

Job Satisfaction, Engagement and Associated Factors Among Employees Working at Adama Hospital Medical College, Adama, Oromia Regional State, Ethiopia: Institution Based Cross Sectional Study*

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High level of professional satisfaction among healthcare workers earns high dividends such as higher worker force retention and patients satisfaction. The aim of this study is to assess level of employees satisfaction and associated factors among employees working in Adama hospital medical college town from January to March 2019. Institution based cross-sectional study design was employed. About 389 employees were interviewed. Multi variable logistic regression analysis was used to identify the relationship among predictors and outcome variable. Variables with P -value < 0.25 at bivariate logistic regression analysis were entered into multi variable logistic regression. P -value < 0.05 and adjusted odds ratio at 95% level of significance was be used to declare predictors of employees satisfaction. A total of 389 study participant responded to the questionnaires with response rate of 92.20%. More than half 212 (54.5%) were male and the mean age of study participants were 32.24 years ($SD \pm 7.87$). The overall level of job satisfaction was 185 (47.6%) (95% CI: 1.43, 1.53). Factors like shisha smoking (AOR, 0.4; 95% CI: 0.01, 0.44), co-workers relationship (AOR, 2.85; 95% CI: 1.21, 6.72), working environment (AOR, 4.08; 95% CI: 1.98, 8.41), autonomy at their working (AOR, 4.40; 95% CI: 1.89, 11.19), commitment for their organization (AOR, 2.48; 95% CI: 1.20, 5.10), performance evaluation (AOR, 5.69; 95% CI: 2.53, 12.80), promotion or growth opportunity (AOR, 9.58; 95% CI: 4.11, 22.32) and relationship with immediate supervisor (AOR, 4.59; 95% CI: 1.89, 11.19) shows significant association with employees' job satisfaction. The overall level of employees satisfaction is low. The organization should work on factors associated with employees' job satisfaction in order to increase satisfaction levels of employees.

Keywords: job, job satisfaction, job engagement, employee, Adama Hospital Medical College

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Introduction

An organization should recognize the benefits of human resource it controls. By benefits means resources that could be utilized to generate profits for the organization. Resources are things that contribute to the strength or weakness of an organization (Wernerfelt, 1984). Satisfaction is one of the competitive advantages which help organization to grow internally and externally in working environment. Satisfaction is the act of fulfilling a need, desire, appetite, or the feeling gained from such fulfilment. Satisfaction means you have had enough fulfilment of your desire, need, and feeling (Porter, 1985). The construct of employee satisfaction is important as satisfied employees can do more for organization in shape of better performance and productivity (Schneider, 1987).

Employees satisfaction is the individual employee general attitude towards the job. It is also an employee cognitive and affective evaluation of his or her job. According to Cranny, Smith, and Stone (1992), employee satisfaction is defined as the combination of affective reactions to the differential perceptions of what he/she wants to receive compared with what he/she actually receives. Spector (1997) defined employee satisfaction, as all the feelings that a given individual has about his/her job and its various aspects.

Employee satisfaction has significant impact on job performance and has benefits: increases employees performance, creates strong organizational commitment, increases employees morale, decreases absenteeism, low turnover, creates positive mental attitude, and increases customer satisfaction, organization success and reduce union activities (Judge, Thoresan, Bono, & Patton, 2001).

A person with high level of job satisfaction holds positive attitude towards the job while a person who is dissatisfied with his or her job holds negative attitude about the job (Parvin & Kabir, 2011). Employee satisfaction and job satisfaction are used interchangeably (Hackman & Oldham, 1975). Employee satisfaction is connected to usage of human resources and influences the quality and amount of work done describes the impact of employee satisfaction on customer satisfaction.

Job satisfaction reflects the extent to which individuals find fulfilment in their work. Job satisfaction is an affective or emotional response towards various facets of one's job. In other words, job satisfaction involves a person's positive or negative feelings about his or her job (Cranny, Smith, & Stone, 1992). Job satisfaction refers to a collection of opinions that an individual holds towards his or her job.

In America, 38% of employee were very satisfied with their current job (Lee, Esen, & DiNicola, 2017). In study conducted in higher education in Ethiopia, most of employee was moderately satisfied with their job but with specific job dimension, the highest dissatisfaction level was occurred in the area of salary and fringe benefits (Alemu, 2013). Many studies have been conducted in different parts of Ethiopia to assess employees satisfaction. In study conducted in western parts of Ethiopia, the overall level of job satisfaction among employees was 41.46% (Deriba, Sinke, Ereso, & Badacho, 2017). In another study conducted in Ethiopia at western Amhara region the overall job satisfaction of health professional working at Western Amhara region was 31.7% (Temesgen, Aycheh, & Leshargie, 2018). In study conducted in Mekelle University among academic staff, about 50.4% of employees satisfied (Gebrekiros Hagos, 2015). In study conducted in West Gojam among nurses professionals and health care workers in Jima University the level of job satisfaction were 54.2% and 46.2% respectively (Haile, Gualu, Zeleke, & Dessalegn, 2017; Yami, Hamza, Hassen, Jira, & Sudhakar, 2011). In another study conducted in south west region of Ethiopia among nurses working in public hospitals, the overall satisfaction level was high (67.43%) compared to different types of studies conducted in different parts of Ethiopia (Ayele, 2014). In studies conducted another part among Anesthesia professionals and

Midwives the overall level of employees satisfaction was 42.5% and 52.9% respectively (Kibwana, Yigzaw, van Roosmalen, & Stekelenburg, 2018; Bekru, Cherie, & Anjulo, 2017). Employees satisfaction can be influenced by the factors like salary, working environment, autonomy, communication, and organizational commitment (Lane, Esser, Holte, & McCusker, 2010; Vidal, Valle, & Aragón, 2007). But in study conducted in Bangladeshi pharmaceutical company, it shows that factors like working conditions, pay and promotion, job security and relationship with co-workers the study found that there is effect on level of employee job satisfaction but the relationship with immediate supervisor shows negative effect on employee satisfaction (Rahman, Akhter, Chowdhury, Islam, & Haque, 2013).

Study conducted in Sidama zone, Ethiopia, on factor influencing nurses job satisfaction, shows that factors like working experience of staffs, age, institutions, sex, and working unit of nurses shows significant association to overall satisfaction of workers (Asegid, Belachew, & Yimam, 2014). In another study conducted in Pakistan, factors like Participation in decision making, empowerment, reward and recognition, workplace environment are the four major factors that affect the employee job satisfaction (Waqas, Bashir, Sattar, Abdullah, Hussain, Anjum, Ali, & Arshad, 2014). In study conducted by Sharma and Khanna (2014) on bank workers, factors like salary of employees, performance appraisal system, promotional strategies, employee's relationship with management and other co-employees, training and development program, work burden and working hours are found important for improving job satisfaction of bank employees in banks.

A study conducted in Slovenian hospital by Lorber and Skela Savič (2012), suggested that "Job satisfaction is positively correlated with leadership style, managerial competencies and personal characteristics of leaders" (pp. 263-270). Kadarisman (2012) concluded that "salary, benefits and facilities, the relationship between superiors and subordinates, the relationship among co-workers, development opportunity, safety at work, education, Policies within the organization, conflict resolution and career achievements are the dominant factor that affects the job satisfaction in government organization" (pp. 61-68).

According to the conclusion made by the study conducted in Delhi, India, made on the government employees satisfaction level, factors like job security and supervisory support, appreciation and salary, job engagement and autonomy, job advancement, empowerment and job enrichment enhance the job satisfaction of employees (Prerana, 2017). In another study conducted in Bangladesh pharmaceutical company, employees are satisfied with the recruitment and selection, and training and development policy and practices of pharmaceutical companies. On the other hand, employees are dissatisfied with the human resource planning, working environment, compensation policy, performance appraisal, and industrial relations (Rahman et al., 2013).

Study conducted in western part of Ethiopia among health professional working in public health center, factors like compensation (benefits), recognition by management, and opportunity for development were associated with job satisfaction. A unit increase in salary and incentives and recognition by management scores resulted in 0.459 and 0.156 unit increases in job satisfaction scores, respectively (Deriba et al., 2017). In another study conducted in Western Amhara region, Ethiopia, factors like presence of health professionals' reference manual/guide, alcohol drinking, workload, experience, educational status and profession types were found to be significant factors associated with health care professionals' job satisfaction level. Professional being laboratory technicians, pharmacists and environmental health workers were 4.86 times more likely to be satisfied than nurses, midwives and public health officers. Similarly, educational status, degree and above holders were 5.64 times more likely to be satisfied than below degree holders. Work experience of health professionals with more than three years shows significant association, which were 2.83 times more likely to be

satisfied than counterpart. Health professionals who had high workloads were 3.99 times more likely to be satisfied than those professionals whose workload was low. Professionals who did not drink alcohol were 3.55 times more likely to be satisfied than professionals who drank. Professionals who consult health reference manual/guide were 15.96 more likely to satisfy themselves than those professional who did not (Temesgen, Aycheh, & Leshargie, 2018). Nature of work made satisfies and promotion made dissatisfied employees among nurses working in East Gojjam Zone Public Hospitals Northwest Ethiopia (Haile et al., 2017). In study conducted among Anesthesia professionals, work environment (1.87), and more than 10 years of experience working in the public health system (4.96) were found to be predictors of job satisfaction (Kibwana et al., 2018).

In one the study conducted in Addis Ababa, Ethiopia, independent factors like sex, working unit, educational status, marital status, supervision, standard of care and work load were found to be predictors of job satisfaction. Midwives were least satisfied from salary, extrinsic reward and professional opportunity subscales but were satisfied by co-worker relation and the standard of care they provided to clients (Bekru, Cherie, & Anjulo, 2017). This study will help managers so that they have better understanding about the factors affecting the job satisfaction of employees and shows what they should do to alleviate the factors affecting employee's job satisfaction and help them to improve their customers dissatisfaction.

Conceptual Framework

Conceptual framework for this study is organized in the following manner and developed from the literature reviewed above.

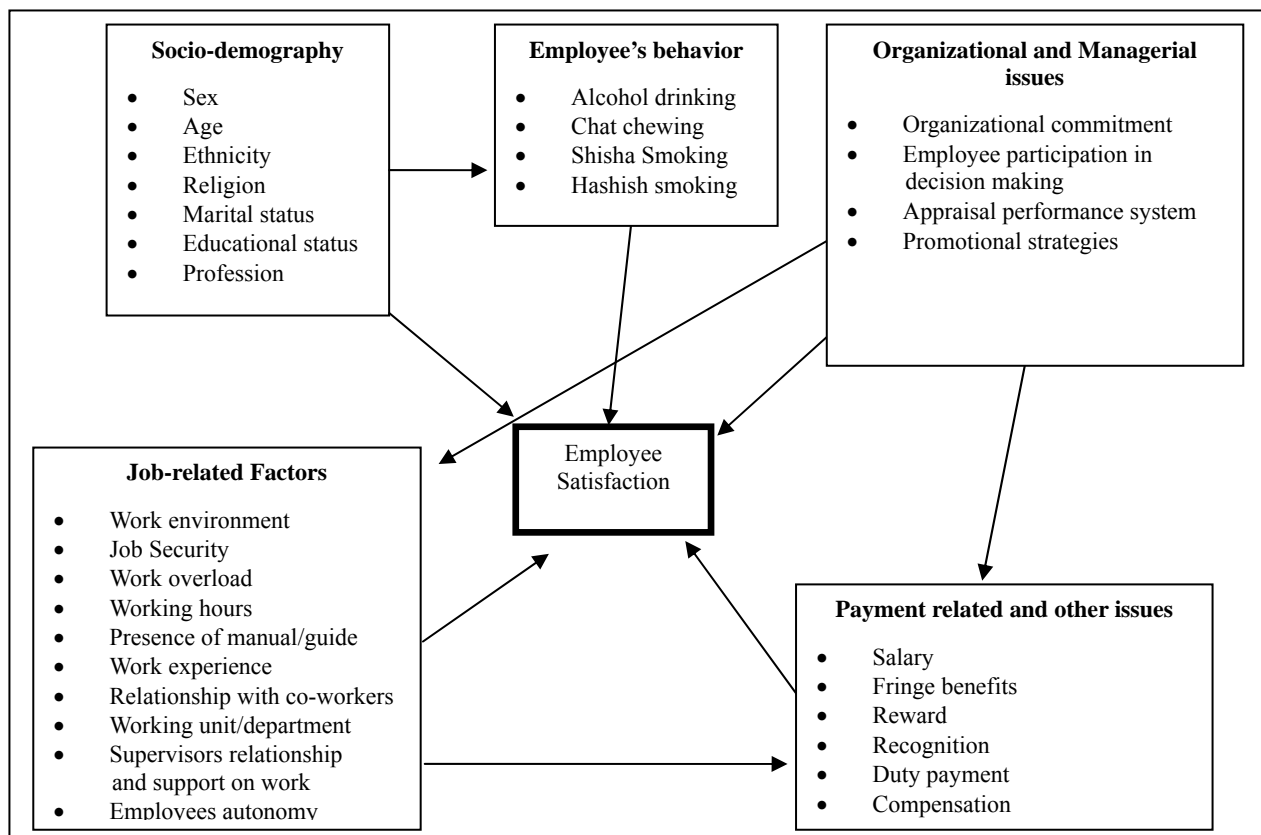


Figure 1. Conceptual framework for assessment of employee satisfaction and associated factors among employees working in Adama Hospital Medical College, Ethiopia, 2019. Source: Adapted from literature review.

Objectives

General Objective

To assess level of employees satisfaction and associated factors among employees working in Adama Hospital Medical College from January to March 2019.

Specific Objectives

To assess level of employees satisfaction among employees working in Adama Hospital Medical College from January to March 2019.

To identify factors associated with level of employees satisfaction among employees working in Adama Hospital Medical College from January to March 2019.

Methods and Materials

Study Area and Period

The study was conducted in Adama Hospital Medical College, in Adama Town, Oromia Regional State, Ethiopia. Adama Town is located at about 100 km South-East of Addis Ababa in the great rift valley of east Africa. Adama Town is one of the big cities of Ethiopia with an area of 13000 square m² and has a total population of 337,556. In Adama Hospital Medical College, there are more than 599 workers including both health care professional and administrative staffs.

Study Design

Health Facilities based cross sectional study design was employed among workers working in the hospitals found in Adama town from January to March 2019.

Source Population

All employees working in Adama Hospital Medical College.

Study Population

The study populations included all workers working in Adama Hospital Medical College.

Inclusion criteria. All workers working in AHMC at the time of study period will be included in this study.

Exclusion criteria. Workers who are on annual leave, who newly joined the AHMC in the last six months, workers who are on education and who are not volunteer was excluded.

Sample Size Determination

The sample size was determined by using a formula for estimation of a single population proportion. The population proportion (50.4%) for sample size calculation was taken from the study result conducted at Mekelle university academic employees (Gebrekiros Hagos, 2015). 5% precision and 10% of the sample size was added to compensate for non-response. Therefore, the sample size was

$$n = \frac{(z_{\alpha/2})^2 p(1 - p)}{d^2}$$

where:

- n = number of employees,
- p = proportion of employee satisfaction among academic staffs in Mekelle university 50.4%,
- d = estimated margin of error for the study, 5% and,
- $z_{\alpha/2}$ = the standard normal distribution z value of 1.96 (at 95% level of confidence).

$$n = \frac{1.96^2 \times 0.504 \times 0.496}{0.05^2} = 384$$

About 10% (38) non response rate was added to calculate sample and the final sample size become 422.

Sampling Procedure

Stratified sampling method was used. Employees working in the AHMC was stratified based on their profession, like general practitioners, nurses, midwives, pharmacy professionals, radiography professionals, laboratory professionals, anesthesia professionals, academic staffs and administrative staffs. Sample size was allocated proportionally among each stratum. Finally simple random sampling is used to select the study sample from each stratum. Sample size was allocated based on the following formula:

$$n = \frac{\text{total sample size required}(n) \times \text{number of employees in each hospital}(z)}{\text{total number of employees in the hospitals}(w)} = \frac{n \times z}{w}$$

Variables

Dependent variable: Level of employees satisfaction.

Independent variables: Age, ethnicity, religion, educational status, marital status, freedom or autonomy, job security, relationship with co-workers, relationship with superior, salary, benefit and compensation, growth and career advancement, communication, and organizational commitment, decision making, empowerment, reward and recognition, performance appraisal system, promotional strategies, leadership style, managerial competencies and personal characteristics of leaders.

Data Collection Procedures

Self-administered interview questionnaires were used to collect data from employee. Questionnaires were distributed to randomly selected samples from each stratum. The questionnaires were adopted from similar studies conducted in Ethiopia and modified based on the objectives of the study (Gebrekiros Hagos, 2015; Haile et al., 2017; Bekru, Cherie, & Anjulo, 2017). Mixed type of questions (structured and semi-structured) and likert scale type questionnaires were used to collect the data. The questionnaires were prepared in English and translated into two commonly locally spoken languages, Afan Oromo and Amharic in the study area by BSc. holder of language for administrative staffs. The translated questionnaire was re-translated back to English by language teachers in another preparatory school in Adama to check its consistency. The filled questionnaires were collected by data collectors and checked for completeness and finally coded.

Data Quality Assurance

Data were collected by trained data collectors. Data collection training was given for both data collectors and supervisors for two days including pre-test finding discussion and correction of data collection tools. Pre-test of data collection was done in the Olenchiti hospital one week before data collection date. About 42 (5%) of the sample size was used for pre-test. Then the data from pre-test were analysed and questionnaires were re-adjusted based on the response from the pre-test. Then the data from pre-test were analysed and questionnaires were re-adjusted based on the response from the pre-test. The data were checked for completeness and accuracy and corrected on the spot by supervisors. The investigators and supervisors were meeting and discussed daily at the end of working hours of the data collection. Those data found missing in addressing important variables like the outcome and other important variables were discarded and no longer were used as a predictor variable. The data were stored in a secured place for confidentiality and in time of need for a backup of the data.

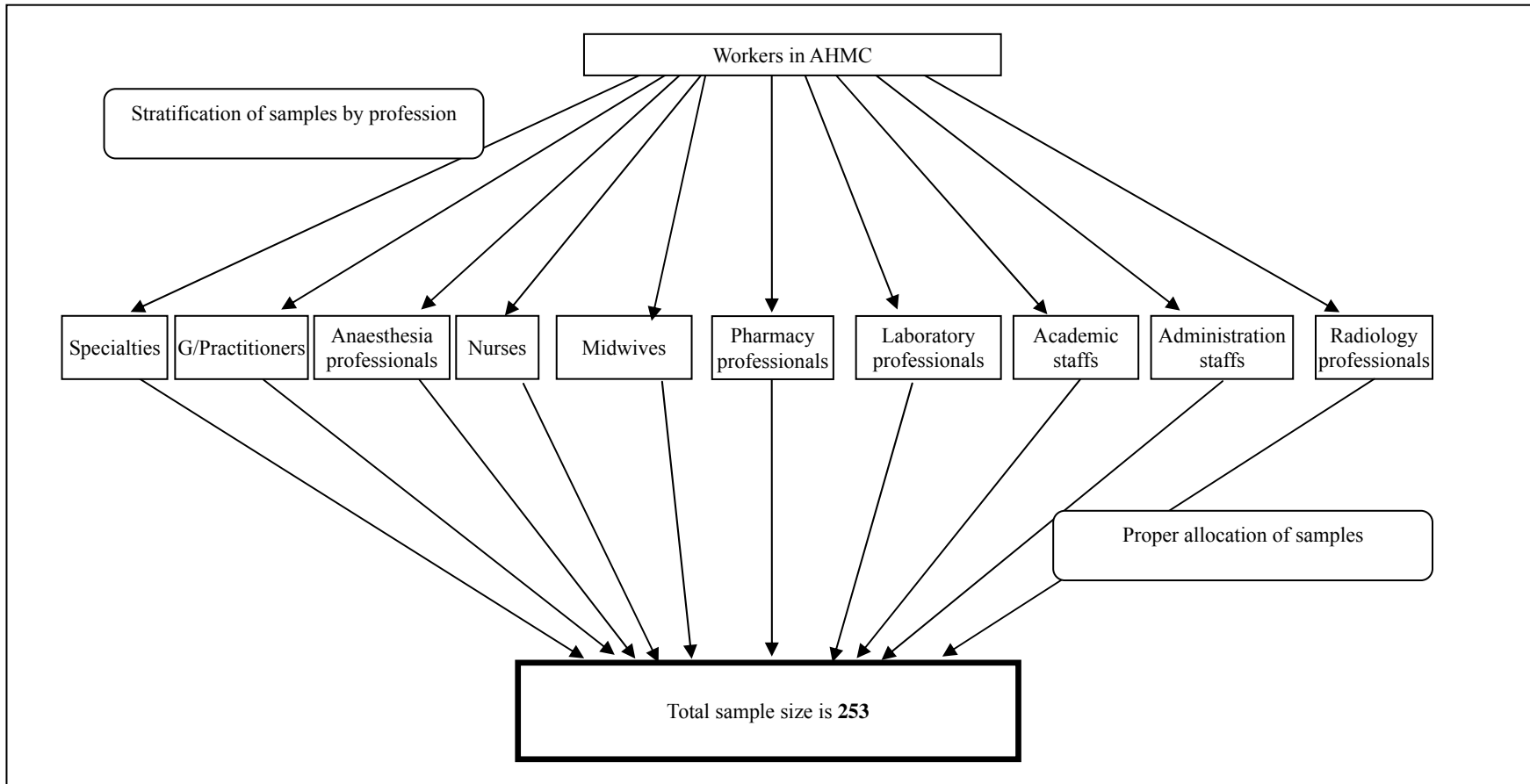


Figure 2. Schematic representation of sampling procedure.

Data Processing and Analysis

Before the start of analysis, data were coded and entered into computer using SPSS version 21 statistical software. Univariate and multivariate logistic regression was done. Univariate logistic regression analysis was done to determine the preliminary relationship between the independent and dependent variables. Collinearity and assumption of goodness of fit was checked using Hoshmer and Lemshow test and assumption of goodness of fit respectively. Finally, a variable which was found significant at $P < 0.25$ on Bivariate analyses was taken to multivariable logistic regression to identify the independent predictors of employees satisfaction among AHMC workers. Backward logistic regression method will be used. Results from the multivariable logistic regression were reported in the form of adjusted odds ratios (AORs), with a 95% confidence interval (CI) at the level of significance of 0.05.

Ethical Considerations

The ethical approval and clearance was obtained from AHMC IRB (Ethics Review Committee). All hospitals and respective officials in Adama hospital medical college were communicated before the start of the study. All the study participants were informed about the purpose of the study and verbal consent of all study subjects were obtained before data collection. Participants were informed that they have full right to discontinue or refuse to participate in the study or to be interviewed. Confidentiality was ensured, the name of the interviewee was not written on the questionnaire. Each respondent was assured that the information they provide will be kept confidential and used only for the purpose of research. Moreover, the study participants were informed there is no risk or harm that was anticipated from participation in the study.

Result

Socio-Demographic Characteristics

A total of 389 workers were participated in the study accounting 92.2% of response rate. Out of the total study participants 212 (54.5%) were male. The mean age of study participants was 32.24 years ($SD \pm 7.87$). Concerning the religion of study participants, the majority 149 (38.3%) was orthodox and followed by 94 (24.2%) Muslim. The majority of the study participants 298 (76.6%) were Oromo and 257 (66.1%) were married. Regarding their educational status, the majority 262 (67.4%) of them holds first degree and 108 (42.0%) of partners of study participants finish their first degree level education. Concerning the profession of the study participants, the majority 141 (36.2%) were nurses followed by 109 (28.0%) administrative staffs. The majority 158 (61.5%) of study partners were government employee. Less than half 185 (47.6%) of the study participants earns less than 5,000 Eth.birr per month. More than two third 311 (79.9%) of study participants said that they do not get any payment other than salary and duty hour payment from AHMC and 329 (84.6%) do not have another source of income than their salary and duty hour payment (See Table 1).

Substance Abuse and Stress Relieving

The majority 169 (43.4%) of the study participants worked for 5-10 years in AHMC. Regarding substance abuse, most of 333 (85.6%) the study participants do not drink alcohol but out those who drink alcohol, more than half 31 (55.4%) of them drink once per week, the majority 355 (91.3%) do not chew kchat and out of those who chew kchat, half 17 (50.0%) chew once in a week. And almost 378 (97.2%) do not smoke shisha and 9 (81.9%) of shisha smokers smokes two and more times per week. More than half of study participants 209 (53.7%) do not recreate to relieve work related stress at the weekends. Out of those who recreate themselves at weekend about 53

(29.3%) and 49 (27.1%) recreate themselves at visiting cafeteria and religious places respectively. The majority 283 (72.8%) of the workers do not take annual leave and refresh their mind (See Table 2).

Table 1

Socio-Demographic Characteristics of AHMC Workers, 2019

Variables	Frequency	Valid percent
Sex		
Male	212	54.5
Female	177	45.5
Age		
20-30 yrs.	212	54.5
31-40 yrs.	126	32.4
41-50 yrs.	37	9.5
> 50 yrs.	14	3.6
Religion		
Orthodox	149	38.3
Muslim	94	24.2
Protestant	124	31.9
Others	22	5.7
Ethnicity		
Oromo	298	76.6
Amhara	68	17.5
Others	23	5.9
Marital status		
Married	257	66.1
Not married	102	26.2
Divorced/widowed	30	7.7
Educational status		
Below level IV/diploma	31	8.0
Level IV/diploma	66	17.0
1st degree	262	67.4
2nd degree	30	7.7
Partners educational status		
Primary	21	8.2
Secondary	32	12.5
Level IV/diploma	77	30.0
1st degree	108	42.0
2nd degree	19	7.4
Partners occupation		
House wife	58	22.6
Gov. employee	158	61.5
Private company employee	26	10.1
Others	15	5.8
Professional status		
Nurse	141	36.2
Midwife	31	8.0
G/practitioner/MD	8	2.1
Pharmacy professional	17	4.4

(Table 1 to be continued)

Laboratory professional	21	5.4
Radiology professional	20	5.1
Specialist	26	6.7
Administrative staffs	109	28.0
Others	16	4.1
Salary		
< 5,001 Eth. birr	185	47.6
5,001 - 10,000 Eth. birr	155	39.8
> 10,000 Eth. birr	49	12.6
Payment other than salary and duty from AHMC		
No	311	79.9
Yes	78	20.1
Any income other than salary and duty		
No	329	84.6
Yes	60	15.4
Years of experience		
< 5 years	141	36.2
5 - 10 years	169	43.4
> 10 years	79	20.3

Table 2

Substance Abuse and Stress Reliving Characteristics of AHMC Staffs, 2016

Variables	Frequency	Percent
Drinking alcohol		
No	333	85.6
Yes	56	14.4
Frequency of drinking		
Once/week	31	55.4
Twice/week	13	23.2
3 days/week	3	5.4
4 days/week	2	3.6
6 days/week	1	1.8
Daily	6	10.7
Amount of drinking in bottles		
Chewing kchat		
No	355	91.3
Yes	34	8.7
Frequency of chewing		
Once/week	17	50.0
Twice/week	1	2.9
3 days/week	8	23.5
4 days/week	3	8.8
5 days /week	4	11.8
Daily	1	2.9
Smoking Shisha		
No	378	97.2
Yes	11	2.8
Frequency of smoking		

(Table 2 to be continued)

Once/week	2	18.2
Twice/week	3	27.3
3 days/week	3	27.3
Daily	3	27.3
Recreate to relieve stress		
No	209	53.7
Yes	180	46.3
Place of recreation		
Cafeteria	53	29.3
Hotels & restaurants	14	7.7
Historical heritages	14	7.7
Recreational places	37	20.4
Religious places	49	27.1
Others	14	7.7
Department you are working now		
Are you happy with working in the department		
No	116	29.8
Yes	273	70.2
Do you take annual leave every year		
No	283	72.8
Yes	106	27.2

Job-Related Factors

This study assessed the work-related factors that may have effect on employee satisfaction. About 108 (27.8%) of all study participants were not satisfied with their work environment. In relation to job security still only 133 (34%) are feeling that they are secured. Regarding co-worker relationship more than half 187 (56.0%) of the study participants are satisfied by their co-workers relation in the work environment. More than 270 (69.4%) of the study participants are satisfied by the relationship with their supervisors. Autonomy of workers is very important at the work condition. In this study, only 180 (46.3%) of study participants are feeling that they are autonomous in their work area. Regarding their work load more than 235 (60.4%) of them are satisfied by their work load.

Table 3

Job-Related Factors Among AHMC Employees

Variables	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied
Work environment category	21 (5.4%)	87 (22.4%)	171 (44%)	91 (23.4%)	19 (4.9%)
Job security issue	25 (6.4%)	110 (28.3%)	121 (31.1%)	96 (24.7%)	37 (9.5%)
Co-worker relationship	3 (0.8%)	30 (7.7%)	138 (35.5%)	150 (38.6%)	68 (17.5%)
Relationship with supervisor	20 (5.1%)	30 (7.7%)	115 (29.6%)	115 (29.6%)	155 (39.8%)
Autonomy related issue	10 (2.6%)	50 (12.9%)	149 (38.3%)	135 (34.7%)	45 (11.6%)
Work load issue	9 (2.3%)	30 (7.7%)	115 (29.6%)	179 (46.0%)	56 (14.4%)

Organizational, Managerial and Payment Related Issues

This study assessed organizational commitment and managerial related issues. Almost less than 155 (39.3%) of study participants showed (satisfied) commitment to the organization. Regarding employee participation in planning and other managerial activities, only 85 (21.9%) of the employee was satisfied in participating with

decision making of the college. And only 84 (21.6%) of the study participants were satisfied by employee performance appraisal system. Concerning the promotion and growth of the study participants, only 77 (19.8%) of the employees were satisfied. Of the total study participants about 93 (23.9%) of them were satisfied, 160 (41.1%) were neutral and more than one third 136 (35.0%) were not satisfied by their leadership. Again concerning the payment related issue, less than one fifth 68 (17.5%) of the study participants were satisfied.

Table 4

Organizational, Managerial and Payment Related Characteristics Among AHMC Employees

Variables	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied
Organizational commitment	3 (0.8%)	30 (7.7%)	201 (51.7%)	137 (35.2%)	18 (4.6%)
Employee participation in decision making	65 (16.7%)	89 (22.9%)	150 (38.6%)	63 (16.2%)	22 (5.7%)
Performance appraisal system	71 (18.3%)	91 (23.4%)	143 (36.8%)	71 (18.3%)	13 (3.3%)
Promotion/growth opportunity	18 (4.6%)	114 (29.3%)	180 (46.3%)	58 (14.9%)	19 (4.9%)
Organizational leadership	41 (10.5%)	95 (24.4%)	160 (41.1%)	83 (21.3%)	10 (2.6%)
Payment related Issues	28 (7.2%)	128 (32.9%)	165 (42.4%)	40 (10.3%)	28 (7.2%)

Satisfaction Level

The overall level of satisfaction of study participants among AHMC staff is low and accounts for only 185 (47.6%) (CI: 1.43, 1.53). Professional status of study participants was analysed for level of satisfaction. See the table below.

Table 5

Satisfaction Level Among AHMC in Relation to Their Professional Status

Study participants profession	Not satisfied	Satisfied
Nurses	72(51.1%)	69(48.9%)
Midwives	24(77.4%)	7(22.6%)
General practitioners	4(50%)	4(50%)
Pharmacy professionals	8(44.4%)	10(55.6%)
Medical laboratory professionals	20(87.0%)	3(13%)
Radiology professionals	10(50%)	10(50%)
Specialists	11(42.3%)	15(57.7%)
Accountants	20(40.8%)	29(59.2%)
Management professionals	24(54.5%)	20(45.5%)
IT professionals	5(38.5%)	8(61.5%)
Others including academic staffs	6(37.5%)	10(62.5%)

Determinants of Job Satisfaction

Univariate analysis has been conducted and variables with p -value < 0.25 were candidate for multivariable logistic regression. Finally, variables like smoking shisha, work environment situations, co-workers relationship, relationship with immediate supervisors, autonomy at work place, organizational commitment, performance appraisal and promotional or growth opportunity showed significant association.

The odds of shisha smoker workers are 0.40 (AOR, 0.4; 95% CI: 0.01, 0.44) times lower compared to the counterpart. This shows negative association between shisha smoker workers and satisfaction levels. The odds of good working environment are 4.08 (AOR, 4.08; 95% CI: 1.98, 8.41) times higher than not having good working environment. Co-workers relationship has been assessed and the odds of works that have good

relationship with co-workers are 2.85 (AOR, 2.85; 95% CI: 1.21, 6.72) times higher than those who have no good relationship with co-workers. The odds of supportive relationship with immediate supervisor are 4.59 (AOR, 4.59; 95% CI: 1.89, 11.19) times higher compared to the counterpart. Autonomy of workers regarding their working condition has been assessed. The result of this study shows that the odds of workers that have autonomy at their working condition are 4.40 (AOR, 4.40; 95% CI: 1.89, 11.19) times higher compared to those not having autonomy at their work condition. Workers commitment for the survival of their organization has been assessed and the odds of workers who have high commitment for their organization are 2.48 (AOR, 2.48; 95% CI: 1.20, 5.10) times higher compared to their counterpart. Performance evaluation was one concern for workers satisfaction, the result of this study shows that the odds of workers who believe that performance evaluation is good are 5.69 (AOR, 5.69; 95% CI: 2.53, 12.80) times higher compared to others. The odds of workers who trust treatment of promotion or growth opportunity is fair are 9.58 (AOR, 9.58; 95% CI: 4.11, 22.32) times higher compared to their counterpart.

Table 6

Determinants of Satisfaction Level of Study Participants of AHMC

Variables	Satisfaction level		COR	AOR
	Satisfied	Not satisfied		
Educational status				
Below level IV diploma	17 (54.8%)	14 (45.2%)	1.00	
Level IV & diploma	28 (42.4%)	38 (57.6%)	0.26 (0.26,1.43)	1.92 (0.39, 9.54)
1st degree	121 (46.2%)	141 (53.8%)	0.36 (0.34, 1.49)	0.28 (0.07, 1.12)
2nd degree	19 (63.3%)	11 (36.7%)	0.50 (0.51, 3.97)	0.31 (0.05, 1.90)
Shisha smoking				
No	182 (48.1%)	196 (51.9%)	1.00	
Yes	3 (27.3%)	8 (72.7%)	0.40 (0.11, 1.55)	0.40 (0.01, 0.44)**
Situation of working environment				
Not good	40 (20.5%)	155 (79.5%)	1.00	
Good	145 (74.7%)	49 (25.3%)	11.47 (7.13, 18.44)	4.08 (1.98, 8.41)**
Co-workers relationship				
Not Good	56 (28.0%)	144 (72.0%)	1.00	
Good	129 (68.3%)	60 (31.7%)	5.53 (3.58, 8.54)	2.85 (1.21, 6.72)**
Relationship with supervisors				
Not supportive	42 (23.7%)	135 (76.3%)	1.00	
Supportive	143 (67.5%)	69 (32.5%)	6.66 (4.25, 10.45)	4.59 (1.89, 11.19)**
Autonomy				
Not autonomized	54 (25.8%)	155 (74.2%)	1.00	
Autonomized	131 (72.8%)	49 (27.2%)	7.67 (4.89, 12.05)	4.40 (2.00, 9.67)**
Organizational commitment				
Low	56 (29.3%)	135 (70.7%)	1.00	
High	129 (65.2%)	69 (34.8%)	4.51 (2.94, 6.91)	2.48 (1.20, 5.10)**
Performance appraisal				
Not good	40 (20.5%)	155 (79.5%)	1.00	
Good	145 (74.7%)	49 (25.3%)	11.47 (7.13, 18.44)	5.69 (2.53, 12.80)**
Promotional opportunity				
Unfair	43 (20.7%)	165 (79.3%)	1.00	
Fair	142(78.5%)	39(21.5%)	13.97(8.58, 22.76)	9.58(4.11, 22.32)**

Note. ** = Associated at *p*-value 0.05 (CI = 95%).

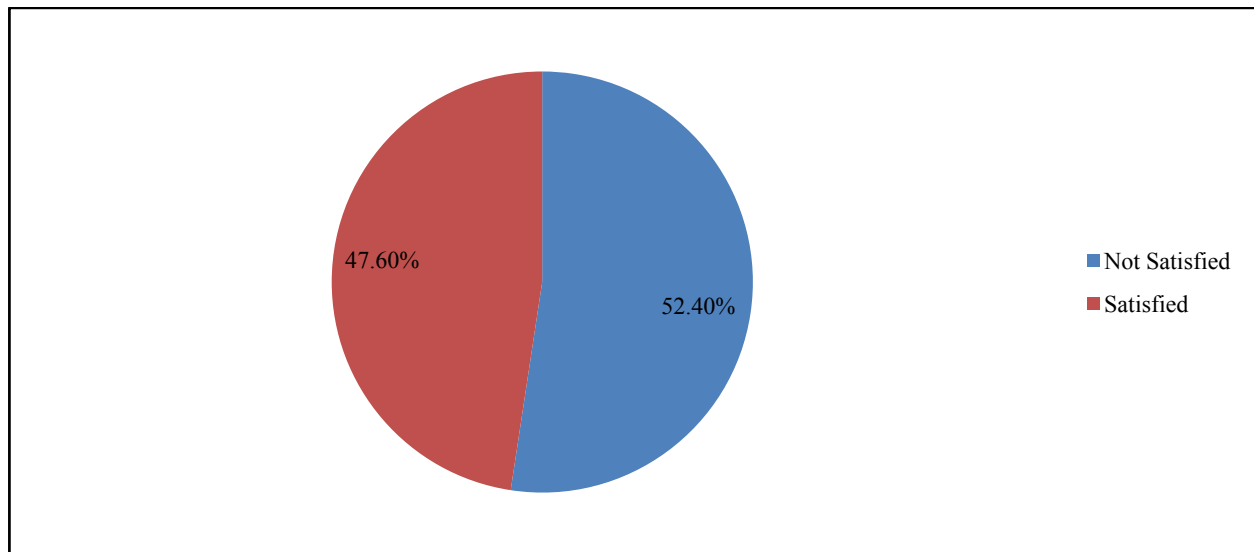


Figure 3. Satisfaction level of study participants of AHMC.

Discussion

In this study the level of employee satisfaction was assessed and the result showed that 47.60% of the study participants were satisfied by their job. The result of this study is higher with the studies conducted in different organizations of America (38%) (Lee, Esen, & DiNicola, 2017), in western parts of Amhara region (Ethiopia) among health workers (31.7%) (Kalkidan Temesgen, 2018), in western part of Ethiopia among different employees (41.46%) (Deriba et al., 2017), among Anaesthesia (42.5%) in Ethiopia (Kibwana et al., 2018) and in Jimma university health workers (46.2%) Ethiopia (Yami et al., 2011). In another way, the result of this study is lower than the study conducted among Mekelle academic staff (50.4%) (Gebrekiros Hagos et al., 2015), Ethiopia among modifiers (52.9%) (Bekru, Cherie, & Anjulo, 2017), in Gojam among nurses (54.2%) (Haile et al., 2017) and in south western of Ethiopia among nurses (67.43%) (Ayele, 2017). The discrepancy may be due to study participants, study design geographical location, study period, and working conditions.

Substance abuse (shisha smoking) shows significant association. The odds of shisha smoking among smokers are low. There are no data which show that substance abuse of employee can affect their job satisfaction of them. Another factor which shows significant association with job satisfaction among Adama Hospital Medical College workers was working environment. The result of this study is similar with the study conducted in Pakistan and Sidama, southern part of Ethiopia respectively (Asegid, Belachew, & Yimam, 2014; Waqas et al., 2014). But the result of this study is different from the study conducted in Bangladesh in which employees are dissatisfied with their working environment (Rahman et al., 2013). The similarity and difference may be characteristics of working organization, facilities, and levels of organizations.

Relationship shows significant association with employee job satisfaction. Co-workers relationship shows strong association with employees' job satisfaction. The result of this study is conducted in Bangladesh, Bogor Regency Sectarian (Indonesia), India and Addis Ababa (Ethiopia) (Bekru, Cherie, & Anjulo, 2017; Rahman et al., 2013; Sharma & Khanna, 2014; Kadarisman, 2012). Similarity may be due to the fact that good co-workers relationships create good communication and facilitate good working condition and satisfaction in job.

Relationship with immediate supervisor was one of the factors which show significant association with employee job satisfaction. The result of this study is consistent with the studies conducted in India, Slovenia, Indonesia and India (Sharma & Khanna, 2014; Lorber & Skela Savič, 2012). The similarity may be due to the fact that if there is supportive supervision from immediate supervision, the employee may be motivated and satisfied by their job.

Autonomy of workers on their job shows significant association with the employees' job satisfaction. The result of this study is similar with study conducted in Florida (Lane et al., 2010), Spain (Vidal, Valle, & Aragón, 2007), India (Prerana, 2017) and Bangladesh telecommunication (Tanjeen, 2013). The similarity may be due to the fact that if the employees are autonomized on their work they feel free and perform their work freely. This may lead to employees' job satisfaction. Another factor that affects job satisfaction is organizational commitment. In this study, organizational commitment shows significant association with employees' job satisfaction. The result of this study is similar with the study conducted in Florida (Lane et al., 2010) and Spain (Vidal, Valle, & Aragón, 2007). This may be due to that if employees are committed to the organization they are working with they feel comfortable and work properly. This may again lead to job satisfaction.

Performance appraisal is one of the major factors that may affect employees' job satisfaction. In this study, performance appraisal shows significant association with job satisfaction. The result of this study is consistent with study conducted in India (Sharma & Khanna, 2014) and Bangladesh (Rahman et al., 2013). The association may be due to the fact that each employee should be assessed based on their plan and standard set by the organization but if this is not true it will affect employees' job satisfaction.

Factors like developmental and promotional strategies can affect employees' job satisfaction. The result of this study shows that promotional strategies have significant association with employees' job satisfaction. It is similar with the studies conducted in India (Sharma & Khanna, 2014; Kadarisman, 2012), Bangladesh (Rahman et al., 2013), northwest Ethiopia (Haile et al., 2017) and Addis Ababa (Bekru, Cherie, & Anjulo, 2017). This may be due to the fact that fairness can affect the developmental life of workers and if promotional strategy is not fair and clear, it will affect the life and psychology of workers. This will lead to dissatisfaction of employees on their job.

Strength and Limitation

Strength

This study tried to find out employees' feeling and their commitment to their organization and new and original data were collected from all department of the study organization.

Limitations

Workers may over report that they are satisfied on their job fearing mistreatment of organizational management (social desirability).

Conclusions

The overall job satisfaction among study population is 47.60% which is low, less than 50% of employees are satisfied with their job. Factors like substance abuse (shisha smoking), working environment, co-workers and immediate supervisors' relationship, Autonomy, organizational commitment, performance appraisal, and promotional strategies show significant association with employees' job satisfaction.

Recommendations

AHMC

- Creating recreation time and place in order to make workers not to abuse substance, and making release of stress that may be due to working situation of the organization.
- Creating save and interesting working environment in the organization.
- Making meeting to discuss with co-workers and immediate supervisor (department heads) and trying to remove any uncomforted by making discussion with general employees meeting.
- Most of workers are not feeling that they are autonomized by their work; therefore, the organization, co-workers, and immediate supervisors should give autonomy to each employee on their work.
- Most workers show low commitment to the organization, therefore, they do not feel that the organization will benefit them. The organization should handle fairly all workers' matters (equal opportunity and equity) among employee and should share organizations vision, mission and values.
- Large numbers of employees were not satisfied by the performance appraisal. Therefore, measurement of performance appraisal should be developed fair, objective based, customer based and standardized versus planned activities.
- More than half of study participants reported that promotional strategy was not fair. Therefore, the organization should develop fair and clear developmental and promotional strategies.

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Some of factors like performance appraisal performance and promotional strategies should be revised, fair, clear and be made based on organizational standards.

Data Availability Statement

The authors confirm that the data supporting the finding of this study are available within the articles and/or its supplementary materials and can be shared upon requested for any person or organization and available with the corresponding author at any time.

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