(87.6%).		
Marital Status (N=158)			
Single	20(12.7)		
Married	135(85.4)		
Divorced/Separated/Widowed	3(1.9)		
Highest Nursing Educational Qualification			
MSc/MNSc	3(1.9)		
BSc/BNSc	15(9.4)		
Diploma Cert. in Nursing	143(88.8)		
Professional Qualification (multiple responses allowed)			
Registered Nurses	127(50.2)		
Registered Midwives	108(42.7)		
Registered Public Health Nurses	7(2.8)		
Registered Occupational Health Nurses	10(4.0)		
Registered Paediatric Nurse	1(0.4)		
Present Professional Status			
Nursing Officer II(NOII)	10(6.2)		
Nursing Officer I (NOI)	15(9.3)		
Senior Nursing Officer (SNO)	17(10.5)		
Assistant Chief Nursing Officer	20(12.4)		
Chief Nursing Officer (CNO)	99(61.5)		
Years of Qualification		16.54(9.72)	2-40
0-5	24(14.9)		
6-10	39(24.2)		
11-15	7(4.4)		
Above 15 years	91(56.5)		

Figure 1: Respondents' perception of the nature of their work environment

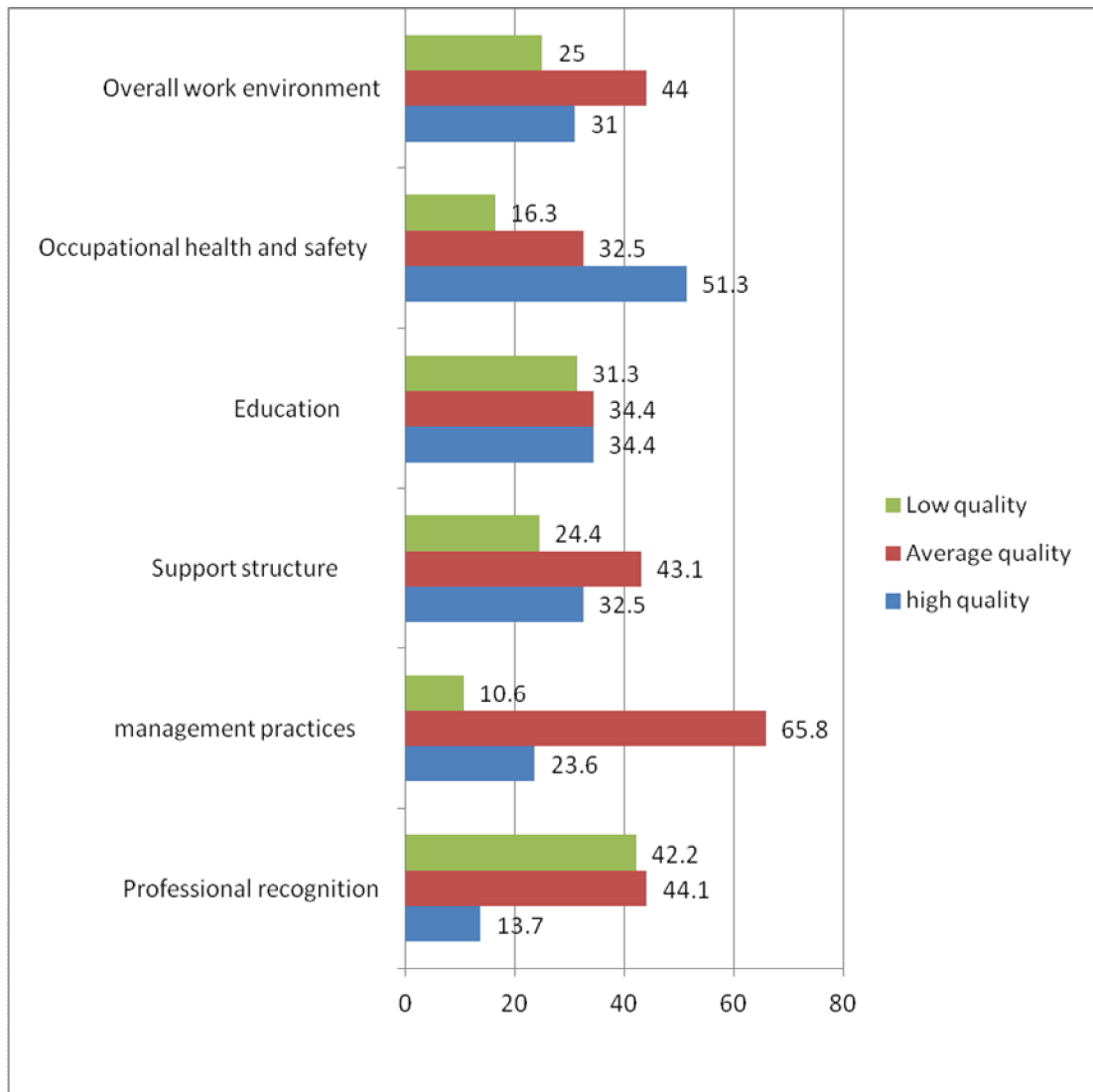


Figure 2: Status of Nurses' job satisfaction

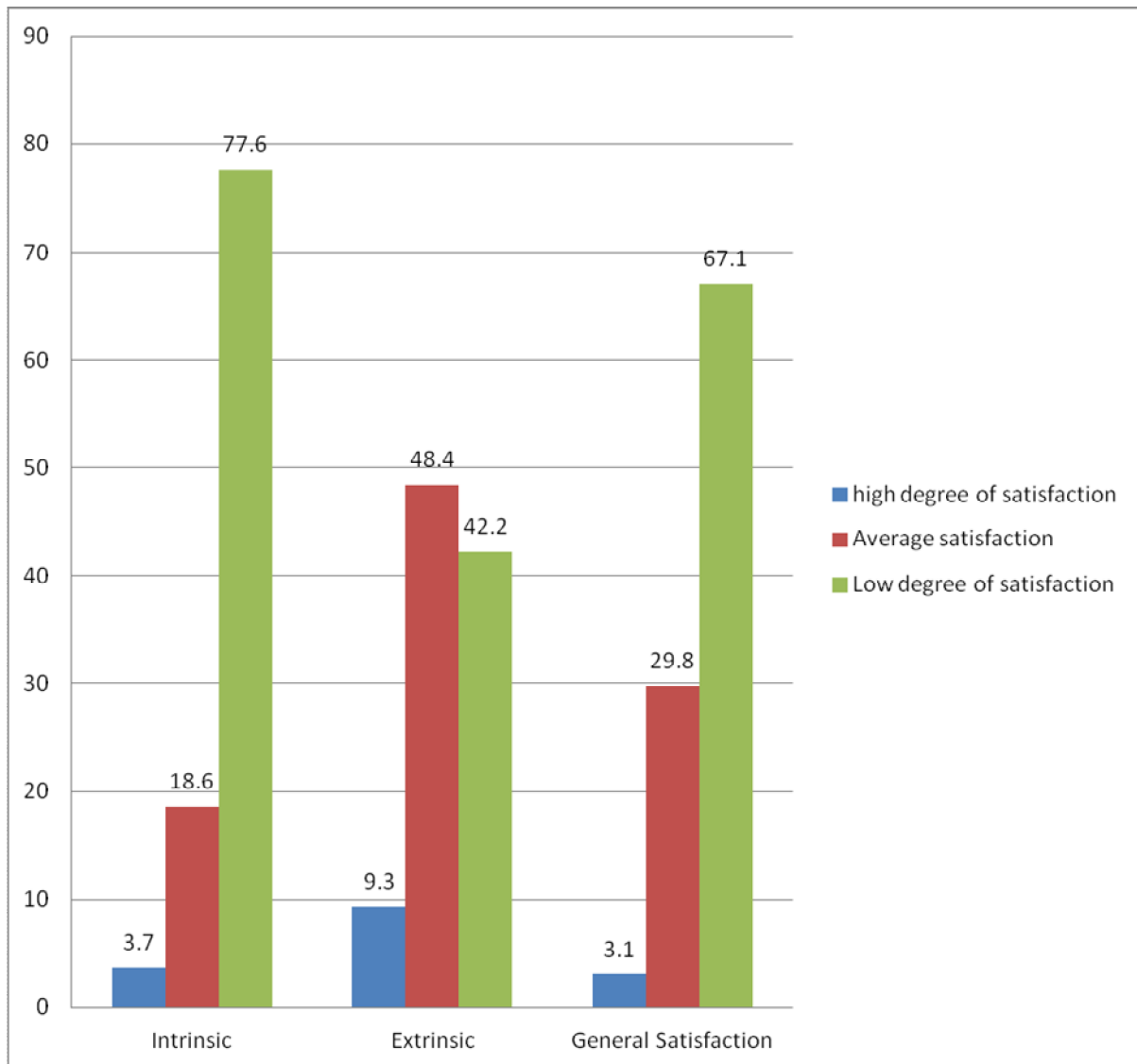


Table 2: Correlations among facets of work environment and facets of job satisfaction

Work Environment	Job Satisfaction		
	Intrinsic Job Satisfaction	Extrinsic job Satisfaction	General Job Satisfaction
Professional Recognition	.33**	.57**	.46**
Management Practices	.35**	.64**	.50**
Support Structure in the Workplace	.37**	.62**	.52**
Education and Career Advancement	.33**	.40**	.39**
Occupational Health and Safety	.13	.46**	.30**
General Work Environment	.39**	.67**	.55**
Age of Nurses	-	-	.03
Experience in years	-	-	.13
* = p < 0.01			
** = p > 0.05			

Table 3: Respondents perceptions of factors that can increase job satisfaction

Factors	Frequency	%
Better and modern equipment for work	88	54.7
Increment/prompt payment of salary	80	49.7
Provision of skilled staff(employ more staff)	70	43.5
Provision of social amenities such as portable water, electricity	67	41.6
Improve education, sponsored workshop and seminars	44	27.3
Promoting standard and safe workplace	39	24.2
Promotion of staff as at when due	22	13.7
Good interpersonal relationship among workers	10	6.2
Recommendation when one does a good job	3	1.9

Note: Multiple responses allowed

Findings from the study revealed the mean score of nurses' perception of their work environment to be 64.65 ± 19.77 . Forty four percent (44%) of the nurses perceived their WE as of an average quality while 31% reported high quality WE. Five facets or aspects of work environment that were indentified from literature and measured in this study are: "professional recognition", "management practices", support structure in the workplace", "education and career advancement", and "occupational health and safety". In the 'professional recognition' facet of work environment, 44.1% of the nurses perceived the quality of their work environment as average, 42.1% recorded low quality work environment while only 13.7% rated high quality for their work environment. A majority of the nurses (65.8%) reported average quality for the 'management practices' facet of their work environment and only 10.6% reported low quality. Findings on the 'support structure' facet of nurses work environment revealed that 43.1%

perceived their work environment to be of average quality while 24.4% perceived the environment as low quality. On the 'education and career advancement' facet of work environment, the same number of the nurses recorded both high and average quality (34.4%), and the remaining 31.2% recorded low quality work environment. Findings on the 'occupational health and safety' facet of nurses work environment revealed that more than half of the nurses perceived the environment as of high quality(51.3%), 32.5% rated the environment as average quality and 16.3% perceived it as low quality(figure 1).

A majority (67.1%) of the nurses had low degree of job satisfaction while only few nurses (3.1%) reported high degree of satisfaction with job (figure 2). A significant positive strong correlation was found between overall work environment and the general job satisfaction of the nurses($r = 0.55$, $p = < 0.05$). However, there was weak and non significant positive association between nurses general job

satisfaction and age ($r = 0.03$, $p = 0.71$) and nurses' general job satisfaction and years of experience ($r = 0.13$, $p = 0.11$) (Table 2).

Table 3 shows summary of respondents' perceptions of factors that can increase job satisfaction. "Provisions of modern equipment for work" and "increment/prompt payment of salary" were the most prominent factors in work environment that the nurses perceived as capable of increasing their job satisfaction (54.7% and 49.7% respectively). The least reported factor was "recommendation when one does a good job" (1.9%).

Discussion

Nurses in this study were predominantly female, above 40 years in age and held a diploma certificate in either general nursing only or General Nursing with other diploma courses. The dearth for younger nurses who probably possess university degree in nursing in the primary health care settings may not be unrelated to the fact that this group is more comfortable working in tertiary health care institutions where better working conditions and better job satisfaction are obtainable. Furthermore, majority of these nurses were Chief Nursing officer which is the highest cadre in nursing hierarchy in the clinical area of primary health care setting. There is the probability that these highest cadres of nurses are part of the community nurse / midwives that have just been recruited to complement shortage of nurses in the community health care setting in Nigeria.

The influence of a healthy practice environment on health services with respect to better worker performance, satisfactory patient outcomes and general innovation has been generously documented in studies in both developed and developing countries (Beecroft, Dorey & Wenten, 2008; Park & Kim, 2009; Ezeja et al., 2010; O'Brien – Pallas & Doran, 2010). Studies conducted by Jayasuriya *et al.* (2012) and one by Almalki, FitzGerald and Clark (2012) specifically reported the provision of a conducive work environment as the most important influence of job satisfaction for rural nurses in a Low and Middle income Country (LMIC). The results of this study suggest that majority of the nurses perceived their work

environment as of an average quality. Of the five facets of work environment addressed in the study, the management practices and the support structure as perceived by the nurses had the highest levels of quality as compared with the levels of the professional recognition and education/career development facets, which were ranked relatively lower.

The level of the quality of the occupational health and safety facet of the nurses work environment was perceived by the nurses as the least addressed by their facilities. An important aspect of work environment is the perception the nurses (who are mostly females) had of physical security. In this study, the measure of occupational health and safety included items on safe staffing level and personal security of nurses. This study thus provides empirical evidence on the issue of personal security of nurses working in primary health care facilities in Nigeria. However, this study did not assess work environment across different health care settings, therefore further studies are needed to validate the difference in the level of work environment by type or level of facility.

Nurses' Job satisfaction has received considerable worldwide attention especially in the developed world because of their documented influence on patient safety and health outcomes (Lucas, Atwood and Hagaman, 1993; Lum et al., 1998; Lu, While, and Barriaball, 2008). According to Pilay (2009), job dissatisfaction has frequently been cited as the primary reason for a high turnover of nurses as well as increased rates of absenteeism. Findings of this study revealed that a majority of nurses had low degree of satisfaction with job. These findings are consistent with findings of a number of previous studies where nurses were not satisfied with their work life (Kanai-Pak, 2008; Pilay, 2009; Jayasuriya et al., 2012). This may be the reason behind paucity of manpower particularly nurses in the community health care setting and the un-abating internal and external migration of Nigerian nurses.

Findings also specifically showed that the nurses were least satisfied with extrinsic rewards of job as compared with the intrinsic aspect of job. The intrinsic aspects of job are described as situational factors associated with the work itself. These include outcomes directly derived from work such as the nature

of their jobs, achievements in the work, promotion opportunities, and chances for personal growth and recognition. The extrinsic rewards of job as compared with the intrinsic aspect of job include organizational policies, supervision, salary, interpersonal relations and other general working conditions. This aspect of job consists of variables that relate to the workers' environment and can minimize dissatisfaction with work if properly handled (Jayasuriya et al., 2012).

It has been established that any form of migration-internal or external can exacerbate the existing geographical misdistribution of nurses in developing countries (El – Jardali et al., 2009). Even in the presence of clear cut evidence that Nigeria health facilities are losing their nurses at an increasing rate, there is no evidence of how many nurses are lost to internal or external migration and how many are leaving the profession. The developed countries have not hesitated to capitalize on our peculiar situation and they have designed desirable methods of attracting the best of our highly skilled nurses who have been endlessly hoping for such conditions as better wages, quality working conditions, opportunities for professional advancement and benefits (Hongoro & McPake, 2004; Zurn & Dal, 2004).

The Relationship between Work Environment and Job Satisfaction of Nurses

Quality/ healthy work environment have been linked to nurses' job satisfaction and intention to remain employed (O'Brien–Pallas & Doran, 2010). The results of this study revealed that there was a significant positive strong correlation between overall work environment and the general job satisfaction of nurses. This significant positive association signify that the higher the nurses level on the perceived nature of general work environment, the higher their status on general job satisfaction and the lower the nurses level on perceived nature of general work environment, the lower their status on general job satisfaction. These findings corroborate the assertion of Jayasuriya et al., (2012) and Almalki, FitzGerald and Clark (2012) that the provision of a conducive work environment is the most important influence of job satisfaction for rural nurses.

Given the pivotal role that nurses play in determining the efficiency, effectiveness and

sustainability of health care systems, it is important to understand what motivates them and the extent to which the organization and other contextual variables satisfy them. Furthermore, in order to reduce the nurses' intent to leave and encourage those who are currently in place to be productive, nurse managers will need to urgently pay more attention to improving the aspects of the work environment that will positively impact nurses job satisfaction and improve commitment of nurses especially at the grass root primary health care settings.

Perceived Factors in Work Environment that can Increase Nurses' Satisfaction with

Job

Several factors were offered as capable of increasing nurses' satisfaction with job. Provisions of better and modern equipment for work and increment/prompt payment of salary were the most prominent factors in work environment that the nurses perceived as capable of increasing job satisfaction. These were closely followed by provision of skilled staff (employ more staff) and provision of social amenities such as portable water, electricity. Other factors cited include improvement in opportunity to for more education/sponsored workshop/ seminars, promoting standard of practice and safe workplace, security of health workers etc. These are consistent with various positive job factors that have been identified as capable of increasing job satisfaction in any organization (El–Jardali et al., 2007; O'Biren – Pallas, 2010; WHO, 2010 & Jayasuriya *et al.*, 2012).

Conclusion

Quality work environment as an important factor for job satisfaction and turnover intention of community health nurses has provides insights about issues in the nursing profession needing attention in Nigeria. Data from this study revealed that issues of quality work environment and job satisfaction among nurses particularly those in the rural community health care settings should be taken seriously if marked improvement of primary health care delivery with the accompanied positive health outcomes

for the general consumers of health care services is desired. Policy makers may find data useful when designing plans to improve work environment and increase the level of job satisfaction among Nigerian nursing professionals. Specific emphasis on improvement of working conditions, training, salaries and promotion of Nigerian nurses particularly those in the community health care settings cannot be overemphasized.

Implications for Nursing Practice

This study has identified the nature of the quality of the work environment and the contributions of these to the level of job satisfaction among nurses in the community health care setting in Nigeria. Creating and maintaining a healthy work life for nurses working in primary health care settings is very important to improve work satisfaction, reduce turnover, enhance productivity and improve nursing care outcomes for the consumer of health care services. To achieve this giant stride, the status of nurses in Nigeria in terms of job satisfaction and developing professionally in a positive work environment thus becomes a practical exercise and should be clearly spelt out through formulation of comprehensive policies in the health sector. There will require for official reporting mechanism about nursing practice area in Nigeria through the use of proper surveillance system from which accurate judgments can be made.

Healthcare providers especially nurse managers also need to recognize that re-strategizing for effective service delivery in primary health care settings require Nurse Managers that can advocate more with management for the support of policies and programmes that will foster more productivity of the nursing staff. Nurse leaders should be supported with resources commensurate with their scope of responsibilities and also have access to key decision making fora within healthcare organizations. Since they are vital keys to the retention of satisfied staff, this will adequately position them within key operational and governance bodies of the organization in order to inform and influence decisions that affect nursing practice and the environment in which it is practiced.

Healthcare organizations need to also provide support for and access to educational

programmes to ensure that all cadres of nurses develop and enhance knowledge and abilities in: skilled communication, effective decision making, true collaboration, meaningful recognition, and ensuring resources to achieve appropriate staffing as supported by the American Association of Critical-Care Nurses (AACN, 2005) standard for healthy working environment.

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