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Factors affecting job satisfaction among nurses working in Ondo state

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Abstract

The level of satisfaction received on the job is highly essential in the discharge of duty. Nurses' respected level of job satisfaction improves turnover, commitment, and patient satisfaction. This study assesses factors affecting job satisfaction among nurses at the University of Medical Science Teaching Hospital, Ondo, Nigeria, to identify factors responsible for job satisfaction. The study utilizes the Index of Work Satisfaction with few modifications. Questionnaires were distributed to 154 sample respondents across different units of the hospital. Cronbach's Alpha is used to validate the internal consistency of the instrument. Data coding and cleaning were done using Microsoft Excel, and analysis was done with SPSS (version 23). The percentage is used to explore the responses. In contrast, independent sample t tests and one-way analysis of variance are used to assess variations across different sociodemographic groups of the respondents. Results show that higher percentages of the respondents are dissatisfied with their job because of issues relating to salary and benefits. Workload and Administrative & management bottlenecks also sometimes contribute to job dissatisfaction. Professional pride and colleague relationships are not significant factors that affect job satisfaction. To retain the best hands in the hospital, the management is advised to constantly look into issues relating to salary and benefits for the nurses. They are also advised to look into the processes and procedures for career advancement and pay upgrades in the hospital.

Keywords Factors, Influencing, Job, Nurses, Satisfaction

Introduction

Evaluating the difference between reality and expectation enables workers to examine their level of satisfaction with their jobs [14]. Job satisfaction is the feeling a worker has through experiences of the job about previous experiences and options available [57]. Findings have suggested that external factors influence satisfaction obtained on the job. Literature [20, 54] suggested it could relate to psychological problems. Job dissatisfaction may be as result of health challenges a worker faces [21] or from family [23]. It is pertinent to pay necessary attention to job satisfaction to retain qualified nurses

in a system. Like never before, the healthcare industry worldwide faces a shortage of registered nurses. Various reasons have been attributed to this shortage, especially in less developed countries with its attending economic challenges [64]. From 1.537 per 1000 in 2005, the ratio of nurses to patients in Nigeria has drastically reduced to 1.179 per thousand in 2018 [70].

The level of satisfaction among nurses working in different units varies. An American study [11] reported that pediatric nurses tend to be most satisfied, while those in the emergency unit are least satisfied with the demand of their work. Other studies [9, 61] reported age to have a negligible effect on job satisfaction, while [71] found that older nurses feel more satisfied with their job. There are conflicting reports on the impact of experience on the job and the levels of job satisfaction. Some reported that less experienced nurses derive more satisfaction on the job [5,

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30], while some reported that satisfaction derived on the job is higher among more experienced nurses [71].

The level of satisfaction obtained on the job in any organization should always be a significant concern for the management team. Its importance is so much that it has been included among programs for improving the quality of healthcare service providers in some organizations [3]. Identifying factors that may deter healthcare workers' satisfaction on the job will ensure that quality care is achieved for the workers, which will improve the job's effectiveness and efficiency [27]. Dissatisfied workers are less efficient and effective in discharging their daily duties. Since nurses provide much-needed care to the patient, it is highly counterproductive and dangerous for them to be dissatisfied with their job.

In recent years in Nigeria, various government agencies at different levels need to pay more attention to the plights of the workforce in general and nurses in particular. Until recently, health workers in Osun state were paid half their salary. In Ondo state, salary payment, which naturally is expected to be a function of time, has become unpredictable. The state government pays only a fractional percentage of deserved salary to its workforce, most of whom rely on cooperative loans. In the last four years, the health workers have gone on industrial action several times without achieving much. Industrial action in the form of a strike has recently been a significant tool for workers to demonstrate dissatisfaction with their job [39]. This action always ends up negatively impacting the general populace, especially those from lower economy cadres who need help to afford the services of private hospitals [40].

Besides irregularities associated with salary payments, studies [34, 60] have shown that many socio-cultural variables (gender, marital status, age, qualification, etc.) contribute to nurses' satisfaction. All these dissatisfactions have led to a continuous brain drain of nurses in the health sector in Nigeria in general and are more problematic in Ondo state. Several wards/units have collapsed in several government-owned hospitals, and the government is not making efforts to employ new nurses into public service to replace those who had left. With all the aforementioned probable challenges facing nurses in general, nursing staff at the University of Medical Sciences, Teaching Hospital (UniMedTH), Ondo, are not left out. This study is both timely and essential to have firsthand information on the satisfaction level among nurses at the hospital. The results of this study will likely assist the hospital's management to take relevant actions necessary to improve the level of satisfaction among nurses working at the University. This will increase the productivity level and patient satisfaction. Specifically, this study intends to identify: (i) factors affecting the satisfaction of nurses and

(ii) the level of satisfaction among nurses across some selected social-demographic (age, department/unit, specialty, length of service, gender, educational qualification, level/status). To achieve this, the following research questions are proposed:

- i. What are the factors affecting the satisfaction of nurses?
- ii. Is there a significant difference among nurses across some selected social-demographic (age, department/unit, speciality, length of service, gender, educational qualification, level/status, etc.) variables?

Since experience on the job is highly essential in health care management in general and for nurses in particular, it is highly essential to have highly motivated and committed nursing staff in any hospital. The rate of resignation and relocation to foreign countries for greener pastures among nurses in Nigeria is currently at its peak, but that of government-owned hospitals in Ondo State is incomparable. The working environment is becoming unfriendly, and the rate of incessant industrial actions by health workers is very high.

Although the attrition of nurses because of economic reasons may not be reduced, it is imperative always to seek to improve the job satisfaction of those who are still in service so that their work performance will improve, thereby improving the standard of patient care, which also leads to improved patient satisfaction [45]. This study is, therefore, significant in identifying factors that affect the level of satisfaction among nurses in Ondo State, using the UniMedTH in Ondo as a case study.

The scarcity of healthcare workers in many countries worldwide, now and in future, is a source of concern for society's stakeholders [2]. The satisfaction of healthcare employees is severely impacted, especially in developing countries. This is among the justifications for the desire to relocate to countries with better working conditions [32]. This is one of the reasons for brain drain in developing countries. In particular, job satisfaction as a concept in the healthcare sector has become a threat that surrounds the profession worldwide due to the challenging environment. Most workers in the sector are exposed to varying hazards as patients continually seek better and improved health conditions from diverse infestations. Therefore, the safety of nurses in particular and all healthcare providers in all require constant prioritizations. Most nurses seek alternative employment when their objectives and needs are not achieved and they are dissatisfied at work. Findings from this study will be of immense advantage for policymakers to keep abreast of different germane factors causing nurses job satisfaction.

To achieve the stated objectives, the following hypotheses are postulated:

H_1 Socioeconomic status of a nurse working with UniMedTH affects job satisfaction.

H_2 Job satisfaction level among nurses on the payroll of UniMedTH is affected by different institutional policies.

Theoretical framework

Modern organizations strive to improve productivity levels through efficient job design by providing non-monetary rewards to address the ever-increasing difficulty and responsibility of one's work. The job design theory, which has a direct impact on job satisfaction, productivity, and workplace and work climate improvement, is the theoretical foundation for this study. In an organizational setting, job design is the systematic and planned distribution of responsibilities across team members, groups, and individuals. Task relevance, task identity, autonomy, skill variety, and work feedback are components of job design, according to [62]. These factors are stimulants to job satisfaction and commitment for employees. The theory is based on a mix of work approach and job content that has been implemented in job performance [16].

Several techniques for improving employee performance are included in the theory. Prominent ones are job enrichment, self-managing teams (autonomous teams), job enlargement, job rotation, and high-performance work design. Other strategies include participative management, performance review, and job reengineering [53]. The theory employs job rotation and job enlargement to address concerns such as low employee morale and performance due to job monotony and boredom [53].

The theory assumes that two factors play significant roles in promoting job satisfaction and ultimately improving the quality of performance in an organization. One of the factors is that the theory aims at integrating ways in which changes in job characteristics like supervisory support, autonomy, workload, etc., contribute to better job satisfaction and, hence, improve efficiency [65]. The second factor is that the theory includes greater employee inner motivation and happiness [41]. In this theory, the management teams are expected to understand job characteristics that can improve the efficiency and effectiveness of workers and ensure that they realize their potential. The theory is depicted in Fig. 1.

Literature review

All over the world, around 60 million employees are employed by healthcare service providers around the

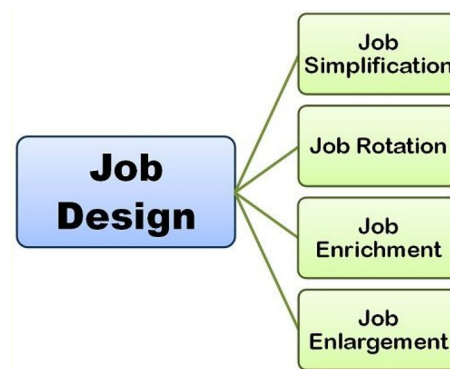


Fig. 1 Job design theory

world [59]. Most of these people are exposed to a variety of health and safety risks, ranging from natural and organic vulnerabilities to poor workplace safety and psychological factors. The scarcity of healthcare workers in many countries across the world is a source of concern for society's stakeholders [2]. Satisfaction among these sets of employees is severely impacted, particularly in developing nations. This has caused migration and brain drain in developing countries where highly qualified workers move to developed countries for greener pastures. This may be connected to the work environment and job fulfillment. Recently, [10] acknowledged that happiness at work is acquired over time as a result of the motivational strategies used in the workplace by nurses rather than the overnight phenomenon. An important factor influencing an employee's intention to stay in their current position when it comes to employee engagement with hospitals and where they choose to work is their level of satisfaction on the job [18]. Other factors like salary, stress pattern, and autonomy on the job had been reported to affect job satisfaction [28, 44, 48].

Literature [13, 28, 31] has reported a relationship between work environment and job satisfaction. Because it influences society at large, the concept of work environment and job happiness is gaining more relevance in our everyday existence [2]. In an earlier study [49], it was reported that responsibility, recognition, and training are the major variables that motivate nurses, but these factors are not present in many developing nations.

According to [24], job satisfaction has different definitions and academic frameworks. In this study, we assess some reported factors that affect job satisfaction levels among nurses.

Sociodemographic characteristics of the nurses

In this study, we assume that gender, age, marital status, time spent on duty, qualification, and years of experience

may affect job satisfaction among nurses. These are among the factors considered in [4].

Age

A study of nurses in the United States, England, Germany, and Scotland [56] revealed that about a third of nurses younger than 30 years quit their job in the first 12 months because of a lack of satisfaction with the job. Other study [7] claims that older nurses in the Western world are more satisfied with their job than younger nurses due to the perks that come with a long career, such as higher pay, better benefits, and professional success.

Gender

Most men enter nursing school with an aspiration to continue to medical school without realizing that the two professions are not the same, and they usually feel frustrated and dissatisfied when things do not go their way [66]. In Nigeria, like most other African countries, nursing is viewed as primarily a female profession because women are linked with caring. It was reported in [33] that male nurses usually feel frustrated because women usually hold the position of authority largely because the profession is women-dominated. This puts pressure on males because most women in higher positions tend to put a lot of pressure on their subordinates, which frustrates men and leads to job discontent [8].

Marital status

Because man is a social being who must perform a social responsibility, the marital status of an individual employee should be a source of worry [1]. Nonetheless, most nurses' marriages are affected by work pressure and hostile work schedules, and by the time these nurses reach adulthood, more than 60% of them are divorced or single parents as a result of role conflict and ambiguity [26]. Another research [47] reported that married nurses are happier in their jobs than single nurses. This could be a result of the inner fulfillment that comes with marriage as a result of the partner's support system.

Years of experience

Years spent on work are naturally expected to be a major determinant in the position and rank occupied by nurses. Hence, position and rank attained are assumed to influence satisfaction on the job. According to research [35], employees at higher positions in businesses have a higher level of job satisfaction than those in lower ones.

Level of education/qualification

In recent years of modernization and sophistication, the demands of modern nurses are dynamic, necessitating the need for training and education [55]. Nurses with

Doctor of Philosophy (Ph.D.) degrees and even professorial degrees are now commonly found in the classroom educating children. Although a person's high degree of education may give them a sense of accomplishment, it is unclear how this correlates to success [58].

Time on Duty

In hospitals where the staff strength of nurses is far below required the standard, nurses are usually forced to work outside normalcy without any form of additional encouragement by the management. As such, this may reduce satisfaction level on the job the nurse enjoys.

Institutional factors influencing job satisfaction

Many management and institutional factors could have effects on the level of job satisfaction among nurses. Some of these factors are discussed in this section.

Remuneration

The relevance of remuneration to job satisfaction cannot be overemphasized. A major assertion of job satisfaction is that if an employee's salary is too low, they are more likely to grow frustrated and unable to be motivated to put in their best, eventually leaving for one with a higher remuneration [48, 50]. Among many other factors, [6] reported that remuneration is a significant factor in job satisfaction. In Nigeria, most of the reported strike action embarked upon by various unions is usually related to remuneration and allowances.

Workers in high-paying companies are more likely to stay than those in low-paying companies because if the incentives are not enough to improve their standard of living, they will be unhappy and resort to something else, either fighting it or leaving the company to work somewhere where they will be treated fairly [37].

Promotion

Mayhew [43] reported that promotion has a strong relationship with job satisfaction. In nursing, promotion is typically not based on merit, but rather on the number of years of service and the level of education required by the policy at hand [55]. In an organization, when workers are promoted, loyalty and excitement are fostered, all of which contribute to job satisfaction [38]. It brings a sense of belonging and professional fulfillment to an organization.

Motivation

Motivation is the process of inspiring people to take action to achieve a specific objective. When nurses are unsatisfied with their jobs, they tend to be indifferent to certain hospital decisions, jeopardizing the patient's life [67].

Supervision

Studies have linked effective supervision to job satisfaction, organizational commitment, and employee retention [12]. In the past, nursing supervision was very strict, but with today's generation and modern nursing, such leadership style has failed to solve the topic of job satisfaction [69]. Abusive supervision, which conflicts with ethical supervision, hurts job satisfaction influencing quit intentions and increasing hospital turnover [52].

Teamwork

Activities in nursing require efficient coordination and a high level of interaction between and within units [46]. While assessing the effect of teamwork on job satisfaction on a sample of nurses in the United States, [63] reported that increased teamwork leads to safer and higher-quality care, which was strongly linked to job satisfaction.

While some researches focused on remuneration-related factors as measure of job satisfaction [44, 48, 50], others focused on the organizational and environmental structures [19, 28, 29]. In this study, we assess multiple factors from individual to organization perspectives as measures of job satisfaction among nurses.

Methodology

Data collection

This study utilized the non-experimental survey methodology to assess factors that may affect the job satisfaction of nurses in the service of the UniMedTH, Ondo. An advantage inherent in the methodology used in the study is that responses are obtained directly from the response unit. The Index of Work Satisfaction [61] was used to examine the job satisfaction level of respondents. Considered items are observed on a five-point Likert scale from Strongly Agree (1) to Strongly Disagree (5).

The target population for this study are nurses in the service of the UniMedTH, Ondo, Nigeria. The entire nursing staff on the payroll of the hospital constitute the study's target population (N). The sample size for the study is determined using Yamane's formula:

$$n = \frac{N}{1 + N(e)^2}$$

n is the sample size, N is the population size (total number of nurses in the service of UniMed TH = 250), e is the precision level (0.05).

Therefore,

$$n = \frac{250}{1 + 250(0.05)^2} = \frac{250}{1.625} = 153.85 \approx 154.$$

Hence, 154 questionnaires are administered to nurses across various units/departments in the hospital. Data

cleaning was achieved by paired-wise deletion of missing responses from the questions. This reduced the total number of validated responses to 143, representing 92.86% of the sample size. The internal consistency of the research instrument is evaluated using Cronbach's alpha statistics [15]. Data explorations are done using simple percentages, while the independent sample t test assesses differences in responses for bivariate sociodemographic characteristics of respondents. In contrast, a one-way analysis of variance is used to assess variations in responses across other sociodemographic backgrounds of respondents.

The independent sample t test is used to test the hypothesis of equality between two independent populations. The data used to carry out the test should be sampled independently from the two populations being compared. In this study, the test is used to compare responses obtained from dichotomous characteristics (gender and marital status) of respondents. The t-statistic to test whether the means are different can be calculated as follows:

$$t = \frac{\bar{X}_1 - \bar{X}_2}{S_{X_1X_2} \sqrt{\frac{1}{n_1} + \frac{1}{n_2}}}$$

$$\text{where } S_{X_1X_2} = \sqrt{\frac{(n_1-1)S_{X_1}^2 + (n_2-1)S_{X_2}^2}{n_1+n_2-2}}$$

Hypotheses

H_0 The mean responses from the two groups are not significantly different.

H_1 The mean responses from the two groups are significantly different.

Also, the one-way analysis of variance is used to compare mean responses from characteristics of respondents with more than two options (age group, qualifications, etc.). The process assumed that observations are collected from each group independently and that the responses from a group are independent of responses from another group.

Social demographic details of respondent

The research instrument is validated using Cronbach's alpha reliability test [15]. From the 44 items considered in the study, the reliability test results show that the instrument is quite reliable, with a relatively high internal consistency indicated by Cronbach's alpha value of 0.741. Details of the socio-economic background of the respondents are presented in Table 1. As expected, 86.7% of the total respondents are female, confirming that the

Table 1 General Sociodemographic details of respondents

Characteristics	Frequency (%)
<i>Gender</i>	
Male	19 (13.3%)
Female	124 (86.7%)
<i>Age (years)</i>	
30 or younger	58 (40.6%)
31–35	51 (35.7%)
36–40	16 (11.2%)
41–45	12 (8.4%)
46 and above	6 (4.2%)
<i>Marital status</i>	
Single	27 (18.9%)
Married	116 (81.1%)
<i>Hours spent on duty</i>	
Less than 8 h	25 (17.5%)
8 h	49 (34.3%)
More than 8 h	69 (48.3%)
<i>Nursing qualification</i>	
RN	29 (20.3%)
RM	5 (3.5%)
Dual	28 (19.6%)
Degree	72 (50.3%)
Masters/PhD	9 (6.3%)
<i>Years worked as a nurse</i>	
5 or less	53 (37.1%)
6–10	63 (44.1%)
11–15	20 (14.0%)
16–20	2 (1.4%)
21 or more	5 (3.5%)

female gender dominates the nursing profession. The highest percentage of respondents are 30 or younger, while those in the age group 31–35 are ranked second. Overall, over 75% (three-quarters) of respondents are 35 years or younger, implying that in every four nurses working with the hospital, three are 35 years or younger. Above 80% of the total respondents are married. Only 17.5% spend less than 8 h on duty on average, while most

spend more than 8 h. More than half (50.3%) of nurses working with the hospital are degree holders, while about 20% have dual qualifications. Of the years of experience as a nurse, 44.1% have worked between 6 and 10 years, and only 3.5% have worked for more than 21 years.

Results

Responses obtained for different groups of items are presented below. Using descriptive statistics and the overall sum of responses obtained for each item based on the considered items on a five-point Likert scale from Strongly Agree (1), Agree (2), Neutral (3), Disagree (4), and Strongly Disagree (5). A lower sum or mean indicates agreement with the item.

Salary and benefits

Considering items related to salary and benefits, Table 2 shows that respondents are not very satisfied with their current salary status and generally have the impression that the nurses working with the hospital are dissatisfied with their pay. It is also observed that the respondents feel that their pay could be more reasonable compared to the service they are expected to render. They mostly agree that the current rate of salary increment in the hospital is unsatisfactory and mostly feel neutral to the comparison of nurses' pay in other hospitals. Based on the responses obtained, the nurses feel a need for a pay upgrade for nursing personnel on the hospital's payroll.

From the preceding, it is evident that nurses working with the hospital are unsatisfied with their salary and benefits. This factor can therefore culminate in job dissatisfaction.

Since salary and benefits have been found to be responsible for job dissatisfaction among nurses, we explore further to assess variations in responses across different groups.

From Table 3, although there are variations in average response on items related to salary and benefits, only the response on the first item (*My present salary is satisfactory*) is significant, with female nurses showing more disagreement with a higher mean (4.48) than male (3.37). Male nurses show more agreement with lower mean

Table 2 Items relating to Salary and Benefits

S/N	Item	Sum	Mean
1	My present salary is satisfactory	619	4.33
2	Many nursing personnel at this hospital are dissatisfied with their pay	274	1.92
3	Considering what is expected of nursing service personnel at this hospital, our pay is reasonable	580	4.06
4	The present rate of increase in pay for nursing service personnel at this hospital is not satisfactory	285	1.99
5	From what I hear about nursing service personnel at other hospitals, we at this hospital are being fairly paid	429	3.00
6	An upgrading of pay schedules for nursing personnel is needed at this hospital	206	1.44

Table 3 Independent Sample t test for Gender Differences

Item	Gender	Mean	t-Stat	P value
1 My present salary is satisfactory	Male	3.37	-4.427	0.000
	Female	4.48		
2 It is my impression that a lot of nursing personnel at this hospital are dissatisfied with their pay	Male	1.95	0.124	0.902
	Female	1.91		
3 Considering what is expected of nursing service personnel at this hospital, the pay we get is reasonable	Male	3.79	-1.157	0.249
	Female	4.10		
4 The present rate of increase in pay for nursing service personnel at this hospital is not satisfactory	Male	2.26	1.154	0.251
	Female	1.95		
5 From what I hear about nursing service personnel at other hospitals, we at this hospital are being fairly paid	Male	3.53	1.781	0.077
	Female	2.92		
6 An upgrading of pay schedules for nursing personnel is needed at this hospital	Male	1.16	-1.488	0.139
	Female	1.48		

scores on items 3 and 6, while female nurses show more agreement on items 2, 4, and 5.

Variation in responses from the marital status is presented in Table 4. From the table, only item 1 has significantly different responses from the married and single nurses, with single ones agreeing more. Single nurses agree more with items 1, 3, and 6, while married nurses agree more with items 2, 4, and 5.

There is a significant difference in the responses on item 2 among the five age groups as shown in Table 5. Older respondents believe that most nurses are dissatisfied with their pay. Although most respondents are not satisfied with their current salary, the satisfaction level is higher among younger nurses. Most of the older nurses also agree more on the need for an upgrade of pay for nurses compared to the younger ones.

Table 6 shows that there is a significant difference in the responses obtained from nurses working for

different hours at work for items 1 and 3. Those who spend more time at work are more dissatisfied with their current salary. They also disagree more with item 3. (*Considering what is expected of nursing service personnel at this hospital, our pay is reasonable.*) Although the difference is insignificant, those who spend more time at work believe more in need for pay upgrades than those who spend less time.

A significant difference is only observed for item 1 among nurses with different qualifications, as shown in Table 7. Respondents with higher qualifications show more dissatisfaction with their present salary and believe more that there is a need for a pay upgrade.

Although there is no significant difference in the six items on salary and benefits among nurses with different years spent as a nurse as shown in Table 8, those who have spent more time are more dissatisfied with their current pay. Respondents with more

Table 4 Independent Sample t test for Marital Status Differences

Item	Gender	Mean	t-Stat	P value
1 My present salary is satisfactory	Single	3.74	-3.245	0.001
	Married	4.47		
2 It is my impression that a lot of nursing personnel at this hospital are dissatisfied with their pay	Single	1.93	0.048	0.962
	Married	1.91		
3 Considering what is expected of nursing service personnel at this hospital, the pay we get is reasonable	Single	3.89	-0.892	0.374
	Married	4.09		
4 The present rate of increase in pay for nursing service personnel at this hospital is not satisfactory	Single	2.11	0.620	0.537
	Married	1.97		
5 From what I hear about nursing service personnel at other hospitals, we at this hospital are being fairly paid	Single	3.19	0.765	0.445
	Married	2.96		
6 An upgrading of pay schedules for nursing personnel is needed at this hospital	Single	1.41	-0.213	0.831
	Married	1.45		

Table 5 Analysis of variance for responses among different age groups

S/N	Items	Age group	Mean	F-Sta	P value
1	My present salary is satisfactory	30 or younger	4.29	0.283	0.888
		31–35	4.25		
		36–40	4.50		
		41–45	4.50		
		46 and above	4.50		
2	It is my impression that a lot of nursing personnel at this hospital are dissatisfied with their pay	30 or younger	1.91	2.514	0.044
		31–35	1.78		
		36–40	2.13		
		41–45	2.67		
		46 and above	1.00		
3	Considering what is expected of nursing service personnel at this hospital, the pay we get is reasonable	30 or younger	4.24	1.230	0.301
		31–35	3.88		
		36–40	4.19		
		41–45	3.67		
		46 and above	4.17		
4	The present rate of increase in pay for nursing service personnel at this hospital is not satisfactory	30 or younger	2.07	0.654	0.625
		31–35	2.04		
		36–40	2.00		
		41–45	1.67		
		46 and above	1.50		
5	From what I hear about nursing service personnel at other hospitals, we at this hospital are being fairly paid	30 or younger	2.79	1.552	0.191
		31–35	3.00		
		36–40	3.69		
		41–45	2.83		
		46 and above	3.50		
6	An upgrading of pay schedules for nursing personnel is needed at this hospital	30 or younger	1.43	1.405	0.235
		31–35	1.63		
		36–40	1.25		
		41–45	1.17		
		46 and above	1.00		

experience are also more dissatisfied with the rate of pay increments.

Administration and management

Table 9 presents obtained responses on items relating to administration and management factors that could affect job satisfaction. On average, respondents agree they would have been more productive and effective if they were only sometimes occupied. Respondents also identified a gap between the optimal delivery of nursing services and the daily administration of the hospitals. In most cases, the nursing personnel do not have control over duty scheduling in the hospital, although they do not agree to be supervised more than necessary. On average, respondents believe the hospital must provide adequate career advancement opportunities despite having excessive responsibilities and lesser authority.

In most cases, average responses obtained for factors relating to the effect of administration and management on job satisfaction hover around 3. Hence, respondents are mostly neutral to issues surrounding administration and management decisions as it affects their job satisfaction.

Among all items under Administration and Management, only item 12 has significantly different responses between male and female nurses. Being a female-dominated profession, with a mean response of 3.10, administrators consult more with female nurses on daily problems and procedures than their male counterparts, with 3.79. There is no significant difference in the responses on the 12 items among nurses of different marital statuses.

For age disparities, however, there are significant differences in responses among different age groups for items 2, 4, 6, 8, 9, and 10. Older respondents believe more that

Table 6 Analysis of variance for responses among different Hours spent at work

S/N	Items	Hours at work	Mean	F-Stat	P-value
1	My present salary is satisfactory	Less than 8 h	4.48	5.188	0.007
		8 h	3.94		
		Above 8 h	4.55		
2	It is my impression that a lot of nursing personnel at this hospital are dissatisfied with their pay	Less than 8 h	1.84	0.465	0.629
		8 h	1.82		
		Above 8 h	2.01		
3	Considering what is expected of nursing service personnel at this hospital, the pay we get is reasonable	Less than 8 h	3.76	5.167	0.007
		8 h	3.80		
		Above 8 h	4.35		
4	The present rate of increase in pay for nursing service personnel at this hospital is not satisfactory	Less than 8 h	2.32	1.397	0.251
		8 h	1.96		
		Above 8 h	1.90		
5	From what I hear about nursing service personnel at other hospitals, we at this hospital are being fairly paid	Less than 8 h	2.72	0.640	0.529
		8 h	3.02		
		Above 8 h	3.09		
6	An upgrading of pay schedules for nursing personnel is needed at this hospital	Less than 8 h	1.56	0.559	0.573
		8 h	1.49		
		Above 8 h	1.36		

there is a gap between daily administration and the challenges of the nursing services at the hospital when compared with younger respondents. Younger nurses agree more with having too much responsibility with smaller authority when their responses are compared with older nurses. Also, older respondents agree more with the opportunity to participate in the administrative decision-making process. At the same time, younger nurses believe they are more frustrated because of programmed activities at the hospital. It is also found that younger respondents tend to do things against their respective professional judgment more than older respondents.

Those who spend more than 8 h on duty feel that they are more supervised than necessary compared to those who spend fewer hours. Those who spend less than 8 h on duty agree that administrators consult with the nursing staff on daily problems and procedures when their responses are compared with those who spend more time.

There are significant differences on items 5 – 11 in responses provided by respondents with different qualifications. Although most respondents agree they could do much better if they did not have so much to do all the time, those with higher qualifications show more agreement. Respondents with Masters/PhD also show more significant agreement that “There are not enough opportunities for advancement of nursing personnel at this hospital.” Nurses with lower qualifications tend to have more negligible contributions to the hospital’s administrative decision-making process. They also have most

of their activities programmed compared to those with higher qualifications.

Results also show that nurses with lower years in service tend to do more clerical and paperwork necessary for nursing personnel when compared with those who have spent longer years.

Professional pride

On average, respondents would wish to be more respected for their skills and knowledge by the physicians; they feel confident about the importance of their services at the hospital daily. It is also observed that respondents have some levels of control in discharging their duties with less input from supervisors and are very confident about the significance of their contribution to the hospital.

Most respondents agree to go into nursing if they have to decide on the choice of profession again. This can be seen as the hallmark of professional pride. Hence, nurses working with the hospital are satisfied with their personal and professional pride. Therefore, factors relating to professional pride are mostly unlikely to be causes of job dissatisfaction among nurses working in the hospital.

Further explorations of disparities of sociodemographic factors on *Professional Pride*, Table 10 shows no significant difference in responses based on gender. On item 12, “*The physicians at this hospital look down too much on the nursing staff*”, married nurses feel more disrespected by physicians than single nurses.

Table 7 Analysis of variance for responses among different Nursing Qualifications

S/N	Items	Qualification	Mean	F-Stat	P value
1	My present salary is satisfactory	RN	4.03	2.981	0.021
		RM	4.20		
		Dual	3.93		
		Degree	4.54		
		Masters/PhD	4.89		
2	It is my impression that a lot of nursing personnel at this hospital are dissatisfied with their pay	RN	2.21	0.943	0.441
		RM	1.20		
		Dual	1.86		
		Degree	1.88		
		Masters/PhD	1.89		
3	Considering what is expected of nursing service personnel at this hospital, the pay we get is reasonable	RN	4.07	0.633	0.640
		RM	4.40		
		Dual	4.04		
		Degree	4.10		
		Masters/PhD	3.56		
4	The present rate of increase in pay for nursing service personnel at this hospital is not satisfactory	RN	2.14	1.593	0.180
		RM	1.00		
		Dual	2.00		
		Degree	2.06		
		Masters/PhD	1.56		
5	From what I hear about nursing service personnel at other hospitals, we at this hospital are being fairly paid	RN	3.07	1.244	0.295
		RM	2.20		
		Dual	3.11		
		Degree	3.08		
		Masters/PhD	2.22		
6	An upgrading of pay schedules for nursing personnel is needed at this hospital	RN	1.59	0.842	0.501
		RM	1.00		
		Dual	1.39		
		Degree	1.47		
		Masters/PhD	1.11		

Professional pride is, however, found to be affected by the age of respondents, with significant differences in responses in 7 (items 1, 2, 3, 4, 5, 8, and 11) out of 13 items. Older respondents agreed more items that indicate they have control over their official responsibilities when compared with younger respondents. The same trend is also observed for years spent as nurses. Significant differences are observed for 6 of the items. Those with more experience agreed more with items (2, 3, 8, 9, 12, and 13) on positive statements on professional pride.

Respondents with lower qualifications feel that more people appreciate the importance of nursing in hospital care, while those with higher qualifications disagree more. Nurses with higher qualifications value the relevance of their contribution to the hospital more than those with lower qualifications. Nurses with lower qualifications, especially those with RM, feel more fulfilled as nurses ready to go into nursing if they had to decide

on their profession all over again. Findings also show that physicians at the hospital are more disrespectful to nurses with lower qualifications (especially midwives).

Relationship with colleagues

Relationships among nurses working with the hospital are cordial on average. During busy periods, nurses agree to mostly have helping hands from colleagues, and it is easier for new nurses to 'feel at home' in different units. There is considerable agreement on cooperation, teamwork, and friendliness among nurses. Also, in most cases, respondents indicate that physicians cooperate with nursing personnel. The table also shows the disagreement of respondents to rank consciousness and experience disparities among nursing staff in the hospital.

In general, there is an appreciable relationship among nursing staff working with the hospital; hence, this may not be a factor responsible for job satisfaction.

Table 8 Analysis of variance for responses among different Years spent as a nurse

S/N	Items	Years spent	Mean	F-Stat	P value
1	My present salary is satisfactory	5 or less	4.08	1.632	0.170
		6–10	4.43		
		11–15	4.45		
		16–20	5.00		
		21 or more	5.00		
2	It is my impression that a lot of nursing personnel at this hospital are dissatisfied with their pay	5 or less	1.79	2.098	0.084
		6–10	2.13		
		11–15	1.40		
		16–20	2.00		
		21 or more	2.60		
3	Considering what is expected of nursing service personnel at this hospital, the pay we get is reasonable	5 or less	4.02	1.240	0.297
		6–10	4.17		
		11–15	3.65		
		16–20	4.00		
		21 or more	4.60		
4	The present rate of increase in pay for nursing service personnel at this hospital is not satisfactory	5 or less	2.19	1.156	0.333
		6–10	1.97		
		11–15	1.70		
		16–20	2.00		
		21 or more	1.40		
5	From what I hear about nursing service personnel at other hospitals, we at this hospital are being fairly paid	5 or less	2.79	0.822	0.513
		6–10	3.05		
		11–15	3.20		
		16–20	3.00		
		21 or more	3.80		
6	An upgrading of pay schedules for nursing personnel is needed at this hospital	5 or less	1.58	0.845	0.499
		6–10	1.41		
		11–15	1.20		
		16–20	1.00		
		21 or more	1.40		

Table 9 Items relating to the relationship with the administration and management

S/N	Items	Sum	Mean
1	There is too much clerical and “paperwork” required of nursing personnel in this hospital	377	2.64
2	The nursing staff has sufficient control over scheduling their own shifts in my hospital	468	3.27
3	I feel that I am supervised more closely than is necessary	500	3.50
4	There is a great gap between the administration of this hospital and the daily problems of the nursing service	296	2.07
5	I think I could do a better job if I did not have so much to do all the time	282	1.97
6	I have too much responsibility and not enough authority	375	2.62
7	There are not enough opportunities for advancement of nursing personnel at this hospital	338	2.36
8	There is ample opportunity for nursing staff to participate in the administrative decision-making process	474	3.31
9	I am sometimes frustrated because all of my activities seem programmed for me	451	3.15
10	I am sometimes required to do things on my job that are against my better professional nursing judgment	505	3.53
11	I have all the voice in planning policies and procedures for this hospital and my unit that I want	459	3.21
12	The nursing administrators generally consult with the staff on daily problems and procedures	456	3.19

Table 10 Items relating to Professional Pride

S/N	Items	Sum	Mean
1	Nursing is not widely recognized as being an important profession	444	3.10
2	Most people appreciate the importance of nursing care to hospital patients	378	2.64
3	There is no doubt whatever in my mind that what I do on my job is really important	276	1.93
4	On my service, my supervisors make all the decisions. I have little direct control over my own work	494	3.45
5	I am satisfied with the types of activities that I do on my job	447	3.13
6	A great deal of independence is permitted, if not required, of me	405	2.83
7	What I do on my job does not add up to anything really significant	561	3.92
8	It makes me proud to talk to other people about what I do on my job	324	2.27
9	I wish the physicians here would show more respect for the skill and knowledge of the nursing staff	278	1.94
10	Physicians at this hospital generally understand and appreciate what the nursing staff does	382	2.67
11	If I had the decision to make all over again, I would still go into nursing	340	2.38
12	The physicians at this hospital look down too much on the nursing staff	421	2.94
13	My particular job really doesn't require much skill or "know-how"	563	3.94

Table 11 shows that few significantly different responses are observed across different sociodemographics of respondents on relationships with colleagues. Male respondents appreciate friendliness and cordiality among colleagues more than female respondents, while female nurses enjoy more freedom and assistance from supervisors than male nurses. There is no significant difference in responses from respondents from different marital statuses. Results also show that older nurses enjoy more cooperation and teamwork from the physicians/doctors working with the hospital when compared with the younger ones.

While nurses who spend less than 8 h on duty can discuss patients' care problems with other nurses, those who spend more than 8 h on duty do not have much time. Also, nurses with lower qualifications are found to be more helpful to one another during a rush than those with higher qualifications. Respondents with lower qualifications observe "rank consciousness" much more than those with higher qualifications.

Nurses with more years of experience enjoy more cooperation with physicians. They also enjoy friendliness and cordiality among fellow nurses much more than younger nurses. Respondents with less experience have less freedom in making important decisions and less reliance on supervisors for backup when compared with those with more experience.

Relationship with patients

Considering various factors relating to job satisfaction based on relationships with patients, nurses agree that they have enough input into the care programs for patients and that there could be an improvement in their delivery if they could spend more time with each patient. This can only be achieved where there is a relatively higher nurse–patient ratio. Nurses would be more satisfied with their service delivery if the working condition and environment were more attractive when more nurses were on hand to attend to the ever-increasing number of patients to care for. Also, from Table 12, nurses are

Table 11 Items relating to Relationship with colleagues

S/N	Items	Sum	Mean
1	The nursing personnel on my service pitch in and help one another out when things get in a rush	317	2.22
2	Physicians in general cooperate with nursing staff on my unit	310	2.17
3	It is hard for new nurses to feel 'at home' in my unit	543	3.80
4	There is a good deal of teamwork and cooperation between various levels of nursing personnel on my service	304	2.13
5	There is a lot of teamwork between nurses and doctors on my own unit	293	2.05
6	The nursing personnel on my service are not as friendly and outgoing as I would like	504	3.52
7	I have plenty of time and opportunity to discuss patient care problems with other nursing service personnel	440	3.08
8	There is a lot of "rank consciousness" on my unit: nurses seldom mingle with those with less experience or different types of educational preparation	502	3.51
9	I have the freedom in my work to make important decisions as I see fit, and can count on my supervisors to back me up	382	2.67

Table 12 Items relating to Relationship with patients

S/N	Items	Sum	Mean
1	I feel I have sufficient input into the program of care for each of my patients	306	2.14
2	I have sufficient time for direct patient care	369	2.58
3	Administrative decisions at this hospital interfere too much with patient care	420	2.94
4	I could deliver much better care if I had more time with each patient	294	2.06

mostly neutral on interferences between the hospital's administration and patient care.

The results show no significant differences in responses obtained across gender, marital status, age, and qualifications of respondents. Respondents that spend more than 8 h on duty have more input into the care program for the patients when compared with those that spend less time. Nurses with more experience are found to have more time for direct patient care and are less affected by administrative interference with patients' care.

Discussion

The analysis shows that most respondents are female, which correlates with the notion that nursing is a female profession because women are generally linked with the heart of caring [33]. It is also revealed that most respondents (76.3%) are below 35. This implies that higher percentages of nurses working in the hospital are in their early ages in the profession; this is also confirmed by responses obtained that 81.2% of the total respondents have less than 10 years of working experience as a nurse. While more than 80% of respondents are married, higher percentages spend more than 8 h at work. Results also showed that about 50 percent of respondents have a first degree.

Salary and benefits

Most respondents are dissatisfied with their current pay and hope for an upward review of their pay grade. They also feel that their pay could be more commensurate with the quality of services they rendered in the hospital. This is in tune with findings from similar studies among nurses [2, 13, 28, 46, 48] where salary was reported to be the significant predominant cause of job dissatisfaction among nurses. The relevance of money for motivation to everyday commitment in Nigeria needs to be addressed. This is primarily due to the prevailing socio-economic situation and the ever-increasing want of the average Nigerian. Like in every other profession, nurses' daily needs are humongous, and they will always seek a better pay package to ameliorate some of these challenges.

Assessment of sociodemographic variations in responses reveals that female nurses are more dissatisfied with their current pay. Married respondents are more

dissatisfied with the rate of pay increase, while single ones indicate more dissatisfaction with their current pay. Nurses with more experience desire pay upgrades much more than those with lower years as nurses with higher qualifications are also found to desire better pay than those with lower qualifications.

Administrative and management

It is observed in this study that the hospital's management needs to provide more opportunity for career advancement for nursing personnel. Load of work affects service delivery as most respondents agreed that they could do much more if they had little responsibility at all times. Every human is bound to have less commitment to duty when faced with excess official tasks without accompanying financial inducement by management. This, in turn, may become frustrating and eventually lead to dissatisfaction on the job. Higher workload among nurses has been reported, especially in state government-owned teaching hospitals [36]. Other studies [6, 17, 46] also linked administrative and managerial support to job satisfaction.

Professional pride

Results from the analysis also reveal that most respondents are satisfied with their professional commitments. Irrespective of their daily challenges, the level of professional pride exhibited by respondents is very high. This is similar to earlier findings [25, 42]. Physician–nurse collaboration has been reported to affect job satisfaction [51]. Although it was revealed that physicians working with the hospital often look down on some nursing staff (especially those with lower nursing qualifications); generally, issues relating to professional pride do not contribute to job dissatisfaction among respondents. Earlier studies have reported that nurses are dissatisfied with their job when they feel devalued [22].

Married nurses feel more disrespected by physicians than single nurses, while older respondents agreed more to having control over their official responsibilities when compared with younger respondents. Nurses with more years of experience agreed more to items on positive statements on professional pride. Generally, nurses with lower qualifications, especially those with RM, feel more

fulfilled as nurses. Findings also show that physicians at the hospital are more disrespectful to nurses with lower qualifications.

Relationship with colleagues

The study finds high cordiality among nurses working in the hospital. Peer support and friendliness in the working environment have been reported to be a significant factor toward job satisfaction [68, 72]. The level of relationship, teamwork and cooperation among respondents with their colleagues is relatively high. Also, [42, 73] reported a high level of cooperation among health workers with their subordinates and supervisors. Older nurses and those with more years of experience enjoy more cooperation and teamwork from the physicians/doctors working with the hospital compared to the younger ones. At the same time, respondents with lower qualifications observe “rank consciousness” much more.

Relationship with patients

This study finds that respondents always have enough input into the care programs of patients. Although the nurses agreed on the need for improvement provided to the patients, they only sometimes have much to do whenever on duty. In most cases, nurses working with the hospital do not interfere with administrative decisions concerning patients.

Conclusion

In this study, items relating to salary and benefits are found to be a major and unanimous cause of job satisfaction across different groups of respondents. Respondents across diverse sociodemographical backgrounds are not satisfied with their current pay and, in most cases, agreed on the need for a better career advancement process and improved pay grade. Productivity in any organization can be improved when the level of satisfaction of workers on the job is optimal. Hence, all management needs to pay attention to any factor that could improve the job satisfaction of the workforce.

The findings in this study contribute to policy formulation and general administration of healthcare institutions and that of nursing personnel in particular. From the preceding, there is an urgent need to see the salary increment for nurses working with the hospital. This will ensure that the services of the best nurses are retained, and salary issues will not be a factor in job satisfaction. Management of the hospital must also look into the processes and procedures for career advancement and pay upgrades. Most of the respondents, especially the midwives and those with degrees, are very dissatisfied with the rate of pay increment for nursing personnel in the hospital.

Limitations of the study

Since this study focuses on the nurses in the service of the University of Medical Science, Ondo, it may be misleading to generalize the results obtained and conclusions drawn from the study to another set of populations. However, the results in the study can serve as a background hypothesis to studies in similar environments.

Policy implication

The administrator and management of the hospital must look into issues relating to time spent on duty. Extra allowances can be provided for those who spend more than necessary time on duty. More nurses are also needed to reduce the tasks and responsibilities of those in the hospital's service. In making management and administrative decisions that will affect nursing services in the hospital, input from all nurses, irrespective of their nursing qualification or years spent in the service, must be obtained. This will improve their sense of belonging and commitment to duty. Physicians working with the hospital should be encouraged to show more respect for nursing personnel in the hospital's payroll, especially as it concerns those with lower qualifications.

Recommendations

Based on the findings of the study, the following recommendations are made:

1. There is an urgent need to see the salary increment for nurses working with the hospital. This will ensure that the services of the best nurses are retained, and salary issues will not be a factor in job satisfaction.
2. The hospital's management must also examine the processes and procedures for career advancement and pay upgrades. Most of the respondents, especially the midwives and those with degrees, are very dissatisfied with the rate of pay increment for nursing personnel in the hospital.
3. The administrator and management of the hospital must look into issues relating to time spent on duty. Extra allowances can be provided for those who spend more than necessary time on duty. More nurses are also needed in order to reduce the task and responsibilities of those in the service of the hospital.
4. In making management and administrative decisions that will have an effect on nursing services in the hospital, input from all nurses, irrespective of their nursing qualification and/or years spent in the service, must be obtained. This will improve their sense of belonging and commitment to duty.
5. Physicians working with the hospital should be encouraged to show more respect for nursing per-

sonnel in the hospital's payroll, especially as it concerns those with lower qualifications.

Suggestions for further studies

Future research can focus on how the lack of essential nursing tools affects job satisfaction among nurses.

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Author contributions

JOO was involved in methodology, data editing, and general coordination. KMA contributed to conceptualization and data collection. AAA was involved in drafting of the write up and data analysis. All authors read the final draft.

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Availability of data and materials

The research instrument and datasets used and analyzed during the current study are available from the corresponding author on reasonable request.

Declarations

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