

FACTORS INFLUENCING JOB SATISFACTION OF REGISTERED NURSES WORKING IN PUBLIC HOSPITALS IN WINDHOEK, NAMIBIA.

SIMON SHALONDA

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for the degree of Masters of Nursing Sciences
in the Faculty of Medicine and Health Sciences
at Stellenbosch University**



Supervisor: Prof Ethelwynn Stellenberg

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DECLARATION

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ABSTRACT

Background: A shortage of professional nurses as a result of turnover and poor retention is a major concern in Namibia. A lack of job satisfaction is related to this problem. The aim of this study was to determine factors influencing job satisfaction of registered nurses working at public hospitals in Windhoek, Namibia. The objectives of the study were to determine job satisfaction of registered nurses through measuring hygiene and motivation factors as described by Herzberg. The research question was: What are the factors influencing job satisfaction of registered nurses working in public hospitals in Windhoek, Namibia?

Method: A quantitative exploratory descriptive design was applied in this study. The target population was the total population of registered nurses with more than one year of working experience. A pilot study was conducted to refine the methodology. A reliable validated Minnesota questionnaire was used to collect the data. The researcher personally collected data. Ethical approval was obtained from the Health Research Ethics Committee (HREC) reference # S18/03/046, the Ministry of Health and Social services and by way of informed consent from participants.

Results: The level of job satisfaction differed among the participants; specifically most participants were dissatisfied with their salaries (60%), working conditions (53%) and the chance for promotion and advancement opportunities (66%). Statistical differences were identified between educational levels and the feeling of accomplishment ($p=0.000$), freedom to use own judgement ($p=0.014$), chance to delegate to others and the chance to be busy at all times ($p=0.031$). Nurses with a Diploma in Nursing were more inclined to be satisfied, while those with a Bachelor Degree Honours in Nursing were less inclined to be satisfied.

Recommendations included an urgent need for promotion and advancement opportunity among nurses, improvement of the working conditions of nurses and to give acknowledgement for performance.

Conclusion: Job satisfaction affects a nurse's performance and working behaviour which in turn may affect patient care.

Key words: Hygiene factors, motivation factors, job satisfaction

OPSOMMING

Agtergrond: 'n Tekort aan professionele verpleegkundiges as gevolg van omset en lae retensie wek groot kommer in Namibië. Werksbevreëdiging word gekoppel aan hierdie probleem. Die doel van hierdie studie was om te bepaal of werksbevreëdiging van geregistreerde verpleegsters beïnvloed word deur higiëniese en motiveringsfaktore wat in staatshospitale in Windhoek, Namibië werk soos deur Herzberg beskryf word. Die navorsingsvraag is: Wat is die faktore wat werksbevreëdiging van geregistreerde verpleegsters beïnvloed wat in staatshospitale in Windhoek, Namibië werk?

Metode: 'n Kwantitatiewe ondersoekende beskrywende ontwerp is in hierdie studie toegepas. Die teikenbevolking is die totale bevolking van geregistreerde verpleegkundiges met meer as een jaar werksondervinding. 'n Loodsstudie is geloots om die metodologie te kon verfyn. 'n Betroubare geldige Minnesota vraelys is gebruik om data te kollekteer. Die navorser het die data persoonlik gekollekteer. Etiese goedkeuring is verkry van die Gesondheidsnavorsingsetiekkomitee (GNEK), verwysing # S18/03/046, die Ministerie van Gesondheid en Maatskaplike Dienste en ingeligte toestemming van deelnemers.

Resultate: Die vlak van werksbevreëdiging het onder deelnemers verskil; die meeste deelnemers was veral ontevrede met hulle salarisse (60%), werksomstandighede (53%) en die geleentheid vir promosie en bevorderingsmoontlikhede (66%). Statistiese verskille is geïdentifiseer tussen opvoedkundige vlakke en die gevoel van prestasie ($p=0.000$), vryheid om eie oordeel te vel ($p=0.014$), geleentheid om aan andere te deleger en die geleentheid om te alle tye besig te bly ($p=0.031$). Verpleegsters met 'n Diploma in Verpleging is meer geneig om werksbevreëdiging te ervaar, terwyl diegene met 'n Baccalaureus Honneursgraad in Verpleging minder geneig is om tevredenheid te hê.

Aanbevelings sluit in: 'n Dringende behoefte vir promosie en bevorderingsgeleenthede onder verpleegsters; verbetering van werksomstandighede van verpleegsters en om erkenning aan hulle te gee.

Gevolgtrekking: Werksbevreëdiging affekteer die verpleegster se werkverrigting en werksgedrag wat weer pasiëntsorg mag affekteer.

Sleutelwoorde: Higiëniese faktore, motiveringsfaktore, werksbevreëdiging

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ABBREVIATIONS

RN:	Registered Nurse
HREC:	Health Research Ethics Committee
MOHSS:	Ministry of Health and Social Services
SPSS:	Statistical Package for Social Sciences

CHAPTER 1:

FOUNDATION OF THE STUDY

1.1 INTRODUCTION

Job satisfaction describes how an individual is satisfied with the job and the more satisfied nurses are within their job, the more fulfilled and productive they are supposed to become (Kabeel & Eisa, 2017:09). Mazurenko, Gupte and Shan (2015:50) believe that job dissatisfaction is the main reason for poor retention of nurses in the profession. Satisfied nurses perform their job with diligence, establish professional goals and improve the quality of care and patient satisfaction. Job satisfaction in nursing has become an issue of international importance and concern, as it relates to employee health, productivity and job performance. Thus it is important for managers to understand how to improve it (Kabeel & Eisa, 2017:10). With the shortage of registered nurses on the increase in the world, Namibia is no exception. The shortage of registered nurses in public hospitals in Namibia has reached a critical and undesirable proportion and is threatening to culminate into poor patient service delivery. The poor service delivery exists due to the high turnover of nurses leaving the public hospitals for private hospitals, as well as leaving the profession permanently (Haoses-Gorases, Jonas & Kapaama, 2014:02).

This chapter introduces one to the background of the study, significance, rationale of the study and a brief of the research methodology which was followed for the purpose of this study.

1.2 SIGNIFICANCE OF THE PROBLEM

Registered nurses play an essential role in the provision of quality health care. They are the key members of the healthcare team and it is important that they are satisfied with their job, to ensure efficiency and productivity of human resources in any organisation (Samachew, Belachew, Tesfaye & Adinew, 2017:01). Job satisfaction among registered nurses has a positive impact on quality customer service rendered. Satisfied nurses are committed and productive. However, in many organisations nursing staff are undervalued and overlooked, despite taking care of patients day and night (Samachew *et al.*, 2017:2). It was necessary that the researcher conducted the study to determine to what extent registered nurses in Namibia were satisfied with their job. There are limited literature available about job satisfaction of registered nurses, specifically in Namibia. The findings from the study will benefit the researcher, participants, the government of the Republic of Namibia and private sector, as recommendations are made which include how registered nurses may be retained.

1.3 RATIONALE

Healthcare delivery is highly labour-intensive and the quality, efficiency and equity of services depend on the availability of skilled and competent health professionals (Awases, Bezuidenhout & Roos, 2013:11). With globalization, migration and epidemic diseases on the increase, professional nurses face many challenges in their daily practice, inclusive of nurse shortages. The worldwide shortage of registered nurses raises the question about the impact of nurse's turnover and the quality of care provided to the patients (Alonazi & Omar, 2013:288). Apart from the shortage of highly skilled nurses, poor staff retention is also an indication of the problem. Dhurup, Van Zyl and Mokhathi (2014:80) are of the opinion that the main reason for the nursing shortage is because nurses are dissatisfied with factors such as poor salaries, abuse by demanding patients, lack of appreciation by medical officers and other health professionals, work overload and pressure, work environmental-related factors and limited advancement opportunities.

Shortage of registered nurses in Namibia's public hospitals is a major concern. Professional nurses resign and leave the profession for various reasons. Haoses-Gorases *et al.* (2014:02) found that despite government efforts to address the shortages by requesting the University of Namibia to increase the enrollment of student nurses and filling all the vacant posts through recruitment, the country remains critically short of professional nurses. Currently, literature about job satisfaction of nurses specifically working in Namibia is limited and the researcher believes that the turnover is due to a lack of job satisfaction. Thus, the researcher believes a research study is required to explore job satisfaction among registered nurses working in public hospitals in Windhoek, Namibia. All the tertiary public hospitals of the country are found in Windhoek. Hospitals with a bed capacity of 830 and more were included in the study.

1.4 PROBLEM STATEMENT

Based on the literature available and supported by Awases *et al.* (2013:11) many African health workers, including Namibians are overworked, demotivated and demoralized. It is evident that the provision of quality health care is declining, due to the high turnover of professional nurses (Ogweyo, 2013:3). In the Namibian context public hospitals are experiencing a high turnover rate of registered nurses. Job dissatisfaction is believed to be the main reason why nurses are leaving the public service. Furthermore, job satisfaction is influenced by hygiene factors that include: co-workers' relationship and working conditions, while motivation factors relate to factors such as the nature of the work itself, responsibility and opportunities for growth and advancement (Herzberg, 1971:58-59). No scientific evidence was available about job satisfaction in the context of the Namibian public hospitals.

Thus, for the purpose of this study, factors influencing the job satisfaction of registered nurses working in two public hospitals in Windhoek, Namibia were explored.

1.5 RESEARCH QUESTION

Grove, Burns and Gray, (2013:140) define a research question as a concise, interrogative statement developed to direct a study that focuses on the description of variables worded in the present tense. The study was guided by the question: What are the factors influencing job satisfaction of registered nurses working at public hospitals in Windhoek, Namibia?

1.6 RESEARCH AIM

The aim of this study was to determine the factors influencing job satisfaction of registered nurses working at public hospitals in Windhoek, Namibia.

1.7 RESEARCH OBJECTIVES

The objectives of the study were to determine whether job satisfaction of registered nurses was influenced by:

- Hygienic factors
 - Relationship between co-workers
 - Supervision
 - Working conditions
 - Salaries
 - Organisation and administration policies
- Motivation factors
 - The work itself
 - Personal growth and advancement
 - Responsibility
 - Recognition
 - Achievement

1.8 CONCEPTUAL FRAMEWORK

The two-factor theory in career and job satisfaction by Herzberg (1971:58) was applied in this study. Herzberg's theory is the most popular model in studying job satisfaction. Herzberg's theory was developed by psychologist Frederick Herzberg in 1959, as a result of findings from qualitative research interviews collected from 203 engineers and accountants regarding satisfaction in their workplace (Köse & Köse 2017:54). The theory explains that there are certain factors in the workplace that cause job satisfaction and job dissatisfaction. Job satisfaction and dissatisfaction do not occur at the same time with one increasing, whilst the other diminishes, though each acts independently towards each other. The absence of

hygiene factors is believed to be the primary cause of job dissatisfaction, while the presence of motivation factors results in job satisfaction. Herzberg's theory was applied as a conceptual framework in this study, because it provided a broader view of job satisfaction in the workplace. Job satisfaction according Herzberg's theory is influenced by hygiene factors such as relationship between co-workers, working conditions, salaries or incentives, organisation and administrative policies and supervision, whereas motivation factors include the work itself, personal growth and advancement, responsibility, recognition and achievement (Herzberg, 1971:58-59). Through the application of Herzberg's theory job satisfaction of registered nurses working in the public hospitals in Windhoek was determined.

1.9 RESEARCH METHODOLOGY

This chapter provides a brief introduction of the research methodology followed. The full description of steps is discussed in detail in chapter 3.

1.9.1 Research design

A quantitative exploratory descriptive design was applied in this study.

1.9.2 Study setting

This study was conducted in its natural setting specifically at the two public hospitals in Windhoek, Namibia. The two largest public hospitals in the country where the majority of registered nurses work are found in Windhoek, the capital city of Namibia. Each hospital has a bed capacity of over 830

1.9.3 Population and sampling

The target population for this study included all registered nurses (N=120) with more than one year working experience employed in the two public hospitals. There was no sampling, as the full population was included in the study.

1.9.3.1 Inclusion criteria

All registered nurses working in the two public hospitals with more than one year of working experience were eligible for the study.

1.9.3.2 Exclusion criteria

Registered nurses working for an agency, on sick leave, holiday or any other type of leave were also excluded from this study.

1.9.4 Data collection tool

A satisfaction questionnaire from Minnesota University which was found to be reliable and was validated was used for the purpose of the study.

1.9.5 Pilot study

A pilot study was done in the Swakopmund District Hospital in the Erongo region, Namibia, before the commencement of the main study.

1.9.6 Reliability

The Minnesota satisfaction questionnaire (MSQ) was proven reliable with the Cronbach alpha test determined at 0.84-0.88.

1.9.7 Validity

Content validity of this study was ensured by the input from the master's degree tutorial, literature review, Health Research Ethical Committee, supervisor and biostatistician. The validity of the study was further supported by a pilot study.

1.9.8 Data collection

The researcher personally collected the data.

1.9.9 Data analysis

The data were captured into Microsoft excel and analysed using Statistical Package for Social Sciences (SPSS) version 25.

1.10 ETHICAL CONSIDERATIONS

The study was reviewed and approved by Stellenbosch University Health Research Ethics Committee (Appendix 1). Further permission was obtained from the Ministry of Health and Social Services, to whom the public hospitals are accountable (Appendix 2 a). The permission was then obtained from the hospitals' management committee (Appendix 2 b & c).

Three ethical principles; respect for person, beneficence and justice guided the researcher during the research process (Grove *et al.*, 2013:164-174).

The participants had the choice to decide whether to participate in the study or not. All participants were asked to sign an informed consent for participation (Appendix 3). Participants were allowed to withdraw from participating at any time of their choice, since participation was voluntary. No names were required from the participants; this was done to ensure the privacy and confidentiality of all participants.

The well-being of all participants was ensured by protecting them from any possible harm or discomfort. Confidentiality and anonymity were ensured. The information obtained from the study was used to make recommendations on how job satisfaction in public hospitals may be enhanced. The results of the study will be disseminated to the participants.

The data obtained for this study are locked and stored on a hard drive with a security password for five years. The hard drive password is only accessible to the researcher and the researcher's supervisor.

Two participants, also senior professional nurses expressed their concern that nursing as a career was declining and they were overwhelmed with emotion by this. They expressed that they are not well appreciated for their good work. One of the two nurses said that they are not even sent for a general health checkup, as it used to be done during the colonial era when managers were supportive, comparing to modern nursing managers. Since the study was only conducted in a hospital milieu setting, the researcher assisted these two participants to find a suitable therapist of their choice. They did not want to be referred to an on-site counselling service at the department of social welfare for counselling.

1.11 OPERATIONAL DEFINITIONS

Employee retention: In this study employee retention means a technique used by an organisation to maintain an effective workforce and at the same time meet operational requirements. It is a systematic effort to create and foster an environment that encourages employees to remain employed by having policies in place that address their diverse needs (Kossivi, Xu and Kalgora, 2016:262).

Hygienic factors: In this study hygiene factors are job context factors which are externally driven that someone does not have much control over; it relates more to the atmosphere in which individuals work rather than the work itself (Rahman, Akhter & Khan, 2017:4).

Satisfaction: With reference to this study satisfaction refers to a sphere of expectations in relation to the company and is therefore a purely subjective notion, but translates into quality of work (Sypniewska, 2013:57).

Registered nurse: In this study registered nurse means a person registered under section 20(2) in order to practise nursing or midwifery in terms of the Namibian Nursing Act, No. 08 of 2004.

Motivational factors: With regard to this study motivation factors are job content factors which characterise activities that the employees really do in their work, their obligation and accomplishments (Rahman *et al.*, 2017:4). Motivational factors help employees recognise their worth and value in a given organisation.

Job satisfaction: In this study job satisfaction refers to a general sense considered as having positive effects that employees experience in the job environment, resulting in positive

behaviours from these experiences (Köse & Köse, 2017:54). It is also about attitudes and feelings employees demonstrate towards their work or the degree to which employees like their job (Samachew *et al.*, 2017:1).

Turnover: With regard to this study turnover refers to cessation of membership within an organisation by an employee who received monetary compensation from the organisation (Alonazi & Omar 2013:289).

1.12 CHAPTER OUTLINE

Chapter 1: Introduction and background

The introductory chapter provides the reader with a background to the study and the research process steps.

Chapter 2: Literature review

This chapter describes the literature related to the research question. The literatures provide an in-depth analysis about known and unknown facts related to job satisfaction in Namibia, South Africa and all around the world. The factors influencing job satisfaction are also described in this chapter.

Chapter 3: Research methodology

This chapter provides an in-depth discussion of the research methodology applied in this study which includes the research design, study setting, population and sampling, data collection instrument, data collection process, pilot study, validity, reliability and data analysis.

Chapter 4: Results

The study results are discussed in this chapter.

Chapter 5: Discussion, recommendations and conclusion

The last chapter of the study focuses on the strength and weaknesses or limitations of the study, the contribution towards and relevance of nursing practice, the implication of findings and recommendations towards the nursing profession as a whole, the government of Namibia and its people. The last paragraph covers the conclusion of the study.

1.13 SUMMARY

Globally the shortage of registered nurses is alarming and Namibia is no exception. Job satisfaction is believed to be the main contributing factor toward high rates of turnover. Job satisfaction can be defined as the degree of a positive effect towards the job and related components. Herzberg's two-factor theory and its application in the study were described in this chapter as a conceptual framework. A brief description regarding the research

methodology was provided, including ethical considerations. Approval to conduct the study was obtained from Stellenbosch University Research Ethics Committee and Ministry of Health and Social Services. Operational definitions related to job satisfaction and the arrangement of chapters were introduced.

Chapter two provides an extensive and insight analysis of literature reviews related to factors influencing job satisfaction and related components.

1.14 CONCLUSION

The worldwide shortage of professional nurses is alarming and job satisfaction is linked to the problem.

CHAPTER 2:

LITERATURE REVIEW

2.1 INTRODUCTION

A literature review is a process whereby the researcher searches and finds relevant research reports, critically appraises the studies and synthesises the study results (Grove, Gray & Burns 2015:163). Job satisfaction of registered nurses has received global attention and has been studied over the last eighty years by various researchers all around the world (Shipley, 2015:34). Nurses make up the largest group of healthcare workers working in healthcare organisations and contribute significantly to the quality and delivery of patient care (Alshmemri, 2014:01). This chapter provides a theoretical framework and background of the study through reviewing the relevant literature related to factors influencing job satisfaction of registered nurses. Job satisfaction is explained in terms of its history, theories, measurement, effects and factors related to it.

2.2 SELECTING AND REVIEWING OF LITERATURES

The review of relevant literature of this study was completed over the period of nine months with the support and input of the research supervisor. Most of the literature reviewed for this research study were cited from primary sources of previous studies and statistical reports that were carried out by different scholars globally. Research dissertations, theses, journal articles and multiple textbooks from the library were utilized and searched. Electronic databases such as PubMed, CINAHL, Google Scholar, International Nursing Index, Index Medicus and Cumulative Index to Nursing and Allied Health were used. The literature was searched to obtain literature referencing job satisfaction of registered nurses. The keywords used in searching articles were: job satisfaction, registered nurses, motivational factors, hygiene factors, employee retention, satisfaction and turnover. The three Boolean operators are simple words such as AND, OR, NOT or AND NOT, were used as conjunctions to combine identified keywords. Grey literatures such as government reports, policies and statements were also used in this study. The literature review used for the purpose of this study is up to date and most references were less than 6 years from date of publication. Sixty-three (65) references were used in this chapter.

2.3 HISTORY OF JOB SATISFACTION

The history of job satisfaction studies dates back to the 19th century. The first job satisfaction research named “Hawthorne study” was conducted by Elton Mayo in Massachusetts in 1924, who explored the effects of observation on workers’ productivity (Alshmemri, 2014:27). In

1935, psychologist Robert Hoppock conducted a survey that primarily focused on job satisfaction related to the nature of the work itself, as well as on the job relationships between co-workers and managers. Prior to the study, Hoppock (1935:47) defined job satisfaction as a combination of psychological, physiological and environmental circumstances that allow employees to mention that they are satisfied with their jobs. In 1940, Minnesota University conducted a satisfaction survey, specifically for nurses, which concluded that job satisfaction is influenced by various factors ranging from staff working hours, salaries, interest in work, opportunity for advancement and promotion (Andrioti, Skitsou, Eklund Karlsson, Pandouris, Krassias & Charalambous, 2017:77).

According to Ugwa and Charity (2016:79) job satisfaction among other health professionals was first conducted on laboratory personnel in the United States of America in 1971. Since 1971 various nursing research studies on job satisfaction in all parts of the world have been conducted. The importance of job satisfaction studies is the effect it has on the quality of patient care, improved patient-care outcome and overall healthcare delivery, and this has been the driving force for many studies (Ugwa & Charity, 2016:79). Furthermore, the attention given to job satisfaction in recent years with regard to nursing research was because of its impact on nurses and their decision to remain in or leave their jobs (Heydari, Meshkinyazd & Soudmand, 2017:128).

2.4 THEORIES RELATED TO JOB SATISFACTION

Libano (2017:17) explains that job satisfaction in nursing is delivered from Maslow's hierarchy of needs theory and Herzberg's two-factor theory. The two theories help individuals to understand their own needs and motives. Herzberg's two-factor theory mainly focuses on employees' motivation and positive feelings towards their job, while Maslow's hierarchy of needs theory matches individual needs to specific levels in satisfying those needs.

2.4.1 Herzberg's Two Factor Theory

Herzberg's two-factor theory examines the relationship between job satisfaction, job dissatisfaction and the potential for employees to remain or leave the organisation (Reukauf, 2018:12). This theory was developed by psychologist Frederick Herzberg in 1959 as a result of an employee attitudes research study that focused on job satisfaction and dissatisfaction at the workplace (Reukauf, 2018:12; Köse & Köse, 2017:54).

In 1959, Herzberg hypothesized that there are various factors that contribute to job satisfaction and job dissatisfaction in an employee's workplace. Unfulfilled hygiene factors usually lead to employee's dissatisfaction and demotivation. The hygiene factors relate to company and administrative policies, quality of supervision, relationship between colleagues, rate of pay,

job security and working conditions. Managers must try their best to increase employee's job satisfaction via equal and fair individual rewarding and by making the nature of work more interesting and more challenging to make sure employees are motivated (Xu, 2015:14).

Herzberg (1971:58-59) concluded that job satisfaction is influenced by motivation and hygiene factors. Motivation factors include factors such as recognition, responsibility, personal growth and advancement, achievement and the work itself. Hygiene factors include those of the organisation and their administration policies, supervision, working conditions, pay and incentives and relationships between co-workers.

2.4.2 Maslow's Hierarchy of Needs

The theory was developed as a result of work done by psychologist Abraham Maslow in 1943. It is one of the most recognized motivational theories (Reukauf, 2018:15). The model postulates that human behaviour is determined in response to a hierarchy of needs (Khosorowshahi & Nejad, 2014:22). The theory states that people are satisfied only if they get what they want and become dissatisfied if they do not get what they want. Individuals reach self-actualisation by completing the five stages of Maslow's hierarchy needs as described by Reukauf (2018:15) are:

1. Physiological needs, that entail basic needs required for human survival include: food, water and shelter
2. Needs for safety, including security and stability
3. Social needs that include love and a sense of belonging
4. Self-esteem that entails respect and recognition and
5. Self-actualisation of persons realising their potential.

A hierarchy of needs is illustrated in the form of a pyramid. The base of the pyramid displays the needs required for human survival as described in stage 1, whilst the apex of the pyramid displays complex needs that a human being can survive without. The basic needs found on the base of the pyramid are sometimes referred to as physical requirements, since a person cannot live without these needs which include: need for water, food and shelter. Once the lower-level needs are met, people can then pursue to a higher level of requirements, such as safety and security (Xu, 2015:13).

2.5 THE CONCEPT JOB SATISFACTION

Job satisfaction and dissatisfaction are functions of physiological and psychological needs (Haile, Guala, Zeleke & Desalegn, 2017:01). Physiological needs refer to hygiene factors that include: pay, supervision, operating procedures, co-workers and communication, whilst psychological needs, relate to motivator factors such as the nature of work, promotion and

contingent rewards. Motivation factors are delivered from the nature of the job itself and not from external rewards that result in satisfaction. The absence of motivation factors leads to lack of satisfaction and not dissatisfaction. The hygiene factors are related to the working environment which are external to the employee and are controlled by another person, rather than by a person self that results in dissatisfaction (Haile *et al.*, 2017:01).

Various researchers have contributed to the study of job satisfaction from many perspectives, contributing to multiple definitions of job satisfaction (Daud, 2016:209). Furthermore, job satisfaction is studied from the fields of humanities, psychology and sociology. Psychologically, job satisfaction is a state whereby an employee has an emotional perception about a situation and reacts with feelings of pleasure or pain. Sociologically, job satisfaction relates to how each employee thinks about her/his work and assesses it (Sypniewska, 2013:57). Heydari *et al.* (2017:128) define job satisfaction as a positive, pleasurable and emotional state delivered from an individual's assessment of their job or job experience. Bekru, Chrie and Anjulo (2017:02) and Ekici, Cerit and Mert (2017:129) further describe job satisfaction as a pleasurable emotional state resulting from the appraisals of one's job as achieving or facilitating the achievement of one's job values. Job satisfaction is therefore a blend of mental, physiological and natural circumstances that bring about people to honestly say that they are satisfied in their jobs (Rahman *et al.*, 2017:03).

Oktizulvia, Dachriyanus and Vionalisa (2017:01) refer to job satisfaction as how favourable or unfavourable aspects are in which employees view their work or an extent to which an employee likes his or her work. Dhurup *et al.* (2014:80) divide job satisfaction definitions in two groups, i.e. the global and the motivator factor's approach. Global job satisfaction refers to the feeling and emotions employees generate from their work experiences or work environment, whilst a motivation factor's job satisfaction is concerned with employees' attitude towards organisation rules, colleagues and the organizational environment. Job satisfaction is therefore perceived as a relationship between what individuals want from their jobs and what individuals perceive it is offering, considering individuals' unique circumstances such as needs, values and expectations.

2.6 NATIONAL AND INTERNATIONAL PERSPECTIVES OF JOB SATISFACTION

2.6.1 Job satisfaction of nurses in Namibia

The job satisfaction of nurses in Namibia is not sufficiently researched. The limited literature on job satisfaction in the country, suggest that Namibian nurses show signs of burnout and are therefore dissatisfied, overworked and demoralized (Awases *et al.*, 2013:11-12). This is supported by Haoses-Gorases *et al.* (2014:03) who concluded that Namibian nurses are

stressed and exhausted, due to an increased workload and a high turnover rate among nurses. Higher turnover rates among nurses contribute to a shortage of nurses which directly result in work overload, work pressure, stress and burnout for the remaining nurses. (Yang, Lv, Zhou, Liu & Mi, 2017:06). Burnout refers to physical and emotional exhaustion, that occurs as a result of continued exposure to a stressful working environment (Khamisa, Oldenburg, Peltzer & Ilic, 2015:653). Work-related stress contributes to burnout and job dissatisfaction. Stressors that contribute to the experience of work-related stress involves the lack of supervision, conflict with colleagues and patients, as well as high work demand. Once nurses are exposed to prolonged exposure of environmental and situational stressors at their workplace, it causes emotional exhaustion, depersonalization and lack of personal accomplishment, thus leading to job dissatisfaction (Khamisa *et al.*, 2015:653).

Burnt-out nurses are unproductive and are likely to stay away from work via absenteeism. A high absenteeism rate increases the workload to remaining nurses in the organisation (Haoses-Gorases *et al.*, 2014:04). When nurses work in understaffed conditions, they become dissatisfied and frustrated with their job, because they are unable to meet patient's needs.

Recognition is also cited as an issue in Namibia. Namibian nurses report the lack of recognition from both patients and their employer, despite the contribution they are making towards service delivery (Awases *et al.*, 2013:12).

Lack of recognition is linked to poor supervision by nursing managers who tend to focus on administrative duties and do not have time to carry out supervisory duties, thus not noticing good job execution by nurses. Nurses working in rural areas are especially demoralized, due to poor working conditions at their healthcare institutions. Lack of staff accommodation and poor road networks were also cited as factors causing frustration among Namibian nurses. As a result nurses often resign and leave the public hospitals in search of lucrative offers and professional satisfaction elsewhere (Haoses- Gorases *et al.*, 2014:03).

2.6.2 Job satisfaction in South Africa

Various studies indicated that the majority of nurses in South Africa are dissatisfied in their work. Khunou and Davhana-Maselesele (2016:07-08) concluded that 79% of professional nurses working in the North-West Province were dissatisfied with their working conditions and environment, while 80% were dissatisfied with their salaries. This study is supported by Mohite, Shinde and Gulavan (2014:1007) who concluded that 57% of nurses working in a public hospital in Limpopo Province were dissatisfied with their working conditions. The study further emphasises that 61% of nurses were dissatisfied with their salaries. Nurses described their working conditions as unpleasant and unfavourable. Low salaries and poor supervision

by the seniors were also cited as factors contributing to job dissatisfaction in South Africa (Mohite, Shinde & Gulavani, 2014:1007). Another study conducted in four hospitals in Gauteng Province reported that 66% of nurses reported low job satisfaction due to salaries, while 86% of nurses were stressed due to financial strain and 58% of participants experienced high stress levels due to staff-related issues (Khamisa, Peltzer, Illic, & Oldenburg, 2017:255).

Despite job dissatisfaction as reported in many studies, a study done by Sojane, Klopper and Coetzee (2016:04-05) in the Free State and North West provinces reported that the majority of nurses, (71%) were satisfied with the support they got from their supervisor, while 76% of participants felt their managers were good leaders. In addition, the general job satisfaction of nurses was high with 71%. However, the nurses in these two provinces reported dissatisfaction with their salaries (50%), study leave (40%) and opportunity for growth and advancement (40%).

2.6.3 Global perspective of job satisfaction

Yang *et al.* (2017:06) explained that the shortage of nurses is a worldwide phenomenon and is a contributing factor to resignations and nurses leaving the profession. In Hong Kong the nursing profession is highly valued, due to its high pay and job security, however the shortage of nurses and increased turnover have increased over decades (Chien & Yick, 2016:100).

The Organisation for Economic Co-operation and Development (2017:158) report indicated that Norway, Denmark, Finland and Swaziland have the highest number of nurses per capita with a ratio of 14 nurses or more per 1 000 of the population, while Colombia, Indonesia and Brazil had less than 1.5 nurses per 1 000.

In Turkey, job satisfaction among nurses is at a moderate level with an average satisfaction level of 58% (Masum, Azad, Hoque, Beh, Wanke & Arslan, 2016:140). These authors identified poor working conditions, adverse perceptions of the nursing profession, contingent rewards, fringe benefits and pay as the main causes of job dissatisfaction in this country (Masum *et al.*, 2016:05).

In Indonesia the average job satisfaction among nurses were rated at a level of 48% (Oktizulvia *et al.*, 2017:02). Japan had the highest rate of dissatisfied nurses with 66%, followed by China with 55%, South Korea with 50% and UK with 42% (Ekici *et al.*, 2017:134).

2.7 JOB SATISFACTION AND THE ORGANISATION

A healthcare organisation may only flourish and offer quality customer services with better performing employees who are more productive and have an improved lifestyle (Rahman *et al.*, 2017:03). Employees execute their jobs well when they are happy in their work (Hamid,

Malik, Kamran & Ramzan, 2014:25). The primary focus of job satisfaction is then to improve employees' productivity and efficiency within an organisation (Andrioti, *et al.*, 2017:77). Such improved performance and quality of work delivered, translate into the success of an organisation. Thus, satisfied employees build and participate in the success of an organisation (Sypniewska, 2013:57).

Furthermore, organisations can only achieve their goals if they maintain retention of their employees by ensuring job satisfaction. Retention of the workforce of an organisation is crucial (Zahaj, Saliaj, Metani, Nika & Alushi, 2016:101).

Higher levels of job satisfaction and clear job assignments lead to improved work environments, improved co-operation with co-workers and commitment to the organisation. Satisfied employees often work harder than dissatisfied employees. This portrays a good image of the organisation of how employees perceive their work (Eskandari & Gorji, 2018:4).

Dissatisfied employees are unproductive, due to non-commitment to their work assignments at their workplace and their feelings are reflected in the way they behave (Munir & Rahman, 2016:490). Employees often detach themselves away from the work or the organisation through absenteeism and turnover (Pratiwi & Welly, 2014:568). In addition, dissatisfied employees contribute to costly labour disputes, turnover and a risk to patients (Libano, 2017:19-20).

Job dissatisfaction among employees affects the organisation costs and performances (Munir & Rahman, 2016:490). In organizations where employees are experiencing low job satisfaction and high work stress levels, the level of productivity is said to be low. High work stress predict job dissatisfaction and low job commitment (Eskandari & Gorji, 2018:04).

2.8 NURSES AND JOB SATISFACTION

Nurses are the cornerstone of any healthcare institution and without them such an institution cannot fulfill its goals, mission and vision. Nurses play a fundamental role in determining the efficiency and effectiveness of patients' outcomes (Khunou & Davhana-Maselesele, 2016:01). Therefore, nursing managers need to know and understand the variables that satisfy and motivate nurses (Khunou & Davhana-Maselesele, 2016:01; Ugwa & Charity, 2016:81).

In the wake of modern nursing management, job satisfaction among registered nurses is a topic of global interest, since it affects nurses' job performances and quality of healthcare services (Chien & Yick, 2016:100). Job satisfaction is important in nursing, because it serves as a critical challenge for healthcare institutions, due to increased labour costs and the huge deficits of nurses (Andrioti, *et al.*, 2017:77). Therefore, knowledge about factors influencing

nurses' job satisfaction is of importance to nurse managers and management to take the necessary actions and consider human healthcare resource planning processes (Oktizulvia *et al.*, 2017:01).

Job satisfaction towards patient care depends on both external and internal factors (Bekru, *et al.*, 2017:2; Ozkara San, 2015:57). The external factors relate to a sense of being employed, marital status, health status and having a religion or a belief in a higher power. Internal factors include individual aspects such as heredities, optimism, self-confidence and a sense of personal control, as well as demographic aspects that include age, gender, race, education and mental status (Ozkara San, 2015:57).

Al-Alawi *et al.* (2016:3) concluded that job satisfaction affects employees' working behaviours, commitment and faithfulness to the organisation and their decisions to remain or leave; and the level of job satisfaction within an organisation influences employees' work motivation, performance, absenteeism and turnover. Various studies have concluded that satisfied nurses are productive, creative and committed which ensure higher quality patient care and job satisfaction (Mohite *et al.*, 2014:1006). A higher degree of job satisfaction increases the employee's loyalty to the organisation and minimises the level of absenteeism (Haile *et al.*, 2017:01).

Lack of professional pleasure among employees hinders the pace of work and can have a negative effect on individual employees such as burnout and absentism (Zahaj *et al.*, 2016:101). Dissatisfied nurses display behaviours, such as complaining about the profession and are often not interested in their work as evidenced by coming late to work, slow working speed and resigning (Kabeel & Eisa, 2017:10). Such low job satisfaction contributes to nurses' inefficiency that affects their dedication to job quality and care given (Mohite *et al.*, 2014:1006).

2.9 JOB SATISFACTION AND QUALITY PATIENT CARE

Quality of care is defined as the degree in which the probability of achieving the predicted health outcomes are increased and related to professional competence within the health service (Sfantou, Laliotis, Patelarou, Sifaki-Pistolla, Matalliotakis & Patelarou, 2017:02). Aron (2015:09) describes quality of care as the degree in which health services for individuals and the population increase the likelihood of desired health outcomes and are consistent with the professional knowledge. Patient care is considered of high quality only when it is safe, effective, reliable, patient-centered, efficient and equitable (Sfantou, *et al.*, 2017:02). Satisfied nurses treat patients with dignity, love, compassion, respect and usually advocate for the

patients and their families in a patient-centered and holistic approach that promote and alleviate suffering (Libano, 2017:16).

Patients nursed in high quality care institutions are ensured of patients' satisfaction outcomes, and thus include shorter hospital stay for patients, lower mortality rate and low patient injuries, due to falls and medication errors (Sfantou, *et al.*, 2017:02).

Patients nursed by dissatisfied nurses are likely to receive substandard care, resulting in poor patient outcomes such as an increase in length of stay, resource utilisation and cost of treatment (Mohite *et al.*, 2014:1006). Haile *et al.* (2017:01) substantiates that poor patient care increases the length of patient stay in the hospital, thus increasing resource utilization and cost of treatment. Aron (2015:10-13) concluded that dissatisfied nurses are lazy, rude, often distance themselves from patients and in general provide poor nursing care. This leads to patients being readmitted to hospitals within a short period of time after discharge and overcrowding due to recurrence, side effects or adverse effects from the care received.

2.10 LEGISLATION AND JOB SATISFACTION

Human rights are privileges that people claim related to their basic needs, because they are human (Moodley, 2011:88). Professional nurses are citizens and are not only subjected to the prescribed standards that regulate their practice, but also to the laws that maintain social order (Young, 2015:50). Jooste (2014:28) emphasised that employment legislation helps organisations to promote equal opportunity and harmony in the workplace, thereby eradicating unfair labour practices. Job satisfaction does not occur in a vacuum, thus it is important that health institutions and organisations comply with labour laws and legislation, including rights and responsibilities. In Namibia, work-related legislation is regulated by the Constitution of the Republic of Namibia (Act No 01 of 1990) and the Labour Act of 2007 (Act No 11 of 2007).

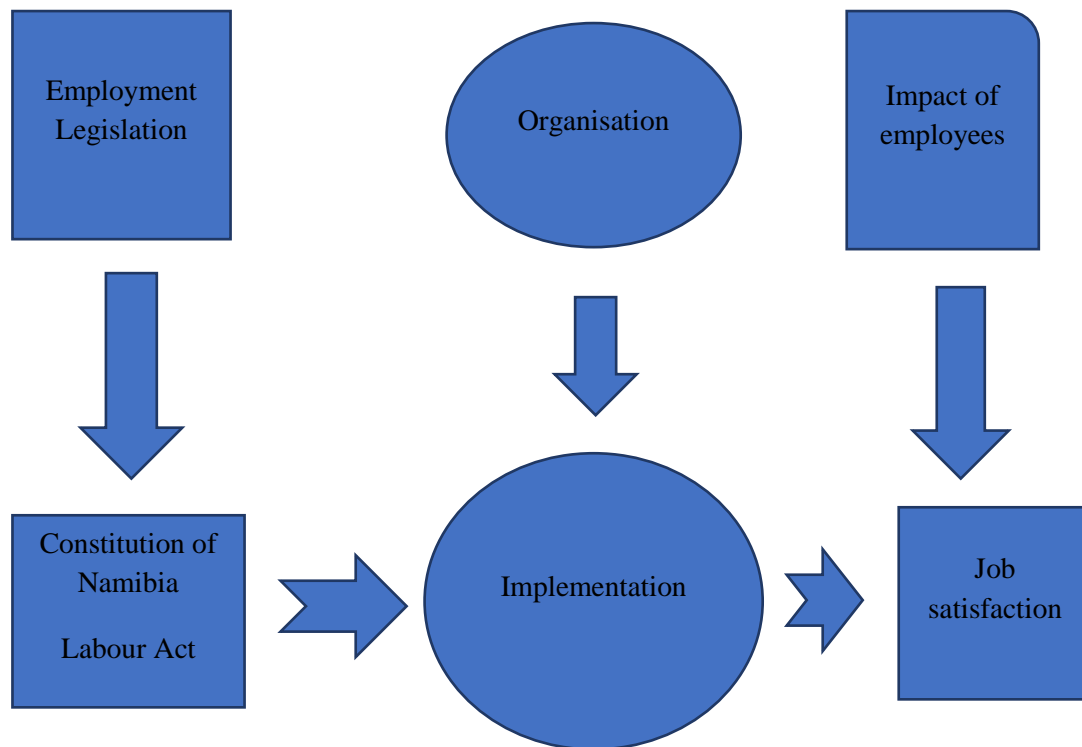


Figure 2.1: Figure illustrating legislation and job satisfaction

Adapted from Jooste (2014:28).

2.10.1 Constitution of Republic of Namibia (Act No 01 of 1990)

The Constitution of Namibia is a premier law adopted on 09 February 1990. It protects the basic rights of all citizens and guarantees the equal rights of all people. Article 8 of the Constitution (Act No 01 of 1990) gives every person the right to respect and to human dignity, thus no person is allowed to torture, or provide inhumane, degrading treatment or punishment towards another person. With reference to article 09 of the Constitution (Act No 01 of 1990) no person is entitled to perform forced labour or any job against their will. According to article 10 of the Constitution (Act No 01 of 1990) all people are equal before the law and therefore no person may be unfairly discriminated against based on gender, race, health status, origin or economic status.

2.10.2 The Labour Act of 2007 (Act No 11 of 2007)

The Labour Act of 2007 (Act No 11 of 2007) was developed to promote an orderly system of collective bargaining, improve wages and conditions of employment, abolish discriminatory laws and practices from the apartheid era, ultimately ensuring the safety and welfare of employees. The Act further aims at promoting fair employment practices and freedom of association in the form of trade unions to represent employees.

2.10.2.1 Regulation of working hours

Employers should comply with legislation related to working time for employees. Section 16 of the Labour Act of 2007 (Act No 11 of 2007) makes provisions for employees to work 40 hours per week which is equivalent to 8 hours of work per day. Employees are entitled to one hour meal intervals, should they work continuously for more than five hours as stated in section 18. Employers should give employees a daily rest period of at least twelve consecutive hours, between ending and recommencing work and a weekly, rest period of 36 consecutive hours which should include Sundays, except for employees performing essential services, such as nurses.

2.10.2.2 Type and duration of leave

Section 23 of the Labour Act of 2007 (Act No 11 of 2007) makes provision for an employee's annual leave. This section gives employees the right to take annual leave after every 12 months' cycle of a calendar year. Employers must give their employees 25 consecutive days annual leave with full remuneration in respect of each cycle. An employer must permit an employee to take unpaid leave if an employee so wishes.

Section 24 makes provision for sick leave for all employees. All employees who are absent from work as a result of being sick, must provide their employer with a proof of incapacity, such as a medical certificate issued and signed by a registered medical officer or any other health professional registered as such by the health professional council. Other leave that may be granted to employees include compassionate, study and maternity leave.

2.10.2.3 Rights and duties of employers and employees

Section 39 of the Labour Act of 2007 (Act No 11 of 2007) state that every employer is entitled to provide employees with a working environment which is safe and not harmful to an employee's health or wellbeing. In addition, the working environment of employees should be protected to benefit the present and future generations via reasonable legislation. Employees must be provided with adequate personal protective clothing and equipment, as well as safe entry and exit from the premises. All employees must be given the necessary training to work safely without endangering themselves.

2.11 FACTORS INFLUENCING JOB SATISFACTION

Job satisfaction is not a simple phenomenon; it is complex, with multiple facets (Saeed, Lodhi, Iqbal, Nanyab, Mussawar & Yaseen, 2013:1477). Studies done by Herzberg (1971:58-59), Ozkara San (2015:55) and Andrioti *et al.* (2017:77) concluded that job satisfaction is influenced by both motivational and hygiene factors.

2.11.1 Motivational factors

Motivational factors include responsibility, personal growth and advancement, the work itself, achievement and recognition.

2.11.1.1 Responsibility

Autonomy in a given organisation indicates the independence and initiative that serve as one of the key factors of job satisfaction among employees, since it offers employees some flexibility in making decisions that affect their working environment (Mitchell & Esnard, 2014:28). It is important that supervisors provide clear work assignments, ownership of work and responsibilities to the employees (Jooste 2010:200). Alshmemri (2014:80) stated that when managers delegate responsibility and ownership of the work to their employees, it motivates and gives employees a sense of achievement and work satisfaction. Responsibility relate to gaining satisfaction from being given the authority and freedom to make decisions. Gaps in responsibility and authority greatly impact job satisfaction and dissatisfaction.

2.11.1.2 Personal growth and advancement

Promotion is an effective motivational factor and has a significant impact on an employee's job satisfaction (Ozpehlivan & Acar, 2015:290). Promotion does not only positively affect employee's performance, but negatively affect individual employee's job satisfaction. After a long period of working experience, business knowledge and skills, employees hope to have better chances of promotion in their workplace. Promotion boosts employee's positive development about their life and a change in social status which increases job satisfaction. Kossivi *et al.* (2016:262) categorised promotion and advancement opportunities as a major factor influencing job satisfaction..

Advancement refer to the upward and positive status or position of an employee in the workplace (Alshmemri, 2014:80). According to Odembo (2013:25) employee talent development opportunities help employees add value to their career through the support of the organisation. Continuous provision of training employees within the organisation helps them to attain skills and abilities and make them marketable to compete with their colleagues and have opportunities for promotions in the organisation. Employees working in the organisation that offers opportunity for personal advancement and growth, tend to remain with their organisation and develop their careers, and ensure that the objectives and goals of the organisation are achieved.

Alameddine, Baroud, Kharroubi, Hamadeh, Ammar, Shoaib and Khodr (2017:7) explained that employees working in organisations with limited training and professional development programmes are said to be frustrated, which in turn leads to job dissatisfaction and increased turnover rate.

2.11.1.3 The work itself

The expression “the work itself” is defined as the extent to which the job provides an individual employee with stimulating activities, learning opportunities and professional growth, and the chance to be responsible and accountable (Tayyar, 2014:64). Tayyar further defines “the work itself” as the number and nature of the functions and tasks required from individual employees, which differ considerably from one role to another.

The content of job activities and responsibilities may have a positive or negative effect on employees’ feelings of satisfaction or dissatisfaction. This depends on the nature of the job being easy, difficult, stimulating or boring (Alshmemri, 2014:80). According to Mitchell and Esnard (2014:28) the content of job activities introduces various stressors whereby employees become emotionally and physically tired. The Nursing profession is a demanding profession and managers must delegate tasks responsibly. Heavy workloads with limited time to complete tasks lead to emotional exhaustion that cause job dissatisfaction and turnover.

2.11.1.4 Achievement

Benrazavi and Silong (2013:129) refer to achievement as behaviour aimed at the development and demonstration of high abilities. Alshmemri (2014:81) emphasised that positive achievement is accomplishing a specific task successfully, such as completing a difficult task on time, problemsolving in the work place and recognising positive results of one’s work. Negative achievement includes the inability of progress at work, including poor decision making and low self-esteem.

2.11.1.5 Recognition

Benrazavi and Silong (2013:129) define recognition as acknowledging a performance or experience of an employee that is considered outstanding and exceptional from the rest of the performances in a particular environment. Recognition is a reward an organisation gives to employees in response to their contribution and performance (Odembo, 2013:19). Employees do not only need to know how well they have achieved their objectives or carried out their work, but also that their achievements are cherished (Odembo, 2013:20).

Recognition provides employees with feedback and support, thus improving their performance, and it can be spoken, written or have monetary value (Tayyar, 2014:62). Recognition as a need is linked to the need of self-esteem of Maslow’s hierarchy of needs. An organisation can offer recognition to their employees by providing positive and immediate feedback and praise where it is deserving (Odembo, 2013:20). Organisations must recognise and reward employees for outstanding performance at all times. In addition, it is advisable that individuals are rewarded based on years of service and educational

background. Managers must continuously give practical and positive feedback and appraise employees for the desired behaviour (Jooste, 2010:200). Once employees find out that their efforts are being recognised, the quality of their work improves, however when recognition is not given, job satisfaction decreases (Tayyar, 2014:62).

2.11.2 Hygiene factors

Hygiene factors include supervision, working conditions, salaries and incentives, company and administrative policies and relationship between co-workers.

2.11.2.1 Supervision

The management style practised in an organization may have a direct impact on the organisation's ability to sustain the labour force (Kossivi *et al.*, 2016:264). Management styles impact employees' satisfaction in different ways (Ozpehlivan & Acar, 2015:285). Participatory management style allows employees to participate in an organisation's decision-making processes. Employees' participation in decision making positively contribute to the necessity of respect and recognition of the individual which in turn increases the employee's satisfaction (Ozpehlivan & Acar, 2015:285). Managers have an important role to play in employees' job satisfaction and often employees leave because of their bosses and not because of their jobs (Saeed *et al.*, 2013:1479). Employees' job satisfaction is linked and positively affected by the supervisor's support and recognition of employees. Supervisors are representative of an organisation and if they are supportive and helpful, employees perceive the organisation in the same way, which increases job satisfaction (Unutmaz, 2014:24).

Employees prefer supervisors who have a bond with them, trust them, understand them and show fairness towards them (Saeed *et al.*, 2013:1479). Poor communication between supervisor and employees negatively affect employees, job satisfaction (Unutmaz, 2014:23). Employees working in an organisation where supportive supervision exist are comfortable with their working place and this improves their efficiency and consequently increasing job satisfaction (Bekru *et al.*, 2017:14). Abusive and arrogant supervisors leave employees demoralized, frustrated and dissatisfied in their job (Saeed *et al.*, 2013:1479).

2.11.2.2 Working conditions

Nurses feel motivated to do their work once all workplace characteristics including autonomy, work climate, team work, skill exploitation and learning opportunities are shared within a positive support structure, realistic work assignments and flexible schedules (Toode, Routasalo, Helminen & Suominen, 2015:31). Employees often prefer working in a comfortable, clean, safe, modern and well-equipped environment, as well as good working conditions such as appropriate temperature and lighting, and free from noise pollution (Matlala & Van der Westhuizen, 2012:17). An unfavourable working environment hinders employees

to exercise their competencies and to attain their full potential (Raziq & Maulabakhsh, 2015:724). Dhurup *et al.* (2014:83) stated that a hostile working environment resulting from a competitive environment leads to violence in the workplace. Employees working in an organisation with poor working conditions or environment are often depressed, demoralised and dissatisfied with their job (Raziq & Maulabakhsh, 2015:724).

2.11.2.3 Salaries and incentives

Pay can be defined as the remuneration and fringe benefits received for work done which fulfills the range of other monetary needs (Mitchell & Esnard, 2014:28; Wahab, 2015:8). Employees' remuneration is an incentive, central to individual finances and social standing (Tayyar, 2014:59). A strategic pay and compensation management attract, retain and minimize dissatisfaction among employees in the workplace (Ozpehlivan & Acar, 2015:285). Pay contributes to motivation for employees who wants to stay committed to the organisation which in turn enhances the attraction, as well as the retention (Saeed *et al.*, 2013:1478). Pay management shows the relationship between its determination, structures and work values, thus wages should be equivalent to work assignments and the working conditions and pay limits should be considered (Ozpehlivan & Acar, 2015:285).

It is important for employers to set pay at a satisfactory level as employees' attitudes and behaviours may be affected positively or negatively (Tayyar, 2014:59). Saeed *et al.* (2013:1478) indicated that pay or salary is one of the important factors that contributes to job satisfaction. Pay has been proven to be an important and a valuable tool for retention and turnover (Saeed *et al.*, 2013:1478). Limited availability of benefits and other compensation, inhibit employees from concentrating on aspects of the job, which may lead to frustration and dissatisfaction (Dhurup *et al.*, 2014:83).

2.11.2.4 Company and administrative policies

Policies are formal rules and regulations that an organisation puts in place to appoint, employ, train, evaluate and remunerate employees (Wahab 2015:08). It is important that organisations arrange and disseminate policies in an easy, accessible and user-friendly form, e.g. employee manuals to eliminate misunderstanding between employees and employers about rights and obligations of the organisation and the employee (Odembo, 2013:26).

When administrative policies are clear about the rights of and opportunities of employees, it prevents internal conflict and enhance the motivational aspects of work (Odembo, 2013:26). Policies should be presented in an understandable language and should be included in the induction training for all employees.

2.11.2.5 Relationship between co-workers

Saeed *et al.* (2013:1479) found relationship between co-workers to be the fifth strongest determinant of job satisfaction. Relationships among employees are defined as non-exclusive voluntary workplace associations that comprise of mutual trust, commitment, reciprocal liking and shared interests and values (Ogweyo 2013:8). Worker relationships are considered valuable for both employees and organisations, since it allows employees to support and help one another in the accomplishment of their work tasks, reduction of work stress, improved communication and co-operation. When good friendship and co-operation among employees exist in a given organisation, it helps employees to feel comfortable with one another, thus eliminating the sense of insecurity and uncertainty (Ogweyo, 2013:8 and Ozpehlivan & Acar, 2015:290).

Workplace relationships can influence job satisfaction and good co-workers' relationships, and may both encourage and predict satisfaction (Tayyar, 2014:63). When employees within the organisation are friendly, supportive and cooperative towards each other, it makes them happy and this has a positive impact on job satisfaction (Unutmaz, 2014:24). Job dissatisfaction is more likely to occur in the organisation where employees work in isolation, due to poor relationships (Tayyar, 2014:63).

2.12 OTHER FACTORS THAT INFLUENCE JOB SATISFACTION IN DAILY NURSING PRACTICE INCLUDE:

2.12.1 Violence in workplace

Workplace violence refers to any physical attack, intimidating behaviour or verbal abuse that occurs in the workplace. It includes physical body harm, psychological abuse, bullying, sexual or racial harassment towards nurses (Sharma & Sharma, 2016:01). Nurses who are victims of physical and verbal abuse are said to be dissatisfied with their job and thus signs of fatigue, sleeping problems, fear and anxiety and a feeling that the nursing profession is not respected, have been reported (Bordignon & Monteiro, 2016:940). Another example of violence in the workplace is the lack of respect nurses receive in their workplace. Respect in nursing influences quality of care and retention, since it impinges on job satisfaction of nurses and thus indirectly on patients. Persistent lack of respect towards nurses leads to anger, fear and reduced job satisfaction (Bafo, 2018:02). Sharma and Sharma (2016:01) concluded that repeated incidences of violence in the workplace among nurses cause nurses to become disappointed in nursing as a profession. Nurses become powerless to deal with a situation in which they have been abused and eventually accept violence as part of their work which decreases job satisfaction. Prolonged violence at their workplace exhausts nurses of energy and undermines their institution's attempt to create a satisfied workforce. Consequently, as

job satisfaction decreases as a result of unbearable violence, the desire to leave their job and profession increases (Armstrong, Bhengu, Kotze, Nkonzo-Mtembu, Ricks, Stellenberg, Van Rooyen & Vasitharan, 2013:32).

2.12.2 Sexual harassment

Sexual harassment refers to unwanted persistent, offensive and insulting behaviour deliberately perpetrated by harassment towards the victim, which include unwanted physical contact, offensive sexual comments and propositions (Hussein, Mabrouk & Abed, 2015:66). Sexual harassment is a form of discrimination that happens based on the person's gender that may be experienced as an expression of power, authority and control of a sexual nature (Moodley, 2011:179). Merkin and Shah (2014:01) have shown that sexual harassment affects employees by undermining their job satisfaction and affective commitment. Sexual harassment further undermines the wellbeing of employees, thus increasing psychological distress that results in physical illness. Employees who are exposed to sexual harassment for prolonged periods of time, report job dissatisfaction and psychological conditions such as stress, depression, self-blame, frustration and anxiety (Hussein *et al.*, 2015:67; Merkin & Shah, 2014:01). Sexual harassment creates a hostile environment that influences individual employee's ability to learn and work (Moodley, 2011:179). The outcomes of sexual harassment in the workplace include employee's withdrawal behaviour, absenteeism due to sick leave and turnover intention (Merkin & Shah, 2014:01).

2.12.3 Victimization

Workplace victimization refers to a situation during which one or more employees use either words or actions or both against each other, so as to cause physical or psychological harm in the work environment (Amponsah-Tawiah & Annor, 2016:74). Examples of victimization in the workplace are verbal aggression, criticism, rumours and humiliation. Armstrong *et al.* (2013:32) concluded that negative behaviours such as gossiping, insulting peers, verbal abuse to demoralise colleagues, as well as engaging in emotional dumping can cause victims to feel hopeless, helpless, burdened and demoralized, leading to a decrease in job satisfaction. Prolonged exposure to victimization towards nurses causes job dissatisfaction that will cause frustration, stress and depression and low employees' job commitment as a result of low job satisfaction (Amponsah-Tawiah & Annor, 2016:74).

2.12.4 Verbal abuse

Empirical studies cited verbal abuse as one of the major contributors of frustration and job dissatisfaction among nurses (Cassum, 2014:20). Verbal abuse is speech that is intended to humiliate, tarnish and embarrass the target, which makes the recipient feel disrespected and

devalued. Verbal abuse includes acts such as yelling, cursing, name calling and threats expressed in words, tone of voice and eye gestures.

2.13 SUMMARY

The main aim of this chapter was to explore factors influencing job satisfaction of registered nurses through the review of the literature written by various scholars all around the globe. The history of job satisfaction and theories related to job satisfaction were briefly described in this chapter. Job satisfaction of nurses in Namibia, South Africa and the rest of the world was explored. Finally, the chapter explained the effects of job satisfaction on registered nurses, the organisation and patient care, as well as factors that influence job satisfaction.

2.14 CONCLUSION

Job satisfaction is important in nursing, because it serves as a critical challenge for healthcare institutions, due to increased labour costs and the shortage of nurses. Therefore, knowledge about factors influencing nurses' job satisfaction is of importance, to enable the necessary actions and towards considering human healthcare resource planning.

A higher degree of job satisfaction increases the employee's loyalty to the organisation and minimises the level of absenteeism. Patients nursed by dissatisfied nurses are likely to receive substandard care with poor patient outcomes.

The next chapter provides a full description of the research methodology applied for the purpose of this study as introduced in chapter one.

CHAPTER 3:

RESEARCH METHODOLOGY

3.1 INTRODUCTION

In this chapter a more comprehensive explanation of the research methodology as applied in the study to determine factors influencing job satisfaction is provided, with the focus on the research design, study setting, population and sampling, reliability, validity, data collection procedure and data analysis.

3.2 AIM AND OBJECTIVES

The aim of the study was to determine factors influencing job satisfaction of registered nurses working in public hospitals in Windhoek, Namibia.

The objectives of the study were to determine whether job satisfaction of registered nurses is influenced by:

Hygiene factors

- Relationship between co-workers
- Supervision
- Working conditions
- Salaries and incentives
- Organisation and administrative policies

Motivation factors

- The work it self
- Personal growth and advancement
- Responsibility
- Recognition
- Achievement

3.3 STUDY SETTING

The study setting refers to the location where the study is conducted (Grove *et al.*, 2013:373). This study was conducted in its natural setting, specifically at the only two public hospitals in Windhoek, Namibia. Each hospital has a bed capacity of over 830. The two largest public hospitals where the majority of registered nurses in the country work are found in Windhoek, the capital city of Namibia.

3.4 RESEARCH DESIGN

A research design is a detailed plan whereby the researcher obtains research subjects and collects data from a planned structure of investigation so conceived as to obtain answers to a research question (Jooste, 2014:50). Grove *et al.* (2013:195) explained a research design as a blueprint that directs a study to maximize control over factors that would interfere with the validity of the study findings. A quantitative exploratory descriptive design was applied in this study. Quantitative research focuses on precise measurements of feelings, behaviours, knowledge, opinions or attitudes (Jooste, 2014:50). A descriptive study guides the researcher on how to develop theory, identify problems with current practices, to justify current practices and make judgments. A descriptive design helps a researcher to identify a phenomenon of interest, ascertain variables within the phenomenon and develop conceptual and operational definitions of variables. (Grove *et al.*, 2013:692). Descriptive research further allows the researcher to generate new knowledge of the subject by describing characteristics of person, situation and the frequency (Grove *et al.*, 2013:215). An exploratory design helps the researcher to distribute questionnaires to a larger sample of the population with an intention of finding facts related to a specific field of study (Awases *et al.*, 2013:101).

3.5 POPULATION AND SAMPLING

A population refers to all elements that meet the sample criteria for inclusion in the study (Grove *et al.*, 2013:44). A sample is a part or fraction of a whole population, or a subset of a larger set selected by a researcher to participate in the study. Sampling is the process of selecting a group of people, events or other elements to represent the entire population (Grove *et al.*, 2013:44). This study population included all registered nurses (N=120), with more than one year working experience employed in the two public hospitals as identified for the purpose of this study. Registered nurses were chosen as the target population, because of the increased critical shortage and high turnover rate among these professionals. Strydom (2005:195) emphasised that the selection of a sample becomes difficult if the total population is too small. Thus, there was no sampling and the full population was included.

3.5.1 Inclusion criteria

Only registered nurses working in the two public hospitals as identified were eligible for the study, provided that they had more than one year of working experience and their participation was voluntary.

3.5.2 Exclusion criteria

Registered nurses with working experience less than one year were excluded from the study, because their working experience had not as yet exposed them to a variety of work experiences in the workplace. Registered nurses working for an agency, on sick leave, holiday

or any other type of leave, as well as those present but refused to sign consent, were excluded from the study.

3.6 DATA COLLECTION INSTRUMENT

Awases *et al.* (2013:24) stated that questionnaires are usually used when collecting data. A questionnaire is a self-report form designed to elicit information regarding beliefs, attitudes, opinions and knowledge of participants (Grove *et al.*, 2013:425). A validated and reliable questionnaire collects accurate and reliable information. Although a questionnaire is less expensive, it largely depends on individual reporting and thus may be biased or inaccurate (Awases *et al.*, 2013:24-25). The Minnesota satisfaction questionnaire as illustrated in Appendix 4 was used in this study. The Minnesota satisfaction questionnaire came into existence in 1967 as work done by Weiss, Dawis, England and Lofquist at Minnesota University. Generally the questionnaire was designed to measure general employees' work satisfaction based on attributes of the job and work environment (Purohit, Yadav & Goyal, 2016:05). The Minnesota satisfaction questionnaire short-format version 1977 was used in this study. The Minnesota short-format questionnaire was used, because it measures three scales of job satisfaction, namely intrinsic, extrinsic and general satisfaction (Weiss, Dawis, England & Lofquist, 1967:02). The questionnaire was linked to the two-factor theory since it predominantly measures intrinsic and extrinsic satisfaction which are similar to factors influencing job satisfaction as described by Herzberg (1971:58-59). The Minnesota satisfaction questionnaire has been previously used in various studies such as clients' vocational needs, counselling follow-up studies and hospital health workers that yielded stable coefficient alpha results (Worrell, 2004:17; Martins & Proenca, 2012:01). The language of this questionnaire was English. The Vocational Psychology Research Department, Minnesota University granted the researcher permission to use the instrument.

Biographical data were added to allow the researcher to conduct statistical analysis between the dependent and independent data. The questionnaire was divided in two sections: Sections A and B. Section (A) covered demographic data of participants namely age, gender, marital status, educational qualifications, years of working experience and length of employment in the hospital. Section (B) was a Likert scale with 22 dominant closed questions related to hygiene and motivation factors based on the objectives. Participants were given an opportunity to express their view and feelings about their job, by indicating the level of satisfaction or dissatisfaction with an aspect by making a cross on the appropriate box that described their feelings. The statements were expressed using 'most dissatisfied', 'dissatisfied', 'satisfied' and 'most satisfied'. There was no neutral column, since the researcher wanted to force participants to give an answer regarding their feelings about their job.

The last question (23) was an open-ended question about the general satisfaction of registered nurses. The questionnaire consisted of five printed pages and the participants completed the questionnaire within 15-20 minutes. The questionnaire was designed to identify hygiene and motivation factors that influence job satisfaction. There were 9 statements related to hygienic factors, namely 1, 2, 4, 5, 7, 8, 9, 10 and 15, while statements 3, 6, 11, 12, 13, 14, 16, 17, 18, 19, 20, 21, and 22 were related to motivational factors. The statements in the questionnaire did not specify which one was related to which factor. This was done to prevent participants from pinpointing the obvious answers. However, the questions were distinguished as follows:

1. Statement 1 was related to supervision
2. Statement 2 was related to supervision
3. Statement 3 was related to the work itself
4. Statement 4 was related to organizational policies, rules of practice
5. Statement 5 was related to organizational policies
6. Statement 6 was related to recognition
7. Statement 7 was related to salaries
8. Statement 8 was related to relationship between co-workers
9. Statement 9 was related to working conditions
10. Statement 10 was related to co-worker relationship
11. Statement 11 was related to the work it-self
12. Statement 12 was related to responsibility
13. Statement 13 was related to the work itself
14. Statement 14 was related to recognition
15. Statement 15 was related to the working condition
16. Statement 16 was related to achievement
17. Statement 17 was related to achievement
18. Statement 18 was related to personal growth and advancement
19. Statement 19 was related to responsibility
20. Statement 20 was related to recognition
21. Statement 21 was related to achievement
22. Statement 22 was related to personal growth and advancement.

3.7 PILOT STUDY

A pilot study is also known as a preliminary study, a smaller version of a proposed study conducted to develop or refine the methodology. (Grove *et al.*, 2013:46). The pilot study includes testing the questionnaire.

The pilot study was done in the Swakopmund District Hospital in the Erongo region Namibia, to identify errors, weaknesses and to ensure that the questionnaire was suitable and feasible for the main study.

Connelly (2008:411) states that the pilot study should at least represent 10% of the projected main study. The completion of a pilot study supports the validity and reliability of the study. Thus, the questionnaire was distributed to 12 registered nurses. A simple random selection of the full population was done. The researcher placed names in a hat and drew 12 (10%) out of the total population. The twelve (12) registered nurses represented the 10% of the sample for the main pilot study and were asked to give their input regarding questionnaire layout, language, length and anonymity. The participants found that the questions in the questionnaire were clear, short and easy to understand. Some participants felt the information leaflet was too long to read and proposed that a shorter one should be in the main study. They also expressed that their full names were required on the informed consent see Appendix 3. The results from the pilot study were excluded from the main study.

3.8 RELIABILITY

Reliability can be defined as the degree in which an instrument denotes the consistency of the measures obtained of an attribute, if used on repeated trials (Grove *et al.*, 2013:389). The Minnesota questionnaire has been proven to be reliable and was used as a data collection instrument in this study. The Cronbach alpha test of this instrument was 0.84-0.88 which was acceptable. The researcher adapted the biographical information to suit the context of the study. The reliability of the study was also supported through a pilot study which tested the the reliability of the instrument.

3.9 VALIDITY

Rashid (2013:35) explained that validity determines whether an instrument precisely measures what it is supposed to measure. Two approaches to establish validity of the instrument were applied namely: content and construct validity. Content validity scrutinizes the extent to which the questionnaire includes all the major elements relevant to the construct being measured. The evidence for content validity was obtained from the literature, representatives of the relevant population and content experts. Construct validity describes the link between the instrument and related theory, because it determines whether the instrument actually measures the theoretical construct that it purports to measure (Grove *et al.*, 2013:393).

With reference to this study, questions in the questionnaire were related to job satisfaction of registered nurses working in public hospitals in Windhoek. Content validity of the study was

ensured by the input from the master's degree tutorial at the Department of Nursing and Midwifery, Stellenbosch University, as well as by the research supervisor, the literature searched and recognition by the human research ethics committee via ethical clearance given for the study. The validity of the study was also supported through a pilot study.

3.10 DATA COLLECTION

Data collection is the systematic gathering of information relevant to the research purpose or the specific objectives and questions of the study. (Grove *et al.*, 2013:691). After obtaining the permission to conduct research from the different authorities, the researcher then pursued to collect the data. The researcher met and briefed unit managers in a meeting about the study, before proceeding to the wards. During data collection, the researcher applied ethical principles and management skills towards participants. Participants were informed that the study was self-funded and that compensation was not possible. Participation was thus voluntary and they could withdraw without any repercussions. The questionnaire was delivered by hand in a sealed envelope to all eligible participants. The questionnaire was accompanied by a participant's information leaflet letter that encouraged the respondent to complete the questionnaire. The questionnaire had clear instructions on how it should be completed.

Participants who agreed to participate in the study were asked to sign a consent form before completing the questionnaire. The consent form was placed in a separate envelope. The questionnaire was completed and kept separate from the informed consent form. The researcher placed a closed sealed box with an opening which only allowed a questionnaire to be placed into it at the nurses' station in each unit or ward. Participants were asked that after completion of the questionnaire to place it into the box. In addition, participants were informed to complete the questionnaire during their free time and not to feel obligated to complete the questionnaire. A date and time for collection of the boxes were set, but the researcher also informed the participants that should they require more time to complete the questionnaires, the boxes would be collected at a later stage.

The questionnaires were distributed at both public hospitals during the second week of October 2018, the 08th and 09th between 08:00-10:00 and 14:00-16:00 for day duty staff and were collected on the 10th October between 11:00-13:00 and 16:00 -18:00 in the afternoon. There were two time slots for day staff, since they work shifts that end or start at 13:00. For night duty staff the questionnaires were distributed between the 10th and 11th October at 19:00-21:00 and collected on the 12th October 2018 at 06:00-07:00 in the morning.

Although the target population for this study was $n=120$, only 75 participants (representation rate of 63%) agreed to participate and only 53 completed questionnaires were returned, thus a return rate of 71% was achieved. The researcher was unable to hand out 120 questionnaires as only 75 registered nurses met the criteria to participate in the study. Many wards had less than four professional nurses in total which included newly qualified nurses who did not meet the criteria.

3.11 DATA ANALYSIS

Data analysis refers to the process of converting the raw data into meaningful information that enables the researcher to answer the research question. It includes a systematic arrangement and presentation of information, in order to search for ideas (Alshmemri, 2014:104). Grove *et al.* (2013:46) explained that data analyses are conducted to reduce, organize and give meaning to the data. Quantitative data analysis involves converting data into numerical format to enable statistical analysis. Furthermore, the analysis of data in quantitative research involves descriptive analysis that describes the demographic variables, as well as study variables and statistical techniques that test the relationships among variables (Grove *et al.*, 2013:46). Statistical methods enable the researcher to reduce, summarise, organise, manipulate, evaluate, interpret and communicate quantitative data. Data analysis thus helps the researcher to make conclusions from the data obtained in the study.

For the purpose of this study statistical associations were applied to determine any statistical associations between the dependent and independent data on a significant level of 0.05. Grove *et al.* (2013:608) stated that the research results in quantitative study are often presented in narrative format and organised tables. Tables present large amounts of detailed information concisely. Tables are used to demonstrate the relationships between variables and reduce the number of words in the text of the research report. Tables are developed to presents results from numerous statistical analyses. Thus, tables were used to show the results of this study.

Descriptive statistics such as mean and median were used to describe and summarise the data. The mean is a mathematical average of all the values of a variable in the study reported as a measure of tendency. The median refers to the middle of set or the score at the exact center of the ungrouped frequency distribution. (Grove *et al.*, 2013:552-555).

The data were captured on a spread sheet using the Microsoft Excel computer program. Each questionnaire was allocated an identity number, which identifies independent participants in the study. A variable name for each question was created as an example for gender: for gender male =1 and female =2. Statements on job satisfaction were assigned names and

were analysed as follows: Most dissatisfied =1, Dissatisfied =2, Satisfied = 3 and Most satisfied = 4. The data were then sent to a qualified biostatistician from Stellenbosch University, Faculty of Medicine and Health Sciences, Tygerberg campus who assisted with the analysis and interpretation. The statistical data in this study were analysed using Statistical Package for Social Sciences version 25.0 (SPSS).

3.12 SUMMARY

In this chapter, the research methodology followed for the purpose of the study was outlined. The chapter discussed in detail the study setting, research design, population and sampling methods used in this study. In addition, the chapter explained how data were collected and analysed. Reliability, validity and the data collection instrument were also explained.

3.13 CONCLUSION

A quantitative explorative descriptive design was followed in this study, in order to be able to answer the research question. The researcher was able to collect the data and capture it in a Microsoft Excel spread sheet for analysis. The data collected were analysed by a qualified biostatistician using SPSS version 25.0.

In the next chapter the results of the study will be discussed.

CHAPTER 4:

ANALYSIS AND RESULTS OF THE DATA

4.1 INTRODUCTION

This chapter introduces you to the results of the factors influencing job satisfaction of registered nurses working in public hospitals in Windhoek, Namibia. The results are based on data that was collected and analysed as described in chapter 3. Grove *et al.* (2013:608) reveal that the results of the study indicate what was learnt from the study and is best organized by research objectives, questions and hypothesis linked to the conceptual framework. This chapter begins with a demographical description, interpretation and characteristics of participants in section A. The demographic information is followed by the results from the 22 closed questions related to job satisfaction hygiene and motivation factors. The findings from an open-ended question on job satisfaction conclude this chapter.

4.2 DATA ANALYSIS

The analysis of the data was done by applying the SPSS version 25.0 for Windows with the help of a qualified biostatistician.

4.2.1 Inferential statistics

Inferential statistics are computed statistics used to draw conclusions and make inferences about the greater population, based on the sample data set (Grove *et al.*, 2013:542). Inferential statistics can be used to make decisions, draw conclusions and predictions regarding the characteristics of the population as obtained from the sample (Jooste, 2014:61). The Pearson chi-squared and Fisher's exact tests were applied in this study.

A *chi-square test* is used to analyse nominal data, by determining the significant differences between observed frequencies within the data and frequencies expected (Grove *et al.*, 2013:688). The data were analysed using a Pearson chi-squared test to compare significant associations or relationships between demographic data.

A *fisher's exact test* is a statistical test used to analyse two nominal variables and is usually used to test small sample sizes (McDonald, 2014:77).

4.2.2 Descriptive statistics

Descriptive statistics help a researcher to organise the data in ways that give meaning and facilitate insight, such as frequency distributions and measures of central tendency (Grove *et*

al., 2013:692). Descriptive statistics illustrate the center, spread and shape distributions which are useful in the primary instrument for data distribution (Jooste, 2014:61).

4.3 SECTION A: DEMOGRAPHICAL DATA

Demographical variables refer to attributes of subjects being measured during the study to describe the sample. The demographical data describe the characteristic of the sample and determine the population for generalisation of the findings (Grove *et al.*, 2013:154). The return rate of questionnaires was $n=53$ representing a 71% return rate calculated on 75 questionnaires that were distributed. All of the questions were not answered in some questionnaires; thus the frequency and percentage were based on the response rate to a question.

The demographical information included the participant's age, gender, marital status, educational qualification, working experience and length of stay at the current hospital. The sample characteristics obtained from the analysis is therefore presented in tables below.

4.3.1 Question 1: Age

Participants' ages were indicated in years. The mean age was 33.9; the youngest participant was 22 years and oldest 59 years.

4.3.2 Question 2: Gender

The gender distribution is illustrated in table 4.1. The results indicate that the majority of participants were female $n=43$ (81%).

Table 4.1: Gender

Gender	Frequency (f)	Percentages (%)
Male	10	19
Female	43	81
Total	$n= 53$	100.00

4.3.3 Marital status

Table 4.2 shows the marital status of the participants. The majority of participants $n=29$ (55%) were single.

Table 4.2: Marital status

Marital status	Frequency (f)	Percentage (%)
Single	29	55
Married	24	45
Total	$n= 53$	100.00

4.3.4 Qualification

Table 4.3 shows the participant's educational qualifications. The majority of participants had a diploma in nursing $n=25(47\%)$, followed by the Bachelors Honour's Degree in Nursing $n=20(38\%)$ participants.

Table 4.3: Qualification

Qualification	Frequency (f)	Percentages (%)
Diploma in Nursing	25	47
Bachelor Degree in Nursing	3	6
Bachelor Degree Honors in Nursing	20	38
Postgraduate Diploma in Nursing	3	6
Other	2	4
Total	n= 53	101.00

Percentages were rounded off

4.3.5 Working experience

The distribution of working experience is indicated in table 4.4. Most participants $n=20$ (38%) had more than 6 years and less than 10 years of working experience, followed by $n=18$ (34%) participants who had more than one year, but less than 5 years of experience.

Table 4.4: The working experience

Experience	Frequency (f)	Percentage (%)
>1≤5 years	18	34
≥6≤10 years	20	38
≥11≤19 years	8	15
≥20 years	7	13
Total	n= 53	100.00

4.3.6 Work duration at current hospital?

The minimum duration of participants working in the current hospital was more than one year, while the maximum duration was more than 20 years. The median is 50% which corresponds to one year and more.

4.4 SECTION B: STATEMENTS RELATED TO JOB SATISFACTION

In this section, participants were given an opportunity to express their views and feelings about their job. Participants were asked to make a cross in a box that described their feelings. Participants could respond to one of four options, namely: most dissatisfied, dissatisfied, satisfied, and most satisfied. Based on the conceptual framework of this study, this section was divided into two subsections, namely: subsection B1 and B2. In subsection B1 the interpreted results relate to hygienic factors, whereas subsection B2 covers motivational

factors according to Herzberg's theory (Herzberg, 1971:58-59). The results from the analysis are presented as follows:

4.4.1 Subsection B1: Hygienic factors

In this section statements related to hygienic factors include: Statement 1, 2, 4, 5, 7, 8, 9, 10 and 15 as related to Herzberg's theory (Herzberg, 1971:58-59).

4.4.1.1 *Statement 1: Boss handling of participants as workers*

This statement relates to supervision, an objective of the study. The table below indicates that the majority of registered nurses $n=33(62\%)$ were satisfied with the way their bosses treated them, while $n=7(13\%)$ were dissatisfied. The overall satisfaction level is $n=46(87\%)$. Further analysis shows that there is no significant relationship between the demographical data and the way the boss handles the participant as a worker.

Table 4.5: Boss handling of participant as a worker

Category	Frequency (f)	Percentage (%)
Dissatisfied	7	13
Satisfied	33	62
Most satisfied	13	25
Total	n= 53	100.00

4.4.1.2 *Statement 2: Competence of supervisor when making decisions*

This statement relates to the objective on supervision. Table 4.6 illustrates that $n=33(62\%)$ of the participants were satisfied with the competence of their supervisors when making decisions, while only $n=11(21\%)$ were dissatisfied. The overall satisfaction level is $n=42(79\%)$. No significant statistical relationships were identified between the demographical data and the competence of the supervisor when making decisions.

Table 4.6: The competence of my supervisor when making decisions

Category	Frequency (f)	Percentage (%)
Dissatisfied	11	21
Satisfied	33	62
Most satisfied	9	17
Total	n=53	100.00

4.4.1.3 *Statement 4: Hospital policies put into practice (rules and regulation)*

This statement relates to the objective organisation and administrative policies. With reference to this statement, the results conclude that $n=32(62\%)$ were satisfied and $n=9(17\%)$ were most satisfied with the way hospital policies on rules and regulation are put into practice. A statistical difference was identified between education levels and the way the hospital put into practice their policies applying the Fisher's exact statistical test ($p = 0.043$). Participants with a Diploma

in Nursing were more inclined to be satisfied compared to participants with a Bachelor Degree Honours in nursing participants who were less inclined to be satisfied with the way hospital policies are put into practice.

Table 4.7: Hospital policies put into practice (rules and regulation)

Category	Frequency (f)	Percentage (%)
Most dissatisfied	2	4
Dissatisfied	9	17
Satisfied	32	62
Most satisfied	9	17
Total	n=52	100.00

4.4.1.4 Statement 5: Access to hospital policies about information regarding patient care

This statement relates to the objective, organizational and administrative policies. Table 4.8 shows that n=33(62%) of the participants were satisfied with access to hospital policies about information regarding patient care and n=11(21%) were dissatisfied. The overall satisfaction level is n=40(75%). A statistical difference was identified between gender and access to hospital policies about information regarding patient care applying Pearson's chi-squared ($p=0.038$) and Fisher's exact $p=0.052$ statistical tests. The analysis has shown that males were more inclined to be satisfied, while female participants were less inclined to be satisfied.

Table 4.8: Access to hospital policies about information regarding patient care

Category	Frequency (f)	Percentage (%)
Most dissatisfied	2	4
Dissatisfied	11	21
Satisfied	33	62
Most satisfied	7	13
Total	n=53	100.00

4.4.1.5 Statement 7: Pay and benefits in comparison to work assignments

This statement relates to the objective, pay and incentives. Table 4.9 shows that the overall dissatisfaction level is n=32(60%), whereas n=21(40%) were satisfied with their pay. A further analysis shows no statistical differences between the demographical data and their pay and benefits in comparison to their work.

Table 4.9: Pay and benefits in comparison to work assignments

Category	Frequency (f)	Percentage (%)
Most dissatisfied	8	15
Dissatisfied	24	45
Satisfied	14	27
Most satisfied	7	13
Total	n=53	100.00

4.4.1.6 Statement 8: Attitudes of co-workers

This statement relates to the objective about the relationship between co-workers. The results as shown in table 4.10 shows that n=37(71%) of the participants were satisfied, while n=7(14%) were dissatisfied with the attitude of co-workers towards one another. The overall satisfaction level is n=45(87%). However, further analysis shows that there are no statistical differences between the demographical data and the attitudes of co-workers.

Table 4.10: Attitudes of co-workers

Category	Frequency (f)	Percentage (%)
Dissatisfied	7	14
Satisfied	37	71
Most satisfied	8	15
Total	n=52	100.00

4.4.1.7 Statement 9: The working conditions of the workplace

This statement relates to the objective about the working conditions. The analysis results as illustrated in table 4.11 show that n=22(42%) expressed that they were dissatisfied with their working conditions, while n=6(11%) were most dissatisfied. The overall dissatisfaction level is n=28(53%). No significant differences were identified between the demographical data and working conditions.

Table 4.11: The working conditions of the working place

Category	Frequency (f)	Percentage (%)
Most dissatisfied	6	11
Dissatisfied	22	42
Satisfied	21	40
Most satisfied	4	8
Total	n=53	101.00

Percentages were rounded off

4.4.1.8 Statement 10: Co-workers' relationship with one another

This statement relates to the objective relationships between co-workers. Most participants n=34(66%) were satisfied, while dissatisfied and most satisfied categories had the same

n=9(17%) as shown in table 4.12. The overall satisfaction level is n=43(83 %). Further analysis indicates that there is no significant statistical relationships between the demographical data and the relationship of co-workers.

Table 4.12: Co-workers' relationship with one another

Category	Frequency (f)	Percentage (%)
Dissatisfied	9	17
Satisfied	34	66
Most satisfied	9	17
Total	n=52	100.00

4.4.1.9 Statement 15: Being able to do things that do not go against my conscience

This statement relates to the objective about the working conditions. Most participants n=29(55%) were satisfied with being able to do things that do not go against their conscience. The dissatisfied and most satisfied categories were both n=12(23%). The overall satisfaction level was n=41(77%). However, no significant statistical relationships were identified between demographical data and this statement.

Table 4.13: Being able to do things that do not go against my conscience

Category	Frequency (f)	Percentage (%)
Dissatisfied	12	23
Satisfied	29	55
Most satisfied	12	23
Total	53	101.00

Percentage rounded off

4.4.2 Subsection B2: Motivation factors

Statements related to motivation factors are: 3, 6, 11, 12, 13, 14, 16, 17, 18, 19, 20, 21 and 22 as related to Herzberg's theory (Herzberg, 1971:58-59).

4.4.2.1 Statement 3: Job provides steady employment

This statement relates to the objective about work. The results show that n=27(53%) of the participants were satisfied with the way their jobs provided them with steady employment, while n=8(16%) were dissatisfied (Table 4.14). The overall satisfaction level is n=43(84%). In addition, the data analysis shows no significant statistical differences between the demographical data and the way their jobs provide steady employment.

Table 4.14: The way my job provides steady employment

Category	Frequency (f)	Percentage (%)
Dissatisfied	8	16
Satisfied	27	53
Most satisfied	16	31
Total	n=51	100.00

4.4.2.2 Statement 6: Applying own methods of doing the job

This statement relates to the objective about recognition. The results as shown in table 4.15 show that n=34(68%) of the participants expressed their satisfaction with the chance to try their own methods of doing their job, while n=11(22%) indicated that they were dissatisfied. The overall satisfaction level is n=37(74%). No statistical differences were identified between the demographical data and participants applying their own methods of doing the job.

Table 4.15: Applying own methods of doing the job

Category	Frequency (f)	Percentage %
Most dissatisfied	2	4
Dissatisfied	11	22
Satisfied	34	68
Most satisfied	3	6
Total	n=50	100.00

4.4.2.3 Statement 11: Being able to keep busy at all times

This statement relates to the objective about work. Most participants were satisfied n=32(62%) as shown in table 4.16. The overall satisfaction level is n=45(87%). Further analysis shows that there is a statistical significant difference between education level and being able to keep busy at all times applying Pearson's chi-squared statistical test ($p=0.031$). The participants with a Diploma in Nursing were more likely to be satisfied in comparison to participants with a Bachelor Degree Honours in Nursing who were less inclined to be satisfied with being able to keep busy at all times.

Table 4.16: Being able to keep busy at all times

Category	Frequency (f)	Percentage (%)
Most dissatisfied	1	2
Dissatisfied	6	12
Satisfied	32	62
Most satisfied	13	25
Total	n=52	101.00

Percentage rounded off

4.4.2.4 **Statement 12: The chance to work individually and independently**

This statement is aligned to the objective about responsibility. Most participants $n=35(66\%)$ were satisfied, while $n=15(28\%)$ were most satisfied with the chance to work individually and independently as shown in table 4.17. The overall satisfaction level is $n=50(94\%)$. Furthermore, no statistical differences were identified between the demographical data and the chance to work individually and independently.

Table 4.17: The chance to work individually and independently

Category	Frequency (f)	Percentage (%)
Most dissatisfied	1	2
Dissatisfied	2	4
Satisfied	35	66
Most satisfied	15	28
Total	$n=53$	100.00

4.4.2.5 **Statement 13: The chance to do different things**

This statement relates to the objective about work. The results from the analysis as shown in table 4.18 show that $n=34(64\%)$ were satisfied, while $n=13(25\%)$ were dissatisfied with a chance to do different things from time to time. The overall satisfaction level is $n=38(72\%)$. Further analysis shows that there were no significant relationships between the biographical data and the chance to do different things from time to time.

Table 4.18: The chance to do different things from time to time

Category	Frequency (f)	Percentage (%)
Most dissatisfied	2	4
Dissatisfied	13	25
Satisfied	34	64
Most satisfied	4	8
Total	$n= 53$	101.00

Percentages were rounded off

4.4.2.6 **Statement 14: Being someone useful in the community**

This statement relates to the objective of recognition. Table 4.19 shows that most participants $n=29(55\%)$ were satisfied and $n=17(32\%)$ were most satisfied with the chance to be someone useful in the community. The overall satisfaction level is $n=46(87\%)$. No significant statistical relationships were identified between demographical data and the chance to be someone useful in the community.

Table 4.19: Being someone useful in the community

Category	Frequency (f)	Percentage (%)
Most dissatisfied	2	4
Dissatisfied	5	9
Satisfied	29	55
Most satisfied	17	32
Total	53	100.00

4.4.2.7 Statement 16: The chance to do things for other people

This statement relates to the objective about achievement. Results show that n=27(51%) of participants were satisfied and n=17(32%) were most satisfied with the chance to do things for other people as shown in table 4.20. The overall satisfaction level is n=44(83%). No significant statistical relationships were identified between the demographical data and the chance to do things for other people.

Table 4.20: The chance to do things for other people

Category	Frequency (%)	Percentage (%)
Most dissatisfied	3	6
Dissatisfied	6	11
Satisfied	27	51
Most satisfied	17	32
Total	n=53	100.00

4.4.2.8 Statement 17: The chance to delegate or tell people what to do

This statement relates to the objective about achievement. Table 4.21 shows that n=28 (54%) of the participants were satisfied and n=18(35%) were most satisfied with the chance to delegate or tell people what to do. The overall job satisfaction level is n=46(88%). The analysis further shows a statistical difference between education and the chance to delegate or tell people what to do applying Pearson's chi-squared ($p=0.057$) and Fisher's exact ($p=0.037$) statistical tests. The participants with a Diploma in Nursing were more inclined to be satisfied with the chance to delegate or tell people what to do, whereas participants with a Bachelor Degree Honours in Nursing were less inclined to be satisfied.

Table 4.21: The chance to delegate people on what to do

Category	Frequency (f)	Percentage (%)
Dissatisfied	6	12
Satisfied	28	54
Most satisfied	18	35
Total	n=52	101.00

Percentages were rounded off

4.4.2.9 Statement 18: The chance to make me use my abilities

This statement relates to the objective of personal growth and advancement. Most participants were satisfied $n=35(66\%)$, while $n=13(25\%)$ were most satisfied as shown in table 4.22. The overall satisfaction level is $n=48(91\%)$. No statistical significant differences were identified between the demographical data and the chance to make use of abilities.

Table 4.22: The chance to make me use my abilities

Category	Frequency (f)	Percentage (%)
Dissatisfied	5	9
Satisfied	35	66
Most satisfied	13	25
Total	$n=53$	100.00

4.4.2.10 Statement 19: The freedom to use my own judgment

This statement relates to the objective about recognition. The results as shown in table 4.23 indicate that $n=30(57\%)$ were satisfied, $n=12(23\%)$ were dissatisfied and $n=10(19\%)$ were most satisfied with the freedom to use their own judgment. The overall satisfaction is $n=40(76\%)$ were satisfied with the freedom to use their own judgment. A significant statistical association between the education levels and the freedom to use their own judgment applying Pearson's chi-squared statistical test ($p = 0.014$) was identified. The participants with a Diploma in Nursing were more inclined to be satisfied than participants with a Bachelor Degree Honours in Nursing who were less satisfied with the freedom to use their own judgment.

Table 4.23: Freedom to use own judgment

Category	Frequency (f)	Percentage (%)
Most dissatisfied	1	2
Dissatisfied	12	23
Satisfied	30	57
Most satisfied	10	19
Total	$n=53$	100.00

Percentage were rounded off

4.4.2.11 Statement 20: The chance to try own methods of doing the job

This statement is related to the objective of recognition. The analysis shows that the dissatisfied and most satisfied categories had an equal number of participants, $n=12(23\%)$ as shown in table 4.24. However, most participants $n=28(53\%)$ were satisfied with the chance to try their own methods of doing the job. The overall satisfaction is $n=40(76\%)$. A statistical difference was identified between marital status and the chance to try their own methods of doing the job applying statistical tests, Pearson's chi-square ($p=0.031$) and Fisher's exact ($p=0.023$). The single participants were more inclined to be satisfied compared to married

participants who were less inclined to be satisfied with the chance to try their own methods of doing the job.

Table 4.24: The chance to try own methods of doing the job

Category	Frequency (f)	Percentage (%)
Most dissatisfied	1	2
Dissatisfied	12	23
Satisfied	28	53
Most satisfied	12	23
Total	53	101.00

Percentages were rounded off

4.4.2.12 Statement 21: The feeling of accomplishment from the job

This statement refers to the objective about achievement. The results as shown in table 4.25 indicate that n=30(58%) of the participants were satisfied with the accomplishment they got from their jobs, while n=13(25%) were most satisfied. The overall satisfaction level is n=43(83%). A statistical difference was identified between education levels and the feeling of accomplishment participants got from their jobs applying Pearson's chi-squared statistical test ($p=0.000$). The participants who were more inclined to feel satisfied with the accomplishments from their jobs were those with a Diploma in Nursing. Participants with a Bachelor Degree Honours in Nursing were less satisfied.

Table 4.25: The feeling of accomplishment I get from my job

Category	Frequency (f)	Percentage (%)
Most dissatisfied	2	4
Dissatisfied	7	13
Satisfied	30	58
Most satisfied	13	25
Total	n=52	100.00

4.4.2.13 Statement 22: Promotion and advancement opportunity

This statement refers to the objective of personal growth and advancement. The chance for promotion and advancement opportunity seems to be a problem with n=21(40%) participants indicating they were dissatisfied and n=14(26%) were most dissatisfied as shown in table 4.26. The overall dissatisfaction level of participants were n=35(66%). No statistical significant difference was identified between demographical data and the chance for promotion and advancement opportunity.

Table 4.26: Promotion and advancement opportunity

Category	Frequency (f)	Percentage (%)
Most dissatisfied	14	26
Dissatisfied	21	40
Satisfied	12	23
Most satisfied	6	11
Total	n=53	100.00

4.5 OPEN-ENDED QUESTION 23: REASONS FOR RESIGNATION SHOULD PARTICIPANTS DECIDE TO RESIGN FROM THEIR CURRENT EMPLOYMENT

The open-ended question was analysed qualitatively. The participants' responses were coded into sub-themes and then converted into themes of hygiene and motivation factors as guided by the objectives of the study according to Herzberg's theory, as the conceptual framework.

Fifty-one participants expressed their view regarding this question, with only two participants who did not answer this question. Thus, the response rate to this question was N=51(96%). As per participants' response, n=16(31%) indicated that they had no plans to resign from their current job. However, 35 participants would have a reason(s) to resign. The question was further analysed into themes as follows:

- **Low salaries and benefits:** n=8(16%) participants were of the opinion that should they decide to resign, it will be due to low salaries and benefits.
- **Greener pastures:** n=6(12%) indicated that they would resign in search of greener pastures.
- **Working conditions:** n=5(10%) participants cited poor working environment conditions as a reason that will force them to resign.
- **Lack of equipment:** n=2(4%) would resign due to lack of equipment.
- **The work itself:** n=7(14%) participants has indicated work overload as a push factor towards resignation.
- **Shortage of staff:** n=7(14%) believe a shortage of staff might be the reason that will force them to resign.
- **Personal growth and advancement:** n=5(10%) participants would resign to further their studies.
- **Lack of promotion and advancement:** n=4(8%) participants felt lack of promotion and advancement within the job will result in resignation.
- **Recognition:** n=4(8%) participants would resign in search for high self- actualization on job satisfaction, new challenges and lack of respect and appreciation from patients.
- **Poor relationship:** n=2(4%) would resign due to poor relationships between co-workers.

4.6 SUMMARY

The results and statistical analysis of what was learnt from this study were described in this chapter. The results relates to the study objectives, research questions and conceptual framework.

4.7 CONCLUSION

The research question which was what are the factors influencing job satisfaction of registered nurses working at public hospitals in Windhoek, Namibia was answered as indicated by the results in this chapter. The objectives of the study were covered and further identified as per hygienic and motivation factors. The majority of objectives had no statistical associations or differences. The results further show that most participants were satisfied according to frequencies.

The next chapter provides the discussion on the findings as per study objectives. The key findings are concluded and recommendations for practice and further research are emphasized.

CHAPTER 5:

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.1 INTRODUCTION

In this chapter the results are discussed based on the study aims and objectives related to factors influencing job satisfaction of registered nurses working in public hospitals in Windhoek, Namibia. In addition, the study limitations, recommendations and the need for future research are proposed in this chapter.

5.2 DISCUSSION

The objectives are discussed based on hygienic and motivation factors (Herzberg, 1971:58-59). The objectives of the study were to determine whether job satisfaction of registered nurses was influenced by

- Hygiene factors
 - Supervision
 - Salaries
 - Organisation and administration policies
 - Relationship between co-workers
 - Working conditions
- Motivation factors
 - Recognition
 - Achievement
 - The work itself
 - Personal growth and advancement
 - Responsibility

5.2.1 Objectives: Hygiene factors

5.2.1.1 Supervision

The study has shown that the majority of participants (87%) were satisfied with the supervision of their supervisors. In addition, (79%) were satisfied with the competence of their supervisors when making decisions (Tables 4.5 and 4.6). However, not all participants were satisfied as shown in tables 4.5 and 4.6 which could be problematic in the organisation. Supportive supervision plays an important role in determining job satisfaction (Kupur, 2018:05). When employees are properly guided, managed and directed, it increases employees' job performance and retention. Adequate supervision helps employees to develop a sense of

belonging and a feeling of being appreciated, heard and taken care of, thus increasing job satisfaction. Kossivi *et al.* (2016:264) emphasised that management style and the way employees are managed, influence their job satisfaction positively. Employees experiencing participatory and supportive supervision in their workplace demonstrate positive actions and commitment towards their work (Ogweyo, 2013:10). On the other hand, a negative supervisor-employee relationship in a given organisation gives the impression to employees that they are not valued, which lowers job satisfaction, job commitment and increases turnover and intention to leave (Baylor, 2010:30).

5.2.1.2 Salaries

Most participants (60%) were dissatisfied, while (40%) were satisfied with their pay and benefits in comparison to their work assignments (Table 4.9). The results are supported by Khunou and Davhana-Maselesele (2016:08) who found that 88% of nurses in North West Province, in South Africa were dissatisfied with their salaries. Haoses *et al.* (2014:11) in their study concluded that 70% of nurses in Namibia were dissatisfied with their salaries. Pay is an important factor that influences job satisfaction. As described in paragraph 2.11.2.3, fair and good compensation does not only keep nurses productive within the organisation, but also helps an organisation to achieve desired results. Poor salaries and remuneration lower nurses' job satisfaction, their level of professionalism, their performance that promotes frustration and dissatisfaction (Dhurup *et al.*, 2014:83).

5.2.1.3 Organisation and administration policies

Organisational policies are more concerned with the way in which an organisation is managed in a centralised, specialised and formalised way (Mitchell & Esnard, 2014:28). The policies include rules that specify how to complete given tasks, as well as guiding behaviours in which employees should adhere to. Organisational policies are crucial to job satisfaction and when rules are too rigid it decreases job satisfaction. It is therefore important for managers to consult employees when setting up organisational policies (Mitchel & Esnard, 2014:28). A statistical difference ($p=0.038$) was identified between gender and access to hospital policies about information regarding patient care in paragraph 4.4.1.4. Female participants were more inclined to be less satisfied, who account for the majority of the staffing component as shown in table 4.1 which could be problematic in the organisation. Furthermore, a statistical difference as described in paragraph 4.4.1.3 was identified between education levels and the way hospital policies are put into place, and participants with Bachelor Degree Honours in Nursing were more inclined to be less satisfied ($p=0.043$). Xu (2015:46) stated that educational level has an influence on job satisfaction, because nurses with higher educational qualifications want to be involved in decision making and expect higher salaries Xu (2015:46) further stated

that nurses with higher qualifications were dissatisfied with their work, due to the fact that they were doing the same job as nurses with lower qualifications and were receiving the same treatment from the managers. Consequently, they feel that the organisations do not recognise their higher education levels and this lowers job satisfaction.

5.2.1.4 Relationships among co-workers

Mitchell and Esnard (2014:29) stated that supportive friendly interaction among employees influences job satisfaction. As shown in table 4.10 the results show that 87% were satisfied, while 13% were dissatisfied with attitudes of co-workers among themselves. In addition, table 4.12, indicates that 83% of participants were satisfied and 17% were dissatisfied with the relationships among co-workers. However, there were participants who were dissatisfied which could be as a result of various factors, such as nurses who are victims of physical and verbal abuse (Bordignon & Monteiro, 2016:940). An employee's relationship is a valuable tool that influence job satisfaction for both the individual and organisation, because it helps workers to support and assist one another in their daily execution of their duties, stress reduction and communication (Ogweyo, 2013:90). It is important that hospital managers recommend a work setting that fosters a friendly interaction with limited hostility, good communication and mutually respectful relationships among all nurses as this increases job satisfaction (Mitchell & Esnard, 2014:29). In healthcare organisations where poor relationships among employees exist, job dissatisfaction is likely to be high and contributes to job-related depression and burnout that in turn increases the likelihood of turnover (Baylor, 2010:30).

5.2.1.5 Working conditions

The majority of participants (53%) were dissatisfied and 47% were satisfied with working conditions as shown in table 4.11. A study done by Khunou and Davhana-Maselesele (2016:08) has shown that 87% of nurses were dissatisfied with their working conditions and working environment which included clean working environments, adequate equipment and supplies. Hamid *et al.* (2014:32) in their study found that nurses who were working in public hospitals in Pakistan were working under harsh conditions and thus were dissatisfied. The study has further shown that nurses were overworked due to staff shortage. In Limpopo, South Africa a study done by Matlala and Van der Westhuizen (2012:17) indicated that the majority of nurses were dissatisfied with their workload and the shortage of staff. The working conditions environment plays an important role in determining job satisfaction of employees (Kupur, 2018:05). Employees execute their duty well when their working environment is comfortable and when all office equipment needed to carry out daily activities are available. A comfortable working environment does not only promote harmony and job satisfaction among employees, but it enhances job performance of the employees which increases the productivity

level of the organisation (Kupur, 2018:05). On the other hand when the working conditions are not comfortable job satisfaction decreases. Khunou and Davhana-Maselesele (2016:08) concluded that poor and uncomfortable working conditions in the workplace dissatisfy and frustrate nurses and can cause nurses to leave.

5.2.2 Conclusion: Hygiene factors

Despite the fact that an overall positive result was obtained in job satisfaction, there are participants who are dissatisfied, which the organisations should take cognizance of. Most participants were dissatisfied with their salaries and working conditions. Participants with a Bachelor Degree Honours in Nursing were found to be less satisfied with their jobs than those with a Diploma in Nursing.

5.2.3 Motivation factors

5.2.3.1 Recognition

The overall job satisfaction is high as illustrated in tables 4.15, 4.19 and 4.23. The study reveals that 74% were satisfied, while 26% were dissatisfied applying their own methods of doing their jobs, of being someone in the community with the overall satisfaction of 87%, and 76% satisfied with their freedom to use own judgment. However, recognition is not experienced by all employees which should be addressed by an organisation. The results are comparable with with Bekru *et al.* (2017:5) who identified that 63% of midwives in Addis Abba were satisfied with the recognition they got from their job. The findings from this study are in contradiction with the findings of the study done by Sojane *et al.* (2016:4) who found that 55% of nurses working in the Free State and North West provinces were dissatisfied with the praise and recognition from their managers. Recognition as a need is linked to self-esteem of Maslow's hierarchy of needs as discussed in paragraph 2.4.2. Recognition acts as motivation and signals that employees are appreciated and recognised for their contribution (Baylor, 2010:33). It is important that hospital administrators recognise their employees for a job well done, acknowledge employees' efforts and provide concrete feedback as this increases staff morale and job satisfaction (Bekru *et al.*, 2017:13).

5.2.3.2 Achievement

Ekici (2017:135) stated that managers should acknowledge employees' work at all times, because it influences job satisfaction. When employees are not acknowledged, they usually experience ambiguity about how their work is perceived. The feeling of ambiguity negatively affects job satisfaction. Thus, it is important that supervisors appreciate the achievement of nurses and reward them for good work done. This study has shown that there is a statistical significant difference ($p=0.000$) between education and the feeling of accomplishment that

participants got from their jobs (Table 4.25). Participants with a Bachelor Degree Honours in Nursing were less inclined to be satisfied than those with a Diploma in Nursing. The findings are supported by Kapur (2018:06) who stated that individual employees with a high level of education are usually dissatisfied with their job. They feel dissatisfied because they are performing routine and repetitive activities. Therefore, it is important that managers delegate duties based on qualification, skills and abilities to ensure optimum utilisation of resources. When employees' educational levels are not recognised, it decreases job satisfaction (Kupur, 2018:06).

5.2.3.3 The work itself

Although most participants (84%) were satisfied that their jobs provided steady employment, 16% were dissatisfied as shown in table 4.14 which is problematic in an organisation. Furthermore, a statistical significant difference ($p=0.031$) between education levels and being able to be kept busy at all times were identified as described in paragraph 4.4.2.3. The participants with a Bachelor Degree Honours in Nursing were less likely to be satisfied with being able to be kept busy at all times than the participants with a Diploma in Nursing (Paragraph 4.4.2.3). It is important that nursing managers delegate and clarify the responsibility that nurses should fulfill and acknowledge (Ekici *et al.*, 2017:135). The content of the job itself must be interesting, not too easy or difficult but enjoyable, more challenging and less stressful. Employees working in high challenging jobs are motivated and their performance and job satisfaction is high (Jooste, 2010:200; Alshmemri, 2014:80). Furthermore, the lack of clear performance expectations and unclear distribution of tasks decrease job satisfaction (Ekici *et al.*, 2017:153). Andrioti *et al.* (2017:86) concluded that employees who have a high level of education sometimes have expectations that are not fulfilled and thus job satisfaction can only collate with education.

5.2.3.4 Personal growth and advancement

Most participants (66%) were dissatisfied and only 34% were satisfied with the chance for promotion and advancement opportunity (Table 4.26). Hamid *et al.* (2014:32) have shown in their study that nurses in Pakistan were dissatisfied with promotion and opportunity for growth, including training programmes. The study described that training opportunities in public hospitals were not available, because management were reluctant to send them for training, because of a shortage of staff. Jooste (2010:200) suggests that rewarding employees through promotion will assist the organisation in meeting their desired goals. It is important that supervisors create equal training opportunities for employees to improve their skills and knowledge (Kossivi *et al.*, 2016:262; Al-Alawi *et al.*, 2016:3). When the chance for promotion is minimal it decreases employees job satisfaction. It is important that employees are allowed

to continue their education or are continuously provided with in-service training, orientation programmes that include attending workshops and conferences to improve their competence (Jooste, 2010:249).

5.2.3.5 Responsibility

Most participants (94%) were satisfied with the chance to work individually and independently (Table 4.17). However, the study showed that there was a significant difference ($p=0.014$) between education and the freedom to use their own judgment (Paragraph 4.4.2.10). Participants with a Bachelor Degree Honours in Nursing were less satisfied with the freedom to use own judgment. Nurses with higher qualifications have high expectations with reference to their jobs. They expect better treatment from manager, autonomy, and to be involved in decision making (Andrioti *et al.*, 2017:86; Xu, 2015:46). Mitchell and Esnard (2014:28) describe autonomy as an indication of independence or initiatives that has an influence on job satisfaction. Autonomy among nurses gives them some flexibility in making decisions that affect their working environment. Ekici *et al.* (2017:135) concluded that autonomy allows nurses to make independent decisions regarding their work assignments and implement activities in their work independently which increase job satisfaction. Furthermore, autonomy allows nurses to implement and observe implementation without permission from the supervisors and this increases job satisfaction. When employees' ability to apply autonomy, knowledge and skills independently is limited within their work environment, it reduces job satisfaction (Kupur, 2018:04).

5.2.4 Conclusion

The study has shown that there are participants who experience job satisfaction, but also dissatisfaction. Statistical differences were identified in achievement, the work itself and responsibility. It was specifically identified statistically that participants with a Bachelor Degree Honours in Nursing were most times less satisfied than those with a Diploma in Nursing.

5.3 LIMITATIONS OF THE STUDY

A study limitation refers to theoretical and methodological restrictions that may decrease the generalization of results (Grove *et al.*, 2013:598). The study targeted registered nurses only, therefore the findings are not applicable to other categories of nurses, e.g. enrolled nurses. In addition, the sample size of the study was small, because some participants refused to participate or did not return the questionnaires and the population group was smaller than anticipated. In addition, the researcher experienced delays in obtaining permission to conduct the research.

5.4 RECOMMENDATIONS BASED ON HYGIENE AND MOTIVATION FACTORS

5.4.1 Hygiene factors

5.4.1.1 *Transformational participatory management style*

It is important that managers involve their followers or staff in decision making. The work assignments must be allocated according to seniority, experience and individual capabilities. It is important that managers recognize the talents their employees demonstrate in the working environment. Administration must be transparent and fair.

5.4.1.2 *Salaries and incentives*

Policy makers must ensure that nurses receive a competitive salary and benefits based on inflation. Nurses should be paid according to their qualifications.

5.4.1.3 *Working conditions*

A conducive environment does not only ensure patient safety, it predicts job satisfaction of nurses. A flexible working atmosphere with enjoyable working experience that include a clean environment free from pollution, flexible working hours, job safety, space for resting and availability of modern tools and equipment are encouraged. In addition, employees must be given the necessary training in how to work safely, without endangering themselves or others. The staff establishment for nurses must be reviewed to curb the shortage of staff and work overload among nurses. Employee's health and wellness campaigns should be an annual event.

5.4.1.4 *Relationship among employees*

Team building activities such as a birthday list, annual leave plans and prize-giving ceremonies that include end of the year functions should be encouraged since it promotes the relationship among employees, thereby ensuring harmony in the working place.

5.4.2 Motivation factors

5.4.2.1 *Promotion opportunities*

Promotion and advancement opportunity within public hospitals should be examined for implementation. It is important that employees are promoted timely to avoid frustration. Policy makers should therefore create more promotional posts so that registered nurses are promoted timely.

5.4.2.2 *Continuous professional development*

The hospital managers must make sure that regular in-service training programmes are in place in the nursing units to refresh and improve nurses' knowledge and skills. Furthermore,

managers must identify individual expertise in specialised areas and send them on courses to improve their competence. Opportunities to further study should be encouraged. In addition, nurses must be allowed to attend workshops, conferences and seminars.

5.4.2.3 Recognition and achievement

Policy makers must set up recognition and achievement plans that include employees' appreciation day where the employer awards employees with gifts and publically acknowledge them. Performance appraisal bonuses and incentives based on work performance should be encouraged. A quarterly employees' survey or suggestion campaign to identify employees' needs should be carried out.

5.5 FUTURE RESEARCH

There is a need for further research about job satisfaction of nurses and studies are proposed as listed below:

- A longitudinal study is encouraged for the future.
- A qualitative research study is encouraged to obtain in-depth information related to job satisfaction in a specific healthcare sector.
- A study in another level of hospitals of the whole of Namibia.
- Job satisfaction of all nursing categories in both public and private hospitals needs to be investigated.

5.6 SIGNIFICANCE OF THE STUDY

This study was significant since it determined the level of job satisfaction of nurses in public hospitals in Windhoek, Namibia as described in chapter 4. This study reduces the gap regarding what is known and unknown about job satisfaction specifically in Namibia. The study findings will help the policy makers to address the problems as identified from the study by formulating new policies on how to improve the working conditions in public hospitals, adjustment of salaries according to inflation and work assignments of nurses and addressing the issues related to delayed promotion and advancement opportunities of registered nurses. The study highlighted significant differences in groups of participants. It is important that the Ministry of Health and Social Services respond to these differences to make sure that these registered nurses are not lost as described in paragraph 5.4. Furthermore, the study has expanded the knowledge and understanding of concepts related to job satisfaction of the researcher and future students can use this study as a reference for their study.

5.7 DISSEMINATION

It will be important to disseminate the results to various stakeholders. A presentation will be done at the annual academic nursing research day at Stellenbosch University. The report will

then be communicated to Ministry of Health and Social Services in writing that granted me a permission to conduct the study at their hospitals. A special presentation will be done at the hospitals where the research was conducted. Further presentations will be presented at professional nursing meetings and conferences. An electronic copy of this study will be available on Stellenbosch University library, Sun Scholar website for educators, fellow researchers and students to read. The results will be published in an accredited scientific journal.

5.8 CONCLUSION

This chapter discussed the results of the study based on research objectives. Limitations and recommendations from the study were suggested. The need for future research, dissemination of results and significance of the study concluded this chapter.

Job satisfaction of nurses is an important phenomenon as it influences the level of patient care. This study focused on job satisfaction of registered nurses working in public hospitals in Windhoek, Namibia. Although the overall study results according to frequencies have shown that registered nurses' satisfaction level differs, the majority of nurses were satisfied. It is important that nurses are satisfied with their job aspects. The study further reveals that certain aspects of their job cause job dissatisfaction. Dissatisfied nurses become disgruntled when their working environment is not conducive for working, their pay does not collate with their work assignments and when they are faced with authoritative management, which includes rigid rules and regulation. It is important that issues from dissatisfied nurses be addressed to retain them for the profession. Continuous dissatisfaction among nurses does not only put patients' lives at risk, but it results in nurses' change of working behaviour, poor patients' care and negligence that results in litigation. Litigation against nurses tarnishes the image of the nursing profession.

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APPENDICES

Appendix 1: Ethics approval from Stellenbosch University

Approved with Stipulations New Application

11/06/2018

Project ID: 6364

HREC Reference #: S18/03/046

Title: Factors influencing job satisfaction of registered nurses working at public hospitals in Windhoek, Namibia

Dear Mr Simon Shalonda

The **New Application** received on 23/05/2018 22:15 was reviewed by members of the **Health Research Ethics Committee** via Minimal Risk Review procedures on 11/06/2018 and was approved with stipulations.

Please note the following information about your approved research protocol:

Protocol Approval Period: **11-June-2018 – 10-June-2019**.

The stipulations of your ethics approval are as follows:

Do not mention the name of the contact person in the ethics office in the consent document. A telephone number will suffice.

Please remember to use your project **ID 6364** and ethics reference number on any documents or correspondence with the HREC/UREC concerning your research protocol.

Translation of the consent document(s) to the language(s) applicable to your study participants should now be submitted to the HREC.

Please note that this decision will be ratified at the next HREC full committee meeting. HREC reserves the right to suspend approval and to request changes or clarifications from applicants. The coordinator will notify the applicant (and if applicable, the supervisor) of the changes or suspension within 1 day of receiving the notice of suspension from HREC. HREC has the prerogative and authority to ask further questions, seek additional information, require further modifications, or monitor the conduct of your research and the consent process.

After Ethical Review:

Please note you can submit your progress report through the online ethics application process, available at: <https://apply.ethics.sun.ac.za> and the application should be submitted to the Committee before the year has expired. Please see [Forms and Instructions](#) on our HREC website for guidance on how to submit a progress report.

The Committee will then consider the continuation of the project for a further year (if necessary). Annually a number of projects may be selected randomly for an external audit.

Provincial and City of Cape Town Approval

Please note that for research at a primary or secondary healthcare facility, permission must still be obtained from the relevant authorities (Western Cape Department of Health and/or City Health) to conduct the research as stated in the protocol. Please consult the Western Cape Government website for access to the online Health Research Approval Process, see: <https://www.westerncape.gov.za/general-publication/health-research-approval-process>. Research that will be conducted at any tertiary academic institution requires approval from the relevant hospital manager. Ethics approval is required BEFORE approval can be obtained from these health authorities.

We wish you the best as you conduct your research.

For standard HREC forms and instructions, please visit: [Forms and Instructions](#) on our HREC website (www.sun.ac.za/healthresearchethics)

If you have any questions or need further assistance, please contact the HREC office at 021 938 9677.

Yours sincerely,

Mr. Franklin Weber

HREC Coordinator

National Health Research Ethics Council (NHREC) Registration Number:

REC-130408-012 (HREC1)•REC-230208-010 (HREC2)

Federal Wide Assurance Number: 00001372
Office of Human Research Protections (OHRP) Institutional Review Board (IRB) Number:
IRB0005240 (HREC1)•IRB0005239 (HREC2)

The Health Research Ethics Committee (HREC) complies with the SA National Health Act No. 61 of 2003 as it pertains to health research. The HREC abides by the ethical norms and principles for research, established by the [World Medical Association \(2013\). Declaration of Helsinki: Ethical Principles for Medical Research Involving Human Subjects](#); the South African Department of Health (2006). [Guidelines for Good Practice in the Conduct of Clinical Trials with Human Participants in South Africa \(2nd edition\)](#); as well as the Department of Health (2015). Ethics in Health Research: Principles, Processes and Structures (2nd edition).

The Health Research Ethics Committee reviews research involving human subjects conducted or supported by the Department of Health and Human Services, or other federal departments or agencies that apply the Federal Policy for the Protection of Human Subjects to such research (United States Code of Federal Regulations Title 45 Part 46); and/or clinical investigations regulated by the Food and Drug Administration (FDA) of the Department of Health and Human Services.

Appendix 2 (a): Permission obtained from Ministry of Health and Social services



REPUBLIC OF NAMIBIA

Ministry of Health and Social Services

Private Bag 13198
Windhoek
Namibia

Ministerial Building
Harvey Street
Windhoek

Tel: 061 – 203 2537
Fax: 061 – 222558
E-mail: btjivambi@mhss.gov.na

OFFICE OF THE PERMANENT SECRETARY

Ref: 17/3/3 SS

Enquiries: Mr. B. Tjivambi

Date: 18 September 2018

Mr. Simon Shalonda
PO Box 6197
Vineta
Swakopmund

Dear Mr. Shalonda

Re Factors influencing job satisfaction of registered nurses working in public Hospital in Windhoek, Namibia

1. Reference is made to your application to conduct the above-mentioned study.
2. The proposal has been evaluated and found to have merit.
3. **Kindly be informed that permission to conduct the study has been granted under the following conditions:**
 - 3.1 The data to be collected must only be used for academic purpose;
 - 3.2 No other data should be collected other than the data stated in the proposal;
 - 3.3 Stipulated ethical considerations in the protocol related to the protection of Human Subjects should be observed and adhered to, any violation thereof will lead to termination of the study at any stage;

- 3.4 A quarterly report to be submitted to the Ministry's Research Unit;
- 3.5 Preliminary findings to be submitted upon completion of the study;
- 3.6 Final report to be submitted upon completion of the study;
- 3.7 Separate permission should be sought from the Ministry for the publication of the findings.
4. All the cost implications that will result from this study will be the responsibility of the applicant and not of the MoHSS.

Yours sincerely,


MR. B.T. NANGOMBE
PERMANENT SECRETARY


"Health for All"

Appendix 2 (b): Permission obtained from Windhoek Central Hospital



REPUBLIC OF NAMIBIA
Ministry of Health and Social Services

Private Bag 13215	Harvey Street	Tel. No: (061) 203 3024
Windhoek	Windhoek Central Hospital	Fax No: (061) 222886
Namibia	Ref.	Date : 01 October 2018
Enquiries: Mrs. A. MOOTU		

OFFICE OF THE MEDICAL SUPERINTENDENT

To: Mr. Simon Shalonda
P O Box 6197
0813124770

Dear Mr. Shalonda

RE: PERMISSION TO CONDUCT A RESEARCH STUDY ON FACTORS INFLUENCING JOB SATISFACTION OF REGISTERED NURSES WORKING IN PUBLIC AT WINDHOEK CENTRAL HOSPITAL.

1. Reference is made to your application for the above mentioned job attachment.
2. Kindly be informed that permission has been granted under the following conditions.
 - 2.1 Patients/clients information should be kept confidential at all times.
 - 2.2 The purpose for job attachment is only for your study purposes as you have requested and it does not include any remuneration.

Thank you

Yours sincerely

DR. D. UIRAB
CHIEF MEDICAL SUPERINTENDENT



Appendix 2 (c): Permission obtained from Katutura Hospital



Republic of Namibia

Ministry of Health and Social Services

Private Bag 13215
WINDHOEK
Namibia

Intermediate Hospital Katutura
Independence Avenue
WINDHOEK

Telephone (061) 203 4004/5
Telefax (061) 222706

Enquiries: Ms. F.M. Shiweda

Date: 09 October 2018

OFFICE OF THE CHIEF MEDICAL OFFICER

**MR. SIMON SHALONDA
PO. BOX 6197
VINETA
SWAKOPMUND**

Dear Mr. Shalonda

**RE: ASSESSMENT OF FACTORS INFLUENCING JOB SATISFACTION OF REGISTERED
NURSES IN PUBLIC HOSPITAL IN WINDHOEK**

The above mentioned subject refers:

This office hereby grants you permission to do an assessment on factors influencing job satisfaction of Registered Nurses in public hospitals in Namibia at Intermediate Hospital Katutura, Windhoek, Khomas Region, Namibia.

Thank you

Yours in health


.....
**DR. F. M. SHIWEDA
CHIEF MEDICAL OFFICER**



Appendix 3: Participants information leaflet and declaration of consent by participant and investigator

PARTICIPANT INFORMATION LEAFLET AND CONSENT FORM

TITLE OF THE RESEARCH PROJECT: Factors Influencing job satisfaction of registered nurses working in public hospitals in Windhoek, Namibia.

REFERENCE NUMBER:

PRINCIPAL INVESTIGATOR: Shalonda Simon

ADDRESS: Faculty of Medicine and Health Sciences, *Stellenbosch University*

Contact details of the researcher: Mr Simon Shalonda

Cell no: +264 813124770

Email : shalondahs@yahoo.com

Contact details of my research supervisor: Prof Ethelwynn. Stellenberg,

Contact number: +27219389297

Email address : elstel@sun.ac.za

Contact details of Health Research Ethical Committee: HOD: Dr Nicola Barsdorf,

Contact no: 27+219389075

Email: nbarsdorf@sun.ac.za

Dear colleague

You are being invited to take part in a research project. Please take some time to read the information presented here, which will explain the details of this project. Please contact me if you require further explanation or clarification of any aspect of this project that you do not fully understand. It is very important that you are fully satisfied that you clearly understand what this research entails and how you could be involved. Also, your participation is **entirely voluntary** and you are free to decline to participate. If you say no, this will not **affect you negatively in any way whatsoever**. You are also free to **withdraw from the study at any point, even if you do agree to take part**.

This study has been approved by the **Health Research Ethics Committee at Stellenbosch University** and will be conducted according to accepted and applicable ethical guidelines and principles of the international Declaration of Helsinki 2013 and South African Guidelines for Good Clinical Practice.

What is this research study all about?

This study is all about factors influencing job satisfaction of registered nurses currently working in public hospitals in Windhoek, Namibia. Available literature suggested that many registered nurses in Namibia are overworked, dissatisfied, demotivated and demoralised and there is an on-going critical shortage and poor retention of skilled registered nurses in Namibia. With reference to that it is important that the researcher conducts a research study to explore and determine job satisfaction of registered nurses working in public hospitals.

The researcher's target population for this study includes all registered nurses with more than one year working experience employed in public hospitals in Windhoek, Namibia. Registered nurses have been chosen as the target population because of the on-going increased critical shortage and high turnover rate among these professionals. Registered nurses with working experience less than one year are excluded from this study because their working experience has not yet exposed them to variety of work experiences in the workplace.

The study will take place in the two public hospitals in Windhoek Namibia. The study includes the total population of 120 registered nurses provided that participation is voluntary. There will be no sampling as the full population will be included in the study.

Eligible registered nurses who agree to participate in the study have to sign a consent form before completing the questionnaire. The consent form must be placed and kept in a separate envelope and must not be placed in the same envelop with the completed questionnaire. The questionnaire will take approximately 15-20 minutes to complete.

The questionnaire and consent form will be delivered to you in separate sealed envelopes, and be delivered to your unit. It is important that you read and understand the instructions on how to fill the questionnaire.

Why have you been invited to participate?

You are invited to participate in this study because you are a registered nurse and an on-going critical shortage and poor retention of skilled registered nurses in public hospitals in Namibia exists. Moreover, agreeing to participate in this study gives you an opportunity to express your view and feelings about your present job, by indicating the level of satisfaction or dissatisfaction with an aspect

What will your responsibilities be?

First of all agree to participate in the study by signing the consent form. Keep the consent form separate from the questionnaire. Obtain a questionnaire, read each statement careful and make sure you understand it very careful, indicate how satisfied you feel about the aspect of your job described in the statement in an appropriate box.

The questionnaire must be completed individually and not in groups and you are advised to be honest with your answers.

Remember you have the right to withdraw from the study at any time of your choice even if you agree to take part.

Will you benefit from taking part in this research?

There is no direct benefit to you as a participant from this study. However the findings of this study will be communicated to you. The information obtained from this study will be used to make recommendations on how job satisfaction in public hospital may be enhanced.

Are there in risks involved in your taking part in this research?

There is no foreseeable harm or risk to you in this study. Your well-being is assured and you are thus protected from any possible harm or discomfort.

If you do not agree to take part, what alternatives do you have?

Participation is voluntary, should you decide not to participate or if you withdraw from the study you will not be penalised.

Who will have access to your questionnaire information/ data?

You are assured that your identity is confidential. The questionnaire is nameless, and thus anonymity will be maintained. Data will not be shared with anyone. The information and data obtained from this study will be locked and stored in a hard drive with a security password for five years. The hard drive will be accessible only to the researcher and the researcher's supervisor.

What will happen in the unlikely event such as if you become overwhelmed with emotion?

The study will take place in the hospital setting, should you become overwhelmed with emotion you will be referred to an onsite counseling service at the department of social welfare for counseling. The contact details for the social welfare department will be given to you should you become overwhelmed with emotion. Alternatively the researcher will be able to assist you to find a suitable therapist of your choice. The researcher will not be able to compensate you for the social welfare costs.

Will you be paid to take part in this study and are there any costs involved?

Since this is a self-funded study, you will not be paid or remunerated for your time to take part in the study project. Your participation is voluntary.

There will be no costs involved for you, if you do take part.

Is there anything else that you should know or do?

Should there be questions or something that you do not understand related to this study, please do not hesitate to contact me, Simon Shalonda (the principal investigator) or my research supervisor Prof E. Stellenberg on the above mentioned contact details.

Furthermore where doubt exist regarding this project or if you have any concerns or complaints that have not been adequately addressed by the principal investigator and my research supervisor, you as a participant have the right to contact Health Research Ethics Committee, Head of Division, Dr. Nicola Barsdoff on the contact details provided above.

You will receive a copy of this information and consent form for your own records.

If you are willing to participate in this study please sign the attached Declaration of consent and place it in the envelope available.

Yours sincerely

Simon Shalonda

Principal investigator

Declaration by participant

By signing below, I agree to take part in a research study entitled Factors Influencing Job Satisfaction of Registered nurses working in public hospitals in Windhoek, Namibia.

I declare that:

- I have read or had read to me this information and consent form and it is written in a language with which I am fluent and comfortable.

- I have had a chance to ask questions and all my questions have been adequately answered.
- I understand that taking part in this study is **voluntary** and I have not been pressurised to take part.
- I may choose to leave the study at any time and will not be penalised or prejudiced in any way.
- I may be asked to leave the study before it has finished, if the researcher feels it is in my best interests, or if I do not follow the study plan, as agreed to.

Signed at (*place*) On (*date*) 2018.

.....
Signature of participant

.....
Signature of witness

Declaration by investigator

I (*name*) declare that:

- I explained the information in this document to
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I did not use an interpreter.

Signed at (*place*) On (*date*) 2018.

.....
Signature of investigator

.....
Signature of witness

Appendix 4: Data collection instrument

Minnesota questionnaire short form

Factors Influencing Job Satisfaction of Registered nurses working in public hospitals in Windhoek, Namibia.

This questionnaire gives you an opportunity to express your view and feelings about your present job, by indicating the level of satisfaction or dissatisfaction with an aspect.

Read each statement carefully and make sure you understand it very well.

Indicate how satisfied you feel about the aspect of your job described in the statement.

Please take note of the following:

- This is an individual participation and questionnaires should not be completed in groups.
- Make a cross in the appropriate box that describes your feelings.
- Ensure that you only cross one box per statement.
- Be honest with your answers.
- Do not answer this questionnaire in groups.

Section A: Biographical information

1. Indicate your age.....

2. Gender

Male	
Female	

3. Marital status

Single	
Married	
Other	

4. Indicate your qualifications

Diploma in Nursing	
Bachelor Degree in Nursing	
Bachelor Degree Honors in Nursing	
Postgraduate Diploma in Nursing	
Masters in Nursing	
PHD in Nursing	
Other	

5. Working experience

>1 ≤5 years	
≥6≤10 years	
≥11≤19 years	
≥20 years	

6. How long have you been working at the current hospital?

>1≤5 years	
≥6≤10 years	
≥11≤19 years	
≥20 years	

Section B

This section consists of 22 statements related to job satisfaction. Make a cross (X) in the box that describe your feelings.

Statement				
With regard to my current job, this is how I feel about...	Most dissatisfied	Dissatisfied	Satisfied	Most satisfied

1. The way my boss handles me as a worker.				
2. The competence of my supervisor when making decisions.				
3. The way my job provides for steady employment.				
4. The way the hospital policies are put into practice (rules and regulation).				
5. Hospital policies regarding where to access information regarding patients care.				
6. The chance to try own methods of doing the job				
7. My pay/salary and benefits in comparison to my work assignments				
8. Attitudes of co-workers towards you.				
9. The working conditions such as cleanness of my work place, the use of modern tools and				

equipment and their availability.				
10. The way my co-workers get along with each other.				
11. Being able to keep busy at all times.				
12. The chance to work individually and independently on the job.				
13. The chance to do different things from time to time.				
14. The chance to be someone/somebody useful in the community.				
15. Being able to do things that do not go against my conscience.				
16. The chance to do things for other people.				
17. The chance to delegate to tell people what to do.				
18. The chance to do something that makes me use of my abilities.				

19. The freedom to use my own judgment.				
20. The chance to try my own method of doing the job via creativity.				
21. The feeling of accomplishment I get from my job.				
22. The chance for promotion and advancement opportunity within this job.				

23. Should you decide to resign from your current employment, what will be your reason (s) for leaving?

End

Simon Shalonda

Feb 2018

Appendix 5: Permission for use of the data collection instrument

Magic Copy Centre

From: Simon Shalondah <shalondahs@yahoo.com>
Sent: Saturday, 19 May 2018 10:24
To: magiccopy@iway.na
Subject: Fw: Permission to use Minnesota Satisfaction questionnaire

Sent from Yahoo Mail on Android

----- Forwarded message -----

From: "David Weiss" <djweiss@umn.edu>
To: "Simon Shalondah" <shalondahs@yahoo.com>
Sent: Mon, 17 Jul 2017 at 18:26
Subject: Re: Permission to use Minnesota Satisfaction questionnaire
Hello!

Thank you so much for your interest in the University of Minnesota's Vocational Psychology Research Center's assessments. We have transitioned to a [Creative Commons](#) license and will no longer be charging or providing permission letters for the use of our assessments. You can access samples of the assessments as well as the manuals online here: [Website](#). You may use the measures free of charge, but not for profit, by creating digital reproductions of the samples available online. Please note that this office and the University of Minnesota are unable to provide consultation on the measures or their scoring. We encourage you to read the manuals (found on our [Website](#)) and review the literature thoroughly prior to using any measures from our website.

Vocational Psychology Research

University of Minnesota

On Mon, Jul 17, 2017 at 7:53 AM, Psychology Main Office <psymain@umn.edu> wrote:

Central Office Staff
Department of Psychology, CLA
University of Minnesota
N218 Elliott Hall
(612) 625-2818

----- Forwarded message -----

From: Simon Shalondah <shalondahs@yahoo.com>
Date: Sat, Jul 15, 2017 at 4:00 PM
Subject: Permission to use Minnesota Satisfaction questionnaire
To: "psych@umn.edu" <psych@umn.edu>

Dear Sir/Madam

My name is Simon Shalonda. I am a Master of Nursing first year student at the University of Stellenbosch, South Africa.

One of the requirement for a research proposal is to use a well structured questionnaire.

I am hereby humbly requesting your department to grant me a permission to use your use your questionnaire for my research study that will take place in Windhoek, Namibia in 2018. My research topic is Job Satisfaction of Registered nurses.

I would like to use your Minnesota questionnaire short format,because its easy to understand and straight forward.

I am looking forward to your good response
Yours Sincerely

Simon Shalonda
University of Stellenbosch
South Africa.

Sent from Yahoo Mail on Android

David J. Weiss, Professor of Psychology
Editor, *Journal of Computerized Adaptive Testing*
Editor Emeritus, *Applied Psychological Measurement*
N660 Elliott Hall
University of Minnesota
Minneapolis MN 55455-0344 U.S.A.
Phone 612-625-0342 Fax 612-626-0345

Interested in Computerized Adaptive Testing?
Visit www.iacat.org

Appendix 6 (a): Declaration by language editor



English/Afrikaans
Afrikaans/English

3 Beroma Crescent Beroma Bellville
Tel 0219514257
Cell 0782648484
Email illona@toptutoring.co.za

* Translations * Editing * Proofreading
* Transcription of Historical Docs
* Transcription of Qualitative Research
* Preparation of Website Articles

TO WHOM IT MAY CONCERN

This letter serves to confirm that the undersigned

ILLONA ALTHAEA MEYER

has edited the language in this thesis for grammatical correctness and translated the Abstract.

Signed

Ms IA Meyer

3 December 2018

FOR: Simon Shalondah

TITLE: FACTORS INFLUENCING JOB SATISFACTION OF REGISTERED NURSES WORKING IN PUBLIC HOSPITALS, WINDHOEK, NAMIBIA

Appendix 6 (b): Declaration by technical editor



To whom it may concern

This letter serves as confirmation that I, Lize Vorster, performed the technical formatting of Shalonda Simon's thesis entitled:

Factors influencing job satisfaction of registered nurses working in public hospitals in Windhoek, Namibia

Technical formatting entails complying with the Stellenbosch University's technical requirements for theses and dissertations, as presented in the Calendar Part 1 – General or where relevant, the requirements of the department.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Lize Vorster', is written over a large, stylized 'X' mark.

Lize Vorster
Language Practitioner

