

**CAUSES OF EMPLOYEES' JOB DISSATISFACTION AMONG HEALTH WORKERS
IN SELECTED PUBLIC HOSPITALS IN ZAMBIA**

BY

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A Dissertation submitted to the University of Zambia in partial fulfilment of the requirements for the award of the Degree in Master of Science in Human Resource Management.

THE UNIVERSITY OF ZAMBIA

LUSAKA

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DECLARATION

I, Annalena Zulu, do hereby declare that this Dissertation is my original work achieved through personal reading and research. This work has never been submitted to the University of Zambia or any other Universities. All sources of data used and literature on related works previously done by others, used in the production of this Dissertation have been duly acknowledged. If any omission has been made, it is not by choice but by error.

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APPROVAL

This Dissertation by Annalena Zulu is approved as a partial fulfilment of the requirements for the award of the Degree in Master of Science in Human Resource Management.

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ABSTRACT

The main aim of this study was to investigate causes of employee job dissatisfaction among health workers in public hospitals in Zambia. The specific objectives were: To determine the levels of job dissatisfaction and the extent of employee job dissatisfaction among health workers in selected public hospitals in Zambia; To establish the factors contributing to job dissatisfaction among health workers in selected public hospitals in Zambia; To develop a framework for minimisation of job dissatisfaction among health workers in selected public hospitals in Zambia. The study adopted a descriptive research design with a cross-sectional and institutional-based approach. The study population included all the 205 health workers at Chongwe District Hospital and Mpanshya Mission Hospital in Rufunsa District. The study utilised stratified random sampling and a total of 84 respondents were included in the sample, giving a 41% response rate. The collection of qualitative and quantitative data was done through both open-ended questions through an interview guide and focus group discussions and close-ended questions via a survey. Qualitative data was analysed through thematic analysis while quantitative data was analysed through descriptive statistics using percentages. The study found that 61.9% of respondents reported a high level of job dissatisfaction among Health workers at Chongwe District Hospital, indicating a significant issue affecting morale and productivity at the institution. Various factors were identified through quantitative data as contributing to job dissatisfaction among health workers, including poor working conditions, lack of promotion opportunities, ineffective management practices, unclear organizational policies, and low salaries. These issues were prevalent at both Chongwe District Hospital and Mpanshya Mission Hospital, highlighting systemic challenges impacting employee satisfaction in the healthcare sector. Recommendations to minimize job dissatisfaction included creating a conducive working environment, improving remuneration and benefits, enhancing communication and involvement in decision-making processes, providing sufficient staffing and resources, and implementing stress management strategies. Additionally, the study suggested promoting fairness and transparency in promotion procedures and establishing career advancement pathways to address concerns related to job dissatisfaction.

Key words: *Health workers, Job dissatisfaction, Motivation, Organisational policies, Management practices, Promotion opportunities, Remuneration, Working conditions,*

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I pursued this postgraduate degree at a time when my workload was so overwhelming which I considered a big challenge, but this was not in any method considered easy considering several activities right on hand to perform.

It has only been through much concerted struggles coupled with a positive will power that has seen me reaching out this far. However, that alone could not have I pursued a postgraduate degree at a time when my workload was overwhelming. It was a big challenge considering the number of activities I had to perform simultaneously and the much-needed success without the recognition of faculty, family and friends who provided discerning help throughout the cause of this work.

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DEDICATION

I dedicate this piece of work to my family from whom I draw my strength and am thrived by their philosophical source of inspiring words and comforting messages that they have stood with, solidifying to me during the period of this research. I wish to devote this piece of academic work to my husband and children for their outpouring love, provoking thoughts, understanding, care, and love shown to me during the course the research.

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LIST OF ACRONYMS

CDH	Chongwe District Hospital
UHC	Universal Health Coverage
PHC	Primary Health Care
NHS	National Health Services
MDGs	Millenium Development Goals
HWRS	Health Worker Retention Scheme
ZAMFOHR	Zambia Forum for Health Research
NGO	Non-Governmental Organization
HR	Human Resources
FHT	Family Health Teams
RN	Registered Nurse
WHO	World Health Organization
HIV	Human Immune Virus
OPD	Outpatient Department

CHAPTER 1

INTRODUCTION AND BACKGROUND

1.1 Introduction

This chapter serves as an introductory overview of the study, focusing on the crucial aspect of employee job dissatisfaction within the context of healthcare workers in Zambia. It delineates the significance of job dissatisfaction and elucidates the research problem, aiming to bridge the gap between its importance and its impact on organisational outcomes. Furthermore, the chapter outlines the study's objectives, research questions, significance, and scope, shedding light on the critical nexus between job satisfaction and organisational effectiveness. Employee job satisfaction stands as a cornerstone in organisational dynamics, influencing employee retention, productivity, and overall organisational success. In today's dynamic and competitive landscape, retaining skilled healthcare workers has become paramount for organisational sustainability and effectiveness. However, the challenge lies in understanding the root causes of job dissatisfaction among health workers, particularly in Zambia's public healthcare sector. Through a comprehensive examination of the research problem, this study seeks to establish a clear connection between the significance of job dissatisfaction and its far-reaching impact on organisational performance. By addressing this gap in the literature, the research endeavours to offer valuable insights that can guide organisational leaders and policymakers in fostering a conducive work environment that nurtures employee satisfaction and drives organisational success.

In light of the increasing demand for skilled healthcare workers amid globalisation and trade liberalisation, understanding and mitigating job dissatisfaction among health workers emerge as imperative tasks for organisational leaders and policymakers alike. Thus, this study holds significant implications for the healthcare sector in Zambia and beyond, offering actionable insights that can inform strategic initiatives aimed at promoting employee well-being and organisational effectiveness. The aim of this study is to delve into the causes of job dissatisfaction among health workers in Zambia, recognising its profound implications on organisational outcomes such as employee turnover, absenteeism, and diminished productivity. By elucidating the factors contributing to job dissatisfaction, this research endeavours to provide insights that can inform strategic interventions aimed at enhancing employee satisfaction and, consequently, organisational performance.

1.2 Background of the Study

Globally, healthcare workers play a vital role in society, yet they often face job dissatisfaction, impacting both healthcare delivery and their professional lives. Numerous studies have identified factors contributing to dissatisfaction among healthcare professionals, particularly within Primary Health Care (PHC) settings. These factors include working in non-preferred locations, excessive workloads, and workplace violence, among others. Moreover, issues such as inadequate salaries, lack of career advancement opportunities, and limited professional autonomy further exacerbate dissatisfaction (Munyewende, Rispel, & Chirwa, 2014; Shi et al., 2014; Khamlub et al., 2013). As the global demand for Universal Health Coverage (UHC) rises, the importance of a satisfied and skilled healthcare workforce becomes increasingly apparent. Quality healthcare services hinge upon a well-functioning health system staffed by motivated professionals. The attainment of UHC relies on a satisfied healthcare workforce capable of meeting evolving patient expectations and delivering high-quality care (Health financing for universal coverage, 2017). However, achieving this goal is hindered by a global shortage of healthcare workers, predicted to reach 12.9 million by 2035 (Gudeta, 2017).

While job satisfaction is critical for organisational success, dissatisfaction remains pervasive among healthcare workers globally. Studies in various countries, including Serbia, Ethiopia, and Pakistan, have highlighted dissatisfaction with workload, job stability, and inadequate resources as common concerns (Butt et al., 2012; Roshanaei et al., 2014; Bahalkani et al., 2011).

In developing countries like Zambia, healthcare workers often cite dissatisfaction with salaries, limited opportunities for career development, and poor working conditions as key reasons for seeking employment elsewhere (Ngulube, 2010; Kamwanga et al., 2013). Despite these challenges, research on job dissatisfaction among healthcare workers in Zambia, particularly within the context of Chongwe District Hospital and Mpanshya Mission Hospital, remains limited. Therefore, this study aims to address this gap by examining the specific factors contributing to job dissatisfaction in these healthcare settings. By focusing on local challenges and contexts, this research seeks to provide insights that can inform targeted interventions to improve job satisfaction and enhance healthcare delivery in Zambia.

Chongwe District Hospital and Mpanshya Mission Hospital represent critical healthcare facilities within the Zambian context, serving their respective communities with essential medical services. However, despite their significance, these hospitals face unique challenges that contribute to job dissatisfaction among healthcare workers. At Chongwe District Hospital, located in a semi-urban area, healthcare workers encounter several challenges that impact their job satisfaction. One prevalent issue is the shortage of medical supplies and equipment, which hampers their ability to provide quality care to patients. Additionally, the hospital often grapples with understaffing, forcing existing healthcare professionals to work long hours under stressful conditions. This workload strain not only leads to physical and emotional exhaustion but also limits opportunities for rest and personal time, further exacerbating dissatisfaction. Moreover, Chongwe District Hospital may face infrastructure and facility constraints, including inadequate workspace, outdated facilities, and limited access to essential amenities. These suboptimal working conditions not only affect the morale of healthcare workers but also compromise patient care and safety. Furthermore, the hospital's organisational structure and communication channels may be perceived as hierarchical or bureaucratic, impeding transparency, collaboration, and employee engagement.

Similarly, Mpanshya Mission Hospital, located in a rural area, confronts its own set of challenges contributing to job dissatisfaction among its healthcare workforce. The hospital may struggle with limited financial resources, resulting in delayed salaries, inadequate incentives, and substandard employee benefits. As a result, healthcare workers may feel undervalued and demotivated, impacting their commitment to their profession and the organisation. Additionally, Mpanshya Mission Hospital may face challenges related to professional development and career advancement opportunities. Limited access to training programs, workshops, and educational resources may hinder the growth and progression of healthcare workers, leading to feelings of stagnation and frustration. Furthermore, the hospital's remote location may pose logistical challenges for staff, including transportation issues and limited access to essential services, further contributing to dissatisfaction.

Overall, both Chongwe District Hospital and Mpanshya Mission Hospital grapple with a myriad of challenges that affect the job satisfaction of their healthcare workers. Addressing these issues requires a comprehensive approach, including investments in infrastructure and resources,

improved communication and leadership practices, and initiatives to support the professional growth and well-being of healthcare professionals. By understanding and addressing these unique challenges, these hospitals can foster a more supportive and fulfilling work environment, ultimately enhancing the quality of care provided to their communities.

1.2 Statement of the Problem

The drawback of job dissatisfaction at Chongwe District Hospital and Mpanshya Mission Hospital manifests in several ways, significantly impacting both healthcare workers and the quality of service delivery. One of the primary issues contributing to dissatisfaction is the persistent shortage of health workers in Zambia, as highlighted by ZAMFOHR (2011). This shortage results in overworked employees who feel overwhelmed by their workload, leading to stress, burnout, and ultimately, job dissatisfaction. As a consequence, many nurses are seeking employment opportunities in private hospitals or international NGOs where they perceive better salaries and working conditions, leading to a phenomenon commonly referred to as "brain drain." Furthermore, the historically low salaries of health workers in Zambia compared to other African countries, as noted by Gow et al. (2011), exacerbate job dissatisfaction. Low salaries not only fail to attract and retain skilled healthcare professionals but also contribute to financial strain and dissatisfaction among existing staff. The Zambia Health Worker Retention Scheme (HWRS) introduced by the government has been insufficient in addressing these salary disparities, as noted by ZAMFOHR (2011), leading to continued turnover and dissatisfaction among healthcare workers.

In addition to financial concerns, inadequate working conditions and infrastructure pose significant challenges at both Chongwe District Hospital and Mpanshya Mission Hospital. Limited access to essential medical supplies, outdated facilities, and understaffing create an environment where healthcare workers struggle to provide quality care to patients. These suboptimal working conditions not only impact the morale and job satisfaction of healthcare workers but also compromise patient safety and the overall quality of healthcare delivery. Moreover, job dissatisfaction contributes to negative outcomes such as increased absenteeism, turnover, and decreased productivity, as highlighted by Singh et al. (2019). When healthcare workers are dissatisfied with their jobs, they are less likely to perform at their best, leading to

decreased efficiency and effectiveness in service delivery. This ultimately affects patient satisfaction and the overall quality of care provided by the hospitals.

Therefore, addressing job dissatisfaction at Chongwe District Hospital and Mpanshya Mission Hospital is essential for improving employee retention, enhancing service delivery, and ultimately, achieving better health outcomes for the communities they serve. By identifying and addressing the root causes of dissatisfaction, such as inadequate salaries, poor working conditions, and limited career development opportunities, these hospitals can create a more supportive and fulfilling work environment for their healthcare workers, leading to improved patient care and overall organizational performance.

1.3 Aim of the Study

The aim of this study was to identify and analyse the specific factors contributing to job dissatisfaction among healthcare workers at Chongwe District Hospital and Mpanshya Mission Hospital, with the ultimate goal of proposing targeted interventions and recommendations to mitigate these issues and improve overall job satisfaction and retention rates.

1.4 Research objectives

The study presents the main and specific objectives as below:

1.4.1 Main Objectives

The study sought to establish the causes of job dissatisfaction among health workers at Chongwe District Hospital and Mpanshya Mission Hospital.

1.4.2 Specific Objectives

The specific objectives of the study were:

- i. To determine the levels of job dissatisfaction and the extent of employee job dissatisfaction among health workers at Chongwe District Hospital and Mpanshya Mission Hospital.

This objective aims to quantitatively assess the prevalence and severity of job dissatisfaction among health workers at the specified hospitals. By collecting data on the levels of job dissatisfaction, including factors such as overall satisfaction, specific areas

of dissatisfaction, and demographic variations, and the study gains a comprehensive understanding of the extent of the issue.

- ii. To establish the factors contributing to job dissatisfaction among health workers at Chongwe District Hospital and Mpanshya Mission Hospital.

This objective seeks to identify and analyze the underlying factors that contribute to job dissatisfaction among health workers. By conducting qualitative interviews, surveys, or focus group discussions, the study explored various aspects such as working conditions, management practices, remuneration, career advancement opportunities, and interpersonal relations to uncover the specific factors driving dissatisfaction.

- iii. To develop a framework for minimisation of job dissatisfaction among health workers at Chongwe District Hospital and Mpanshya Mission Hospital.

This objective aims to synthesize the findings from the previous objectives into a comprehensive framework or set of recommendations for mitigating job dissatisfaction among health workers. By synthesizing the identified factors contributing to dissatisfaction and considering best practices from literature or other contexts, we can develop targeted interventions or strategies to address the root causes of dissatisfaction and promote a more positive work environment. This framework can serve as a guide for hospital management and policymakers in implementing effective measures to improve employee satisfaction and retention.

1.5 Research Questions

1.5.1 General Research Question

What are the causes of job dissatisfaction among health workers at Chongwe District Hospital and Mpanshya Mission Hospital?

1.5.1 Sub -Research Questions

The study was guided by the following specific research questions:

- i. What specific factors contribute to the extent of employee job dissatisfaction among health workers at Chongwe District Hospital and Mpanshya Mission Hospital?
- ii. How do the identified factors manifest differently in contributing to job dissatisfaction among health workers at Chongwe District Hospital and Mpanshya Mission Hospital?
- iii. What actionable measures or interventions can be implemented to effectively minimize job dissatisfaction among health workers at Chongwe District Hospital and Mpanshya Mission Hospital?

1.6 Significance of the Study

The findings of the study hold practical implications for stakeholders at Chongwe District Hospital and Mpanshya Mission Hospital, as well as for the broader healthcare sector in Zambia:

The study's findings may provide crucial insights for hospital management in understanding the factors that promote or hinder job satisfaction among health workers. By identifying these factors, management can develop targeted strategies to address issues such as workload, salary concerns, career development opportunities, and workplace relationships. This proactive approach can lead to improved employee morale, reduced turnover rates, and ultimately enhance the quality of patient care.

Policymakers in the healthcare sector can use the study's findings to inform the development of policies aimed at improving working conditions and employee satisfaction. This may include initiatives to revise salary structures, provide training and professional development opportunities, and implement measures to address workplace grievances. By aligning policies with the needs and concerns of health workers, policymakers can foster a more supportive and conducive work environment, leading to better retention rates and improved healthcare delivery.

Human resource managers can leverage the study's findings to develop HR policies and practices that prioritize employee job satisfaction. This may involve implementing employee engagement initiatives, improving communication channels between management and staff, and enhancing performance evaluation systems to recognize and reward employee contributions. By fostering a

culture of employee satisfaction and well-being, HR managers can contribute to a more motivated and productive workforce.

The study's findings will serve as a valuable source of data for future research and academic studies on employee job satisfaction in the healthcare sector. Researchers and scholars can build upon this research to explore additional factors influencing job satisfaction, examine the effectiveness of interventions aimed at improving satisfaction levels, and contribute to the ongoing discourse on workforce management in healthcare settings.

For employees, the findings can serve as a basis for engaging in constructive dialogue with management to address concerns and negotiate improvements in working conditions. Armed with evidence-based insights into the factors influencing job satisfaction, employees can advocate for changes that enhance their overall well-being and job satisfaction.

Beyond the healthcare sector, business managers across industries can learn from the study's findings about the importance of creating supportive work environments and recognizing the value of employee satisfaction. By prioritizing employee well-being and job satisfaction, businesses can improve employee retention, productivity, and overall organizational performance.

Lastly, the study contributes to the body of knowledge on employee job satisfaction in the public sector in Zambia. By increasing the availability of information on this topic, the study empowers stakeholders with valuable insights into the unique challenges and opportunities within the healthcare workforce, facilitating evidence-based decision-making and strategic planning.

1.7 Limitations of the Study

The study had several limitations in its endeavour to investigate the factors causing employee job dissatisfaction in the public health sector. Despite assurances of confidentiality, participants may have been hesitant to express genuine dissatisfaction due to concerns about job security, particularly in the context of the current political climate in Zambia. Government employees, including health workers, may fear reprisal or job loss if they openly express dissatisfaction. This fear could lead to underreporting or reluctance to disclose negative experiences, potentially skewing the data towards more positive responses. The pervasive influence of political factors on participants' responses underscores the complexity of studying job satisfaction in a politically

charged environment. While efforts were made to reassure participants about confidentiality, the underlying fear may still have influenced their willingness to provide candid feedback.

Focusing solely on health personnel at Chongwe District Hospital and Mpanshya Mission Hospital restricts the generalizability of the findings. Each healthcare facility has its unique organizational culture, leadership dynamics, and workplace challenges, which may not fully represent the broader landscape of job dissatisfaction among health workers in Zambia. Consequently, the study's findings may not be applicable to other healthcare settings or regions within the country, limiting the external validity of the research. Including a more diverse sample from various healthcare facilities could provide a more comprehensive understanding of the factors contributing to job dissatisfaction across different contexts.

Conducting the study over a specific period may limit its ability to capture the dynamic nature of job satisfaction among health workers. Job satisfaction levels can fluctuate over time in response to evolving organizational policies, economic conditions, or external events. By capturing a snapshot of job satisfaction at a particular moment, the study may fail to capture long-term trends or changes in response to interventions or external factors. Longitudinal studies that track job satisfaction over time could offer insights into its trajectory and factors influencing its variability.

While clarifying the study objectives to participants is essential for transparency and alignment, it may not fully address the underlying concerns about confidentiality and fear of reprisal. Participants may still perceive a risk in expressing dissatisfaction, regardless of the stated objectives. Additionally, framing the objectives in a way that emphasizes understanding and addressing job dissatisfaction may inadvertently bias participants' responses towards highlighting positive aspects of their work environment or downplaying negative experiences.

By critically examining these limitations, the study can better contextualise its findings and acknowledge the potential biases and constraints that may affect the validity and generalizability of the results. This reflective approach enhances transparency and credibility, ultimately strengthening the research's contribution to the field of organisational psychology and management.

1.8 Delimitation of the Study

The study focused on Chongwe District Hospital and Mpanshya Mission Hospital along the Great East Road in Chongwe and Rufunsa districts, respectively. These hospitals were selected due to their strategic locations and significance within the healthcare landscape of the region. Chongwe District Hospital serves as a primary healthcare provider, while Mpanshya Mission Hospital complements its services, together forming an integral part of the healthcare infrastructure along this major transportation route. By limiting the geographical scope to these specific hospitals, the study aimed to capture the unique dynamics and challenges faced by healthcare workers in these settings, thereby providing contextually relevant insights into job dissatisfaction.

The study covered 84 employees across the two hospitals. This sample size was determined based on considerations of feasibility and resource constraints, while still ensuring adequate representation of different job roles and departments within the healthcare facilities. By including a diverse range of participants, the study aimed to capture a comprehensive understanding of job dissatisfaction across various professional backgrounds and roles within the healthcare workforce.

While acknowledging the broader issue of staff shortages in the healthcare sector, the study specifically delved into the phenomenon of job dissatisfaction among healthcare providers. This focus was chosen because job dissatisfaction can have profound implications for employee well-being, organizational performance, and ultimately, the quality of healthcare delivery. By narrowing the scope to this specific aspect of human resource management, the study aimed to generate insights and recommendations that are directly relevant to addressing challenges related to employee satisfaction and retention within the healthcare context.

The study utilised both qualitative and quantitative methods to provide a comprehensive understanding of job dissatisfaction among healthcare workers. Qualitative methods, such as interviews and focus group discussions, allowed for in-depth exploration of participants' experiences, perceptions, and underlying factors contributing to job dissatisfaction. Quantitative methods, such as surveys, provided quantitative data to complement qualitative findings, allowing for statistical analysis and generalization of findings to a larger population. This mixed

methods approach enabled a nuanced examination of the research problem, leveraging the strengths of both qualitative and quantitative methodologies to triangulate findings and enhance the robustness of the study's conclusions.

1.9 Assumption of the Study

While it is reasonable to assume that participants have a genuine interest in participating in research aimed at improving job satisfaction, it is important to acknowledge that individual motivations and perceptions may vary. Some participants may be more inclined to participate due to personal experiences or a desire to contribute to positive change, while others may be more cautious or skeptical. Recognizing this variability in participant attitudes towards research can help contextualize their responses and interpretations within the broader context of organizational culture and individual motivations.

The assumption that every staff member wishes to be satisfied with their job is generally valid, as job satisfaction is a fundamental aspect of employee well-being and organizational performance. However, it is important to recognize that achieving job satisfaction is influenced by various factors, including individual preferences, organizational culture, and external circumstances. Not all employees may prioritize job satisfaction equally, and some may prioritize other factors such as financial stability or career advancement. Therefore, while the assumption provides a useful framework for understanding participant motivations, it should be interpreted with consideration for the diverse range of factors that influence employee attitudes and behaviors.

Assuring participants of anonymity and confidentiality is crucial for encouraging honest and truthful responses in research. However, it is important to acknowledge the potential for response bias, where participants may provide socially desirable responses or withhold information due to concerns about confidentiality, social norms, or fear of repercussions. By acknowledging the potential for response bias, researchers can employ strategies such as anonymity, confidentiality, and rapport-building techniques to mitigate these concerns and encourage more candid responses. Additionally, triangulating data from multiple sources and methods can help validate findings and enhance the reliability of the study's conclusions.

1.10 Operational Definition of Key Terms

- Job dissatisfaction:** It would be measured by perception of employees towards the job and the way they are treated by the institution. The mood about the job is usually influenced by the job factors such as pay, the type of work accomplished, supervision, working conditions, and opportunity for advancement. Satisfaction, gratification, fulfilment, and contentment shall be used interchangeably to mean the same.
- Remuneration:** This would address opinion of employees as to whether what they are paid tally with the tasks they perform or they have a feeling that they are underpaid.
- Quality of work life:** Refers to perceptions held by employees on the suitability and quality of the working conditions.
- Promotion:** The view of employees regarding the advancement they are making if it matches with one's educational level and the working years.
- Supervision:** Perception of employees regarding the support received from supervisors.
- Team work:** Perception of employees concerning cooperation given by different individuals as they use their skills at the work place.
- Human resource for health:** "All individuals engaged in actions whose main goal is to improve health. These people include clinical staff namely as doctors, nurses, pharmacologists, and dentists, as well as health managers and support workers – the ones who do not offer services directly but are important to the effectiveness of health systems, such as health administrators, ambulance drivers and the people responsible with finance management" (WHO, 2019).

1.11 Organisation of the Report

Chapter One: Introduction

This chapter sets the stage for the study by introducing the context and background of the analysis, including the problem statement, research goals, and aims. It establishes the theoretical and conceptual framework guiding the research and outlines the significance and relevance of the study. Additionally, it provides an overview of the structure and organization of the report.

Chapter Two: Literature Review

In this chapter, existing literature relevant to the research problem is comprehensively reviewed and critically analysed. The literature review synthesizes key findings from previous studies and theoretical frameworks to provide a theoretical foundation for the research questions and hypotheses. It identifies gaps in the literature that the current study aims to address and establishes the conceptual framework for understanding job dissatisfaction among healthcare workers.

Chapter Three: Methodology

Chapter Three details the research methodology employed in the study, including the research design, data collection methods, and sampling procedures. It explains how data were obtained and addresses any limitations associated with the chosen methods. Additionally, this chapter discusses the implications of these limitations on the validity and reliability of the study's findings.

Chapter Four: Data Presentation and Analysis

In this chapter, the collected data are presented and analyzed. The chapter provides a detailed description of the data analysis techniques used and presents the findings in a clear and organized manner. Data tables, graphs, and visual aids may be included to enhance the presentation of results and facilitate interpretation.

Chapter Five: Findings and Discussion

Chapter Five discusses the findings of the study in relation to the research objectives and hypotheses. It compares the results to existing literature and other relevant studies, highlighting similarities, differences, and implications. The chapter critically examines the significance of the findings and discusses their implications for theory, practice, and policy.

Chapter Six: Conclusion and Recommendations

The final chapter summarizes the main findings of the study and draws conclusions based on the evidence presented. It offers recommendations for stakeholders based on the study's findings and suggests areas for future research. This chapter serves to synthesize the key insights of the study and provide closure to the report.

1.12 Chapter summary

The chapter has presented the background to the study, purpose of the study, statement of the problem, research objectives, research questions, significance of the study, limitations, delimitations, organisation of the report and a chapter summary. The next chapter presents a review of literature for past studies.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

The literature review chapter serves as a comprehensive exploration of existing research directly relevant to the objectives of the study. It aims to offer a thorough examination of the factors that contribute to employee job dissatisfaction within the workplace. By delving into the available literature, this chapter seeks to provide insights into the various aspects influencing job dissatisfaction among employees. Through an extensive review of relevant studies, this chapter aims to identify key themes, trends, and findings related to job dissatisfaction in the workplace. By synthesizing existing research, it seeks to highlight the factors that have been consistently associated with employee dissatisfaction, as well as any emerging trends or insights in this area. Furthermore, the literature review chapter serves as a foundation for the current study, informing the research design, methodology, and interpretation of findings. By building upon existing knowledge and insights, it aims to contribute to a deeper understanding of the complexities of job dissatisfaction and its implications for both employees and organisations.

Overall, the literature review chapter plays a crucial role in framing the research questions, guiding data collection and analysis, and contextualizing the study within the broader academic literature. Through a rigorous examination of existing research, it seeks to provide a solid theoretical framework for the current study and lay the groundwork for further exploration into this important topic.

2.2 Job Dissatisfaction among Health Workers

Job dissatisfaction among health workers stems from a multitude of factors, encompassing both intrinsic and extrinsic aspects of the work environment. Factors contributing to job dissatisfaction include heavy workloads, inadequate staffing, and challenging working conditions (Aiken et al., 2012). Insufficient resources, including medical supplies and equipment, further exacerbate this issue, impacting the quality of care provided and increasing stress levels among healthcare professionals (Kamwanga et al., 2013).

Organisational factors such as poor leadership, lack of support from management, and limited opportunities for career advancement also contribute to job dissatisfaction among health workers

(Shi et al., 2014; Butt et al., 2012). In environments where healthcare workers feel undervalued and unsupported, morale and job satisfaction are significantly diminished. Moreover, socio-economic factors such as low salaries, limited benefits, and inadequate compensation also play a significant role in shaping job dissatisfaction among health workers, particularly in resource-constrained settings like Zambia (Ngulube, 2010; Kamwanga et al., 2013). These factors not only impact individual well-being but also contribute to workforce retention challenges, exacerbating the shortage of healthcare professionals in the country.

In addition to the aforementioned factors, lack of recognition and appreciation for their efforts can also contribute to job dissatisfaction among health workers (Alameddine et al., 2015). Healthcare professionals often dedicate long hours to their work, yet their contributions may go unnoticed or unacknowledged, leading to feelings of frustration and disillusionment. Furthermore, poor work-life balance and high levels of workplace stress can significantly impact job satisfaction among health workers (Degen et al., 2019; Zhang et al., 2018). Long shifts, irregular working hours, and demanding patient caseloads can take a toll on healthcare professionals' mental and emotional well-being, leading to burnout and reduced job satisfaction. Additionally, factors such as limited opportunities for professional development and lack of autonomy in decision-making can contribute to feelings of stagnation and dissatisfaction among health workers (Wami et al., 2018; Sousa-Poza & Sousa-Poza, 2017). Without opportunities for growth and advancement in their careers, healthcare professionals may feel disengaged and unmotivated in their roles.

Overall, job dissatisfaction among health workers is a complex phenomenon influenced by various factors related to workload, organisational culture, compensation, work-life balance, and professional development opportunities. Addressing these factors requires a multifaceted approach that takes into account the unique challenges faced by healthcare professionals in different settings and contexts.

2.3 Empirical Review

The empirical literature review involves examining scholarly works that investigate the causes of job dissatisfaction in the workplace. The discussion is structured according to the objectives of the study, providing a focused analysis of relevant research findings. This includes insights from

international studies that have identified common themes and trends in employee dissatisfaction, providing a foundation for further exploration. As the discussion progresses, it transitions to examining research conducted in specific geographical areas or within particular industries. This allows for a more nuanced understanding of how cultural, economic, and organizational factors influence job dissatisfaction among employees in different regions. Finally, the empirical review delves into perspectives, focusing on studies conducted within the context of the study area. By examining research findings from similar settings, the discussion aims to provide insights into the unique challenges and opportunities related to job dissatisfaction among employees in the health sector. This approach ensures that the empirical review is closely aligned with the objectives of the study and provides relevant insights for informing the research questions and methodology.

2.3.1 Extent of employee job dissatisfaction among health workers

Job dissatisfaction among healthcare workers is a significant issue affecting both individual well-being and the quality of healthcare services provided. Studies conducted in various healthcare settings have shed light on the extent of job dissatisfaction among health workers, providing insights into its prevalence, contributing factors, and implications.

In a study by Aiken et al. (2012), which surveyed nurses from 12 European countries, high levels of job dissatisfaction were reported, with factors such as heavy workloads, inadequate staffing, and lack of autonomy identified as key contributors. The researchers utilized survey questionnaires to gather data on nurses' perceptions of their job satisfaction and identified significant factors contributing to their dissatisfaction.

Similarly, a study by Alameddine et al. (2015) in Lebanon found that nurses experienced moderate to high levels of job dissatisfaction, primarily due to poor working conditions, low salaries, and limited career advancement opportunities. The researchers employed qualitative interviews and focus group discussions to explore nurses' experiences and perceptions regarding their job satisfaction, providing valuable insights into the specific challenges faced by healthcare workers in Lebanon.

In a study by Chirwa et al. (2019) in Malawi, job dissatisfaction among healthcare workers in rural health facilities was investigated using qualitative interviews and focus group discussions. The findings revealed widespread dissatisfaction among healthcare workers, particularly regarding inadequate resources, poor working conditions, and limited opportunities for professional growth. This qualitative approach allowed for an in-depth exploration of the factors contributing to job dissatisfaction among healthcare workers in Malawi.

Research by Degen et al. (2019) in Germany utilized qualitative interviews and focus group discussions to explore job satisfaction among healthcare professionals in hospitals. The study revealed that healthcare workers experienced varying levels of dissatisfaction, with issues such as organizational culture, communication breakdowns, and lack of autonomy identified as significant sources of dissatisfaction. This qualitative approach allowed for an in-depth exploration of the factors contributing to job dissatisfaction among healthcare workers in Germany.

In the context of Zambia, limited research specifically focusing on job dissatisfaction among health workers exists. However, anecdotal evidence and reports from healthcare professionals suggest that job dissatisfaction is prevalent, driven by factors such as inadequate resources, low salaries, and challenging working conditions (Ngulube, 2010; Kamwanga et al., 2013). The shortage of healthcare workers in Zambia exacerbates these challenges, leading to increased workloads and stress among those in the workforce (ZAMFOHR, 2011).

Understanding the levels of job dissatisfaction among health workers is crucial for identifying areas of concern and implementing targeted interventions to address them. By examining existing literature on this topic, this study aims to provide insights into the extent of job dissatisfaction among health workers at Chongwe District Hospital and Mpanshya Mission Hospital, contributing to the development of effective strategies for improvement.

2.3.2 Factors contributing to job dissatisfaction among health workers

Job dissatisfaction among health workers is influenced by a multitude of factors, encompassing both intrinsic and extrinsic aspects of the work environment. Research conducted in various healthcare settings has identified several key contributors to job dissatisfaction among health

workers. One significant factor contributing to job dissatisfaction among health workers is the lack of autonomy and decision-making authority.

Research by Aiken et al. (2012) highlighted that healthcare professionals who perceive themselves as having limited control over their work processes and patient care decisions are more likely to experience job dissatisfaction. This finding underscores the importance of empowering healthcare workers to participate in decision-making processes and exercise autonomy in their roles.

Moreover, a study by Alameddine et al. (2015) in Lebanon utilized qualitative interviews and focus group discussions to explore the impact of organizational culture on job satisfaction among nurses. The research found that negative organizational cultures, characterized by hierarchical structures and authoritarian leadership styles, contributed to feelings of disempowerment and dissatisfaction among nurses. This qualitative approach provided valuable insights into the subjective experiences of healthcare workers and the organizational factors influencing their job satisfaction.

In addition to workload and organizational factors, the psychosocial work environment also plays a crucial role in shaping job satisfaction among health workers. Research by Shi et al. (2014) in China investigated the relationship between workplace social support and job satisfaction among nurses. The study found that healthcare professionals who perceive higher levels of support from their colleagues and supervisors report greater job satisfaction. This quantitative study utilized surveys to assess nurses' perceptions of social support and job satisfaction, providing empirical evidence of the importance of interpersonal relationships in the workplace.

Overall, these studies illustrate the diverse approaches employed to investigate job dissatisfaction among healthcare workers, ranging from quantitative surveys to qualitative interviews and mixed-methods designs. By synthesizing findings from these studies, researchers can gain a comprehensive understanding of the factors contributing to job dissatisfaction and develop targeted interventions to address these challenges effectively.

2.3.3 Framework for minimization of job dissatisfaction among health workers

In the study by Shi et al. (2014), the integrated framework for improving job satisfaction among nurses included recommendations such as implementing nurse-patient ratio regulations to address workload issues, providing opportunities for professional development and career advancement, and fostering a supportive work environment through leadership training and mentorship programs. Additionally, the researchers recommended enhancing communication channels between management and frontline staff to address concerns and improve overall job satisfaction.

Similarly, the study by Alameddine et al. (2015) proposed several recommendations to address job dissatisfaction among nurses, including revising salary scales and benefits packages to ensure fair compensation, improving working conditions through investments in infrastructure and equipment, and enhancing career development opportunities through training and educational programs. The researchers also emphasized the importance of promoting a culture of respect, recognition, and appreciation within healthcare organizations to boost morale and job satisfaction among nurses.

In the study by Butt et al. (2012), the framework for enhancing job satisfaction among healthcare workers included recommendations such as implementing performance-based incentives to reward high-performing employees, improving workload management through staffing adjustments and task delegation, and enhancing communication and teamwork among healthcare teams. Additionally, the researchers recommended establishing employee support programs, such as counseling services and peer support groups, to address stress and burnout and promote overall well-being among healthcare workers.

Overall, these recommendations highlight the importance of addressing both organizational-level factors, such as workload and compensation, and individual-level factors, such as professional development and support services, to effectively minimize job dissatisfaction among health workers. By implementing targeted interventions based on these recommendations, healthcare organizations can create environments that foster job satisfaction, improve employee retention, and ultimately enhance the quality of care provided to patients.

These studies demonstrate the importance of employing a variety of methodological approaches to develop comprehensive frameworks for minimizing job dissatisfaction among health workers. By integrating findings from quantitative and qualitative research methods, researchers can gain a deeper understanding of the factors contributing to dissatisfaction and develop tailored interventions to address them effectively.

2.3.4 Critical analysis of strengths and limitations of existing literature

The existing literature on job dissatisfaction among health workers in Zambia offers valuable insights into the challenges faced by healthcare professionals in the country. One notable strength of these studies lies in their diverse methodological approaches, which include quantitative surveys, qualitative interviews, and mixed-methods designs. For example, Ngulube (2010) employed qualitative interviews to explore the factors contributing to job dissatisfaction among healthcare workers in Zambia, while Kamwanga et al. (2013) utilized a mixed-methods approach combining surveys and interviews to assess job satisfaction among nurses in public health facilities. This methodological diversity allows for a comprehensive exploration of job dissatisfaction from various perspectives, enhancing the validity and reliability of the findings.

Moreover, these studies focus specifically on Zambia, providing insights into the unique challenges faced by health workers in the country. By contextualizing the research within the Zambian healthcare system, the studies offer relevant and applicable findings for policymakers, healthcare managers, and practitioners. For instance, Kamwanga et al. (2013) highlighted the impact of low salaries and inadequate resources on job satisfaction among nurses in Zambia, informing policy recommendations aimed at addressing these challenges.

Another strength of the existing literature is its comprehensive examination of factors contributing to job dissatisfaction. These studies explore a wide range of factors, including workload, staffing levels, compensation, working conditions, and professional development opportunities. For example, Ngulube (2010) identified inadequate resources, challenging working conditions, and limited career advancement opportunities as key contributors to job dissatisfaction among healthcare workers in Zambia. Similarly, Kamwanga et al. (2013) found that heavy workloads and lack of recognition were significant factors affecting job satisfaction among nurses in public health facilities.

However, these studies also have some limitations that need to be considered. For instance, while they focus on specific healthcare facilities or regions within Zambia, the findings may not be fully generalizable to other settings or contexts. Factors contributing to job dissatisfaction may vary across different healthcare facilities, regions, or countries, limiting the applicability of the findings beyond the study context. Moreover, some studies rely on self-reported data from healthcare workers, which may be subject to social desirability bias or recall bias. For example, respondents may provide responses that they perceive as socially desirable or may not accurately recall their experiences, leading to potential inaccuracies in the data.

Furthermore, the scope of investigation in these studies primarily focuses on exploring the factors contributing to job dissatisfaction among health workers, but may not delve deeply into the underlying causes or mechanisms driving these factors. A more nuanced understanding of the root causes of job dissatisfaction is necessary to inform targeted interventions effectively. Additionally, temporal factors may not be adequately accounted for in these studies, as they may not capture changes in job satisfaction over time or account for temporal factors that could influence healthcare workers' experiences. Job satisfaction levels may fluctuate in response to evolving healthcare policies, economic conditions, or organizational changes, highlighting the need for longitudinal research designs.

Overall, while the existing literature provides valuable insights into job dissatisfaction among health workers in Zambia, there is a need for further research to address the identified limitations and deepen our understanding of the underlying causes and mechanisms driving job dissatisfaction. The current study on the causes of job dissatisfaction among health workers in Zambia should consider building upon the strengths of existing literature while addressing its limitations through rigorous research design and methodology.

2.4 Theoretical Framework

In understanding the complexities of job dissatisfaction among health workers at Chongwe District Hospital and Mpanshya Mission Hospital, it is essential to frame the study within relevant theoretical perspectives on job satisfaction. Theoretical frameworks provide a lens through which researchers can interpret and analyse factors contributing to job dissatisfaction, guiding the conceptualization of the study. In this context, three theoretical perspectives will be

applied: Job Characteristics Theory (JCT), Social Exchange Theory (SET), and Job Demand-Control-Support (JDCS) model. Each theory offers unique insights into the relationship between job characteristics, social exchanges, and work environment factors, and job satisfaction among healthcare professionals. By grounding the study within these theoretical frameworks, the study establishes clear connections between theoretical concepts and specific factors contributing to job dissatisfaction in the healthcare settings under investigation.

2.4.1 Job Characteristics Theory (JCT)

One relevant theoretical perspective on job satisfaction is the Job Characteristics Theory (JCT) proposed by Hackman and Oldham (1976). JCT posits that certain job characteristics, including skill variety, task identity, task significance, autonomy, and feedback, can influence employees' psychological states and work outcomes, such as job satisfaction. In the context of health workers at Chongwe District Hospital and Mpanshya Mission Hospital, this theory can help identify specific job characteristics that contribute to job dissatisfaction. For example, inadequate autonomy in decision-making, limited opportunities for skill variety, and lack of meaningful feedback on performance may lead to dissatisfaction among healthcare professionals.

2.4.2 Maslow's Hierarchy of Needs theory

Maslow hierarchy of need is a theory in psychology proposed by Abraham Maslow in his 1943 paper 'a theory of Human Motivation' in psychology review Banda L.2019). Maslow subsequently extended the idea to include his observations of human's innate curiosity. Physiological needs are the physical requirements for human survival. If these requirements are not met the human body cannot function properly. The safety needs include personal security, financial Security health and well-being. Different scholars have put forth different explanations on how motivation can be achieved within a company or an organisation. Prominent amongst them is Maslow with the theory of "Maslow's Hierarchy of needs" as depicted in Figure 2.1.

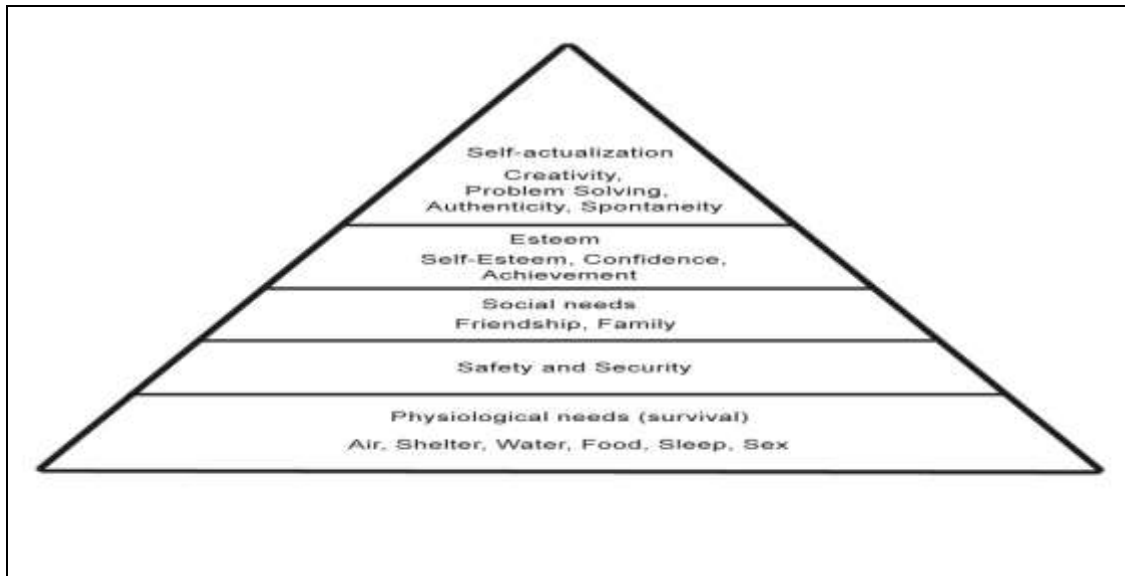


Figure 2.1: Maslow's Hierarchy of needs

Source: Maslow (1943)

Consequently, Maslow (1943) as cited Banda L. (2019) reasoned that human beings have an internal need pushing them on towards self-actualization (fulfilment) and personal superiority. Maslow came up with the View that there are five different levels of needs and once we happen to satisfy a need at one stage or level of the hierarchy it has an influence on our behaviour. At such level our behaviour tends to diminish, we now put forth a more powerful influence on our behaviour for the need at the next level up the hierarchy.

Robin (2003) stated that the theory talks about the self-esteem need of employees. The theory shows that recognition, status development, and growth are factors which lead to motivation and eventually to job satisfaction. For health workers to function better in their jobs, these needs must be fulfilled to enhance their job satisfaction and better services.

2.4.3 Job Demand-Control-Support (JDACS)

Additionally, the Job Demand-Control-Support (JDACS) model proposed by Karasek (1979) provides a relevant theoretical framework for understanding job satisfaction among healthcare professionals. This model suggests that job satisfaction is influenced by the interaction between job demands (e.g., workload), job control (e.g., autonomy), and social support (e.g., supervisor and colleague support) in the work environment. In the context of Chongwe District Hospital and Mpanshya Mission Hospital, health workers may experience job dissatisfaction if they perceive

high job demands coupled with low job control and inadequate social support. By applying the JDCS model, the study examines how these factors interact to influence job satisfaction among health workers in these healthcare settings.

2.4 Conceptual Framework

Conceptual framework in Figure 2.0 is a research tool intended to assist the researcher to develop awareness and understanding of the situation under scrutiny.

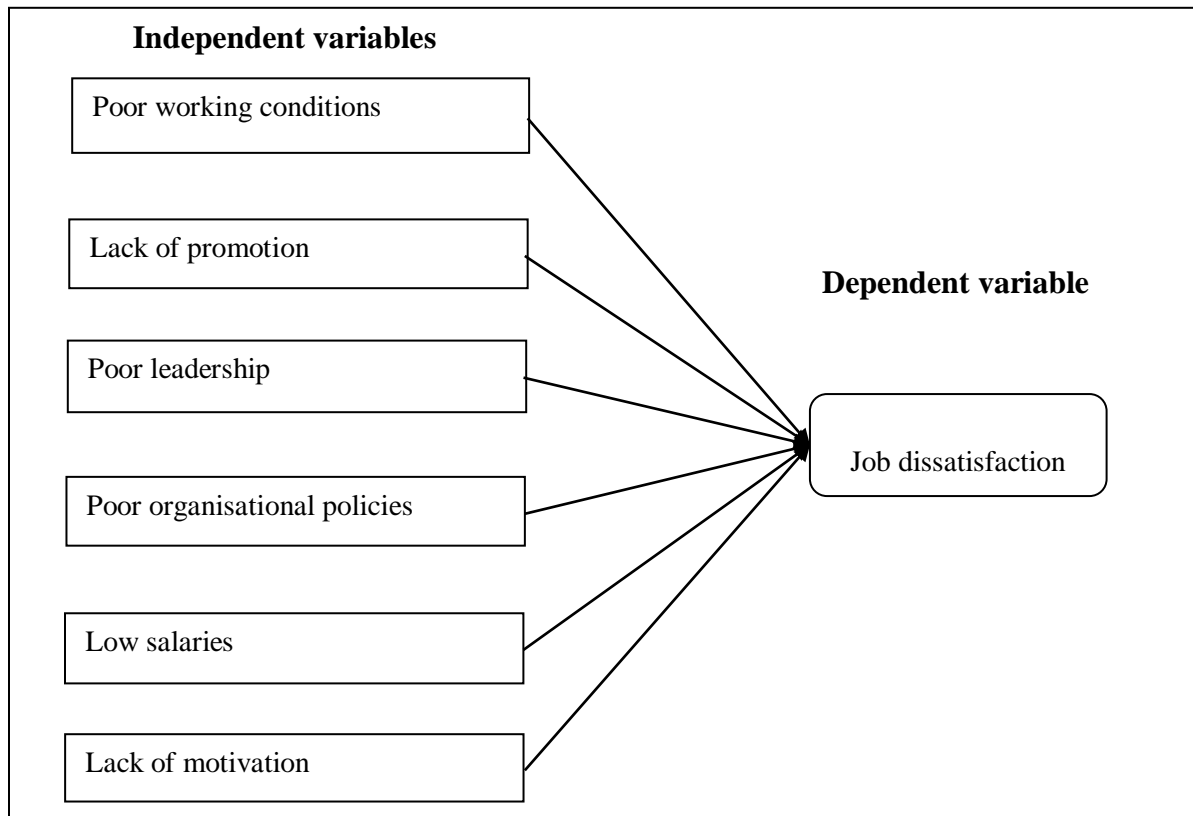


Figure 2.2: Conceptual Framework

Source: Author (2022)

When clearly articulated, a conceptual framework has potential usefulness as a tool to assist a researcher to make meaning of subsequent findings.

2.4.1 Independent variables

Working Conditions

Working conditions refer to the physical, social, and environmental factors that impact employees' ability to perform their tasks effectively. This includes aspects such as workload, safety, comfort, equipment availability, and overall work environment. Working conditions can

be measured through a combination of quantitative and qualitative methods. Surveys or questionnaires can include Likert scale questions to assess factors such as workload intensity, availability of necessary equipment, and perceived safety of the work environment. Qualitative methods such as interviews or focus groups can provide additional context and understanding of employees' experiences with working conditions.

Promotion Opportunities

Promotion opportunities encompass the potential for career advancement and growth within the organization. This includes opportunities for vertical progression to higher-level positions, as well as lateral moves to different departments or roles that offer new challenges and responsibilities. Promotion opportunities can be measured quantitatively by examining employees' perceptions of career advancement opportunities within the organization. Surveys or questionnaires can include questions about access to training and development programs, availability of career advancement pathways, and transparency in promotion processes. Qualitative methods such as interviews can provide further insights into employees' aspirations and experiences related to promotions.

Leadership practices

Leadership practices encompass the behaviours, actions, and strategies employed by organizational leaders to guide and influence their employees. This includes aspects such as communication styles, decision-making processes, supportiveness, and empowerment of employees. Leadership practices can be measured quantitatively using surveys or assessments that evaluate employees' perceptions of their leaders' behaviours and actions. Surveys may include Likert scale questions to assess communication effectiveness, decision-making inclusiveness, and supportiveness of supervisors. Qualitative methods such as interviews can provide additional context and understanding of leadership practices through employees' direct experiences.

Organizational Policies

Organizational policies refer to the formal rules, regulations, and guidelines established by the organization to govern various aspects of employee behaviour, rights, and responsibilities. This includes policies related to performance evaluation, leave entitlements, disciplinary procedures, and ethical standards. Organizational policies can be measured through surveys or questionnaires

that assess employees' perceptions of the clarity and effectiveness of organizational policies. Questions may focus on the clarity of performance evaluation criteria, consistency in disciplinary procedures, and adherence to ethical standards. Additionally, document analysis can be used to examine the content and implementation of organizational policies.

Remuneration

Remuneration refers to the compensation and benefits provided to employees in exchange for their work. This includes aspects such as salary, bonuses, incentives, health insurance, retirement plans, and other forms of financial rewards. Remuneration can be measured quantitatively by examining employees' perceptions of their compensation and benefits through surveys or assessments. Surveys may include questions about salary levels, bonus structures, and perceived fairness of compensation practices. Additionally, payroll records can be analysed to determine actual compensation levels and disparities among employees.

Lack of motivation

Lack of motivation, as an independent variable in investigating the causes of job satisfaction, refers to the absence or insufficiency of factors that drive individuals to perform effectively and derive satisfaction from their work. In this context, it represents a negative influence on employees' job satisfaction levels. Employees who lack motivation may exhibit disengagement, apathy, or a lack of enthusiasm towards their work. They may feel unfulfilled, uninspired, or disconnected from their tasks and organizational goals. This lack of motivation can result from various factors, including unclear expectations, inadequate support from management, limited opportunities for advancement, or a mismatch between individual skills and job responsibilities.

2.4.2 Dependent of variable

Levels of Job Dissatisfaction

Levels of job dissatisfaction refer to the extent to which employees experience dissatisfaction with their work. This construct encompasses various dimensions of dissatisfaction, including dissatisfaction with working conditions, compensation, career advancement opportunities, leadership, and organizational policies. Levels of job dissatisfaction can be measured using Likert scale questions in surveys or questionnaires. Employees may be asked to rate their level of agreement or disagreement with statements related to job satisfaction on a scale of 1 to 5, with 1

indicating strong dissatisfaction and 5 indicating strong satisfaction. Additionally, qualitative methods such as interviews or focus groups can provide deeper insights into employees' experiences and perceptions of job dissatisfaction.

These detailed descriptions provide clarity on each conceptual construct and how they are defined and measured in the context of the study, ensuring transparency and rigor in the research methodology. Table 2.0 outlines the objectives, variables, indicators, measurements, scales, data collecting methods, and data analysis techniques for each objective of the study.

Table 2.0: Operationalisation of variables

Objective	Variable	Indicator	Measurement	Scale	Data Collecting Method	Data Analysis
i.To determine the levels of job dissatisfaction and the extent of employee job dissatisfaction among health workers at Chongwe District Hospital and Mpanshya Mission Hospital	Independent variable	Levels of job dissatisfaction	Likert scale	Likert scale, 1-5	Surveys/questionnaires	Descriptive statistics
ii. To establish the factors contributing to job dissatisfaction among health workers at Chongwe District Hospital and Mpanshya Mission Hospital	Independent variable	Poor Working conditions	Workload intensity, availability of necessary equipment, perceived safety of the work environment	Likert scale, Yes/No, Numerical rating	Surveys/questionnaires, Observations	Descriptive statistics thematic analysis
	Independent variable	Lack of Promotion opportunities	Access to training and development programs, availability of career	Yes/No, Likert scale, Numerical rating	Surveys/questionnaires, Interviews	Descriptive statistics content analysis

			advancement pathways, transparency in promotion processes			
	Independent variable	Poor Leadership practices	Communication effectiveness, decision-making inclusiveness, supportiveness of supervisors	Likert scale, Yes/No, Numerical rating	Surveys/questionnaires, Interviews	Descriptive statistics thematic analysis
	Independent variable	Poor Organizational policies	Clarity of performance evaluation criteria, consistency in disciplinary procedures, adherence to ethical standards	Likert scale, Yes/No, Numerical rating	Surveys/questionnaires, Document analysis	Descriptive statistics content analysis
	Independent variable	Low salaries	Salary levels, bonus structures, perceived fairness	Numeric (local currency),	Surveys/questionnaires	Descriptive statistics

			of compensation practices	Yes/No, Likert scale		
	Independent variable	Lack of motivation	Productivity levels, attendance records, and quality of work output	Numeric (local currency), Yes/No, Likert scale	Surveys/questionnaires	Descriptive statistics
iii. To develop a framework for minimisation of job dissatisfaction among health workers at Chongwe District Hospital and Mpanshya Mission Hospital.	Independent variable	Framework for minimisation of job dissatisfaction	Development of framework components	N/A	Literature review, Expert consultation	Content analysis, thematic synthesis

2.5 Chapter Summary

In this dissertation, it was endeavoured that sufficient information was gathered from the available resources, channels, and libraries, seeking available materials that strongly advocates on the causes of job dissatisfaction among health workers at Chongwe District Hospital and Mpanshya Mission Hospital. The next chapter looks further at the basis of methodical concepts of the research, as it focuses on the assessment of factors connected to causes of job dissatisfaction among health workers.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 Introduction

A study's outcome can be greatly influenced by the methods used and the way they are applied. In terms of collecting and analysing data, a careful choice of methodology and how these methods are applied is essential. As a result, it is imperative that a relevant research design is embraced as well as devising reliable data collection methods so that the results are acceptable, dependable, and predictive. This section explains how the procedures were adopted in undertaking the study.

3.2 Research Philosophy

Research philosophy refers to the assumptions, beliefs, and values that underpin a researcher's approach to conducting research and interpreting findings. It encompasses the researcher's worldview, epistemological stance, and ontological perspective, which collectively shape the research process. Ultimately, research philosophy informs the researcher's approach to knowledge generation and contributes to the rigor and validity of the research outcomes.

3.2.1 Ontological assumptions

Ontology is the philosophical study of the nature of existence or reality, of being or becoming, as well as the basic categories of things that exist and their relations. Ontology enables the researcher to examine your underlying belief system and philosophical assumptions as the researcher, about the nature of being, existence and reality. The ontological assumption in this study is that reality is constructed through interaction with participants as they are the ones who hold the knowledge. This influenced this study to align with the constructivism ontological perspective.

3.2.2 Epistemological assumptions

It is concerned with the very bases of knowledge, its nature, and forms and how it can be acquired, and how it can be communicated to other human beings. It focuses on the nature of human knowledge and comprehension that you, as the researcher or knower, can possibly acquire to be able to extend, broaden and deepen understanding in your field of research. Schwandt (1997) defines it as the study of the nature of knowledge and justification. The

epistemological position for the study was grounded on authoritative knowledge because data was gathered from key informants and leaders in the clinic of Chongwe through interaction.

3.2.3 Axiological assumptions

Axiological assumptions answer to these questions guided by four criteria of ethical conduct namely, teleology, deontology, morality, and fairness (Mill, 1969). Technically, *teleology* is the theory of morality which postulates that doing what is intrinsically good or desirable, is a moral obligation that should be pursued in every human endeavour. Therefore, it was the responsibility of the researcher to protect the participants and treat them good as human beings through getting their consent before conducting the study. Through teleology, the researcher made sure that the research results in a meaningful outcome that was able to satisfy as many people as possible. *Deontology* is the understanding that every action that would be undertaken during the research would have its own consequence, intended to benefit participants, the researcher, the scholastic community or the public at large (Scheffler, 1982). It also allows for flexibility to deal with individual participants or observations. It was in this context that participants were told of the benefits and risks of participating in the study. The *morality criterion* refers to the intrinsic moral values that would be upheld during the research. Through morality, it was relevant to know that the researcher was truthful in their interpretation of the data. Finally, the criterion of *fairness* draws the researcher's attention to the need to be fair to all research participants and to ensure that their rights are upheld. Through fairness, all participants were protected as they were told that they had the right to withdraw from the study at any time without being questioned.

3.3 Research Design

In this study, a descriptive research design was employed to provide a detailed evaluation of job dissatisfaction issues in the public healthcare sector, particularly at Chongwe District Hospital and Mpanshya Mission Hospital. This was complemented by a mixed methods approach, integrating both quantitative and qualitative data collection and analysis techniques. The research design was chosen to allow for a comprehensive exploration of job dissatisfaction among health workers, combining statistical analysis of survey data with in-depth insights from interviews and focus group discussions. The mixed methods approach was integrated by first collecting quantitative data through surveys to quantify levels of job dissatisfaction and identify key contributing factors. This was followed by qualitative data collection through guided interviews

and focus group discussions to explore participants' experiences and perceptions in more depth. The integration of quantitative and qualitative methods allowed for a more nuanced understanding of job dissatisfaction and provided rich insights into the factors influencing health workers' job satisfaction.

3.4 Study Population

According to Mugenda and Mugenda (2012), population refers to any group of institutions, people or objects that have common characteristics. The target population for this study constituted of 120 employees being the workforce at Chongwe District Hospital (MoH, 2020) and 85 employees at Mpanshya Mission Hospital made up of general nurses, midwives, paramedics, clinicians, pharmacists, and doctors. Of the total staff, there were two HR heads, 12 doctors, 27 clinicians, 72 nurses, 6 Pharmacists, 82 support staff and 4 receptionists at the two hospitals.

3.5 Sampling Techniques and Sample Size

The study adopted a probability sampling technique called stratified random sampling to come up with the study respondents. The strata were formulated based on the various specialities of the health care service the different sections of the hospital offer. These encompassed the dental, maternity, the paediatric and the medical and surgery sections. This was to ensure that each section or department of the hospital was represented in the sample. In descriptive research, a sample size of 10-50% is acceptable (Mugenda and Mugenda, 2012).

The sample population was selected to ensure representation from various departments and categories of workers at Chongwe District Hospital and Mpanshya Mission Hospital, including doctors, clinicians, nurses, pharmacists, support staff, and receptionists. The sample size of 84 was deemed sufficient to capture a diverse range of perspectives while maintaining feasibility in data collection. The representativeness of the sample was ensured by stratified random sampling, which allocated proportions of the sample to different departments based on their size and importance within the hospital.

The percentages allocated to each category of workers were based on the relative importance and size of each department within the hospital. For example, larger departments such as nursing and clinical services were allocated higher percentages to ensure adequate representation, while

smaller departments such as pharmacy and reception were allocated lower percentages. This approach helped to maintain balance and proportionality in the sample while ensuring that all departments were represented.

The sample was apportioned as below:

Table 3.0: Distribution of sample

Category	Population	Sample size (%)	Sample size
Head of Human Resource	2	100	2
Doctors	12	50	10
Clinicians	27	27	12
Nurses	72	50	40
Pharmacists	6	50	4
Support Staff	82	17	14
Receptionists	4	50	2
Grand total	205	35	84

It has previously been recommended that qualitative studies require a minimum sample size of at least 12 to reach data saturation (Saunders, Lewis & Thornhill, 2012). Therefore, a sample of 42 was deemed more than sufficient for a mixed methods approach of this study as some participants within the population worked in night shift during data collection and some were on leave.

3.6 Data Collection Methods

The study used mainly primary data as the focus of its investigation, although secondary data were used simply to understand the human resource guidelines on work-related complaint handling pertaining to job dissatisfaction. Primary data were collected from the respondents through guided interviews with the key informant and the other respondents at Chongwe District Hospital. The interview guide adopted in this study had open-ended questions and responses were collected via written answers and recording of interviewees. The other method of data collection was by way of focus group discussions.

Validity and reliability in data collection were ensured through rigorous methodological procedures, including the development and piloting of interview guides, training of data

collectors, and systematic verification of data accuracy. Interviews were conducted in a structured manner to maintain consistency across participants, and data were recorded and transcribed verbatim to ensure fidelity to participants' responses.

3.7 Data Analysis and Processing

Thematic analysis technique was used to analyse qualitative data collected using interview schedules and reported in narrative form along with quantitative presentation analysed with the use of Microsoft Excel. The researcher used summary tables to describe the quantitative data. The answers/responses given in the interviews were categorised into their types and the numbers of each type were counted. Thematic analysis was used to analyse qualitative data in this study. The core of qualitative analysis is careful, systematic, and repeated reading of text to identify consistent themes and interconnections emerging from the data. Coding data was one way which was used to help with summarising and structuring text data. Coding involved creating a series of categories that described the important 'themes or topics of interest in the data. Sections of data or quotations were tagged with these categories. Quantitative data analysis involved descriptive statistics such as means, frequencies, and percentages to summarize survey responses and identify patterns or trends. The integration of quantitative and qualitative findings allowed for a comprehensive understanding of job dissatisfaction among health workers.

3.8 Ethical Considerations

To adhere to research ethical considerations, the researcher sought permission from Chongwe District Hospital and Mpanshya Mission Hospital administrations specifically HRs to conduct research at the institution. Thereafter, consent was obtained from participants before they participated in the study and the researcher ensured that participation in the research was entirely voluntary. Through obtaining the consent from participants, were explained to the context of the study and their rights to withdraw at any time without being questioned. This helped the researcher and the participants to work together in the study professionally. In addition, participants were assured that the study was intended to collect information purely for academic purposes and as such, all responses were treated with utmost confidentiality by not divulging information provided or allowing participants to write their names on questionnaires. This helped to minimise fears of victimisation and promoted honest in the way participants responded to questions aimed at analysing causes of job dissatisfaction in the Ministry of Health. Under

beneficence, participants were told that they would not benefit from monetary from the study, but the results would benefit them, community and entire nation when the findings are published. The findings would also be shared with the participants through a bound copy which would be submitted to the district hospital so that they can read.

The following measures, among others were undertaken for the study to reduce the risk of contraction and spread of the severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2), the virus which is responsible for COVID-19: Maintained social distancing with interviewees as recommended by the World Health Organisation (WHO); interviewer wore a mask during data collection; ensured adherence to COVID-19 prevention measures as recommended by WHO and Ministry of Health, Zambia; and avoided handshakes with interviewees.

3.9 Chapter Summary

This section addresses the paradigm of research and how the study was carried out systematically. This chapter examines the many main research methodologies using diverse research philosophies, different techniques to data collection and analysis. The chapter also addresses the ethical principles that were utilised for the study. It also discusses the summative assessment technique and the distinct research framework. The chapter also highlights benefits and shortcomings of various research strategies. The next chapter presents data interpretation and analysis.

CHAPTER 4

DATA PRESENTATION AND INTERPRETATION

4.1 Introduction

Considering the foregoing, this chapter presents in-depth research findings, analysis, and feasible discussions. In essence, the study sought to unearth the causes of job dissatisfaction at Chongwe District Hospital and Mpanshya Mission Hospital. With intent to achieve the objectives, this chapter initially provides descriptive analysis of the background characteristics of the respondents followed by narrative forms of the responses provided by respondents.

4.2 Response Rate

The target population of this study consisted of the front-line employees working at Chongwe District Hospital and Mpanshya Mission Hospital. The researcher sought to get data from an estimated accessible population pool of 84 potential participants, who all returned the duly filled in distributed semi-structured questionnaires and interview guides marking a 41% response rate. This was achieved after several follow-ups to yield the recorded response rate.

4.3 Demographic Characteristics of Respondents

Respondents' gender, age and education background all were taken into consideration in the domain of this study, basically to avoid any possibility of biasness, which might be posed by the existed participants' demographic characteristics. Below are the tabulated results.

4.3.1 Gender of the respondents

Tabulated findings presented in Figure 4.1 indicate that out of 84 respondents, 54.8% (46) were males while 45.2% (38) were females. This indicates that both genders were incorporated in the study proportionally, albeit males exceeded females. Nevertheless, gender biasness was checked.

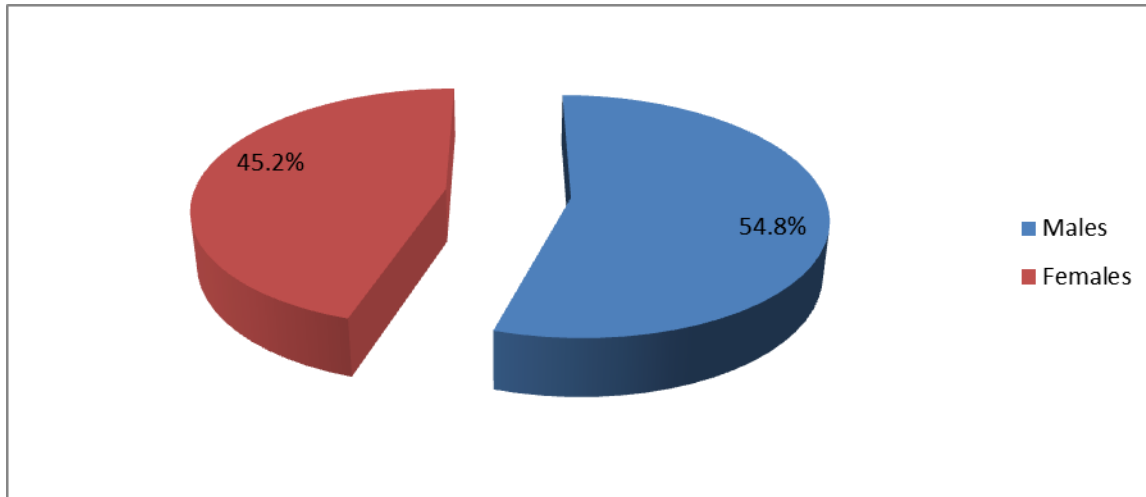


Figure 4.1: Gender of the respondents

Source: Field data (2022)

4.3.2 Age of respondents

Ages of the respondents were enquired, and findings are as depicted in Figure 4.2. It was found that respondents' ages ranging between 36-45 and 26-35 years occupied majority of respondents with 61.9% (52) and 26.2% (22) respectively.

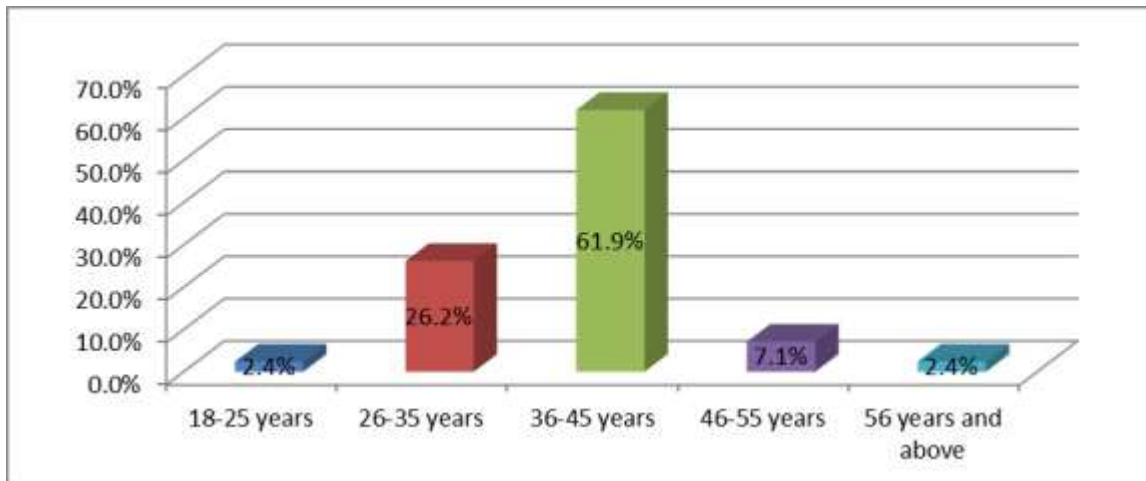


Figure 4.2: Ages of the respondents

Source: Field data (2022)

It is reasonable to suppose that most of workers start to assume supervisory roles and management positions at age 36 or above. This is why most respondents have fallen in 36-46 ages category showing most of them were middle aged ones. Meanwhile, the rest with 35 years

of age and below could have been average employees with average experience notably from various departments shouldering different supervisory responsibilities.

4.3.3 Respondents' educational levels

As indicated in Figure 4.3, 66.7% (56) of the respondents had a bachelor's degree, 9.5% (8) had a diploma, 16.7% (14) held a postgraduate degree, 4.8% (4) had a tertiary certificate, and 2.4% had completed high school.

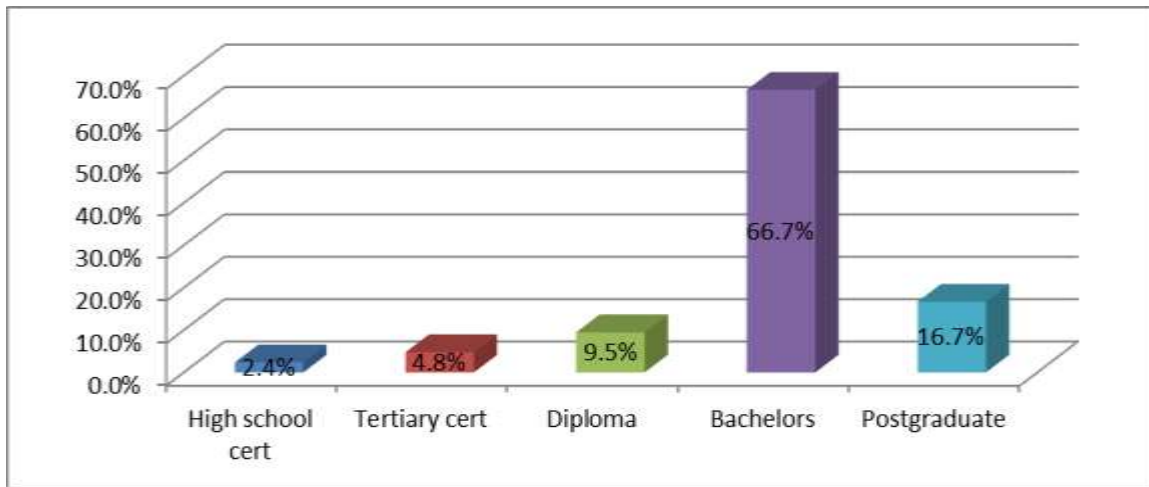


Figure 4.3: Respondents' educational background **Source: Field data (2022)**

The general results indicated that greater numbers of the respondents had educational level beyond secondary school, at least between a certificate and a master's degree. In line with this level of education, many respondents were suitable to participate in this study.

The study further enquired into the marital status of the respondents and the results are as presented in Figure 4.4. The results in Figure 4.4 indicate that 50% (42) of the respondents were married while 28.6% (24) were single. There were 7.1% (6) of respondents who were widowed, while 11.9% (10) were divorced and lastly 2.4% (2) were separated.

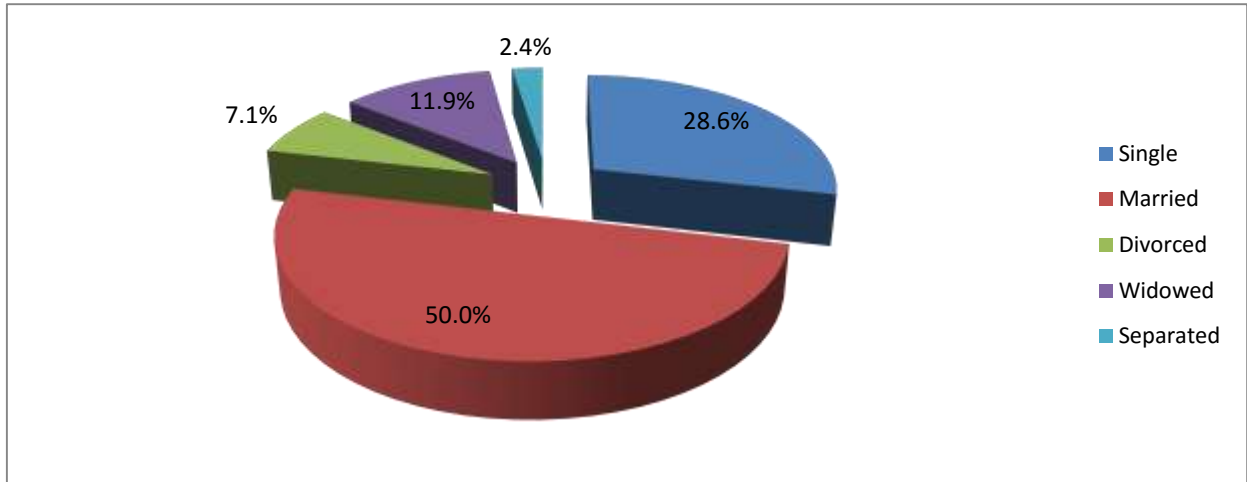


Figure 4.4: Marital status of respondents

Source: Field data (2022)

4.3.4 Length of service of respondents

To investigate the issue of job dissatisfaction at Chongwe District Hospital and Mpanshya Mission Hospital, it was critical to learn how long respondents had worked for the institution. Table 4.1 also includes information from the respondents regarding the duration of employment at the hospital.

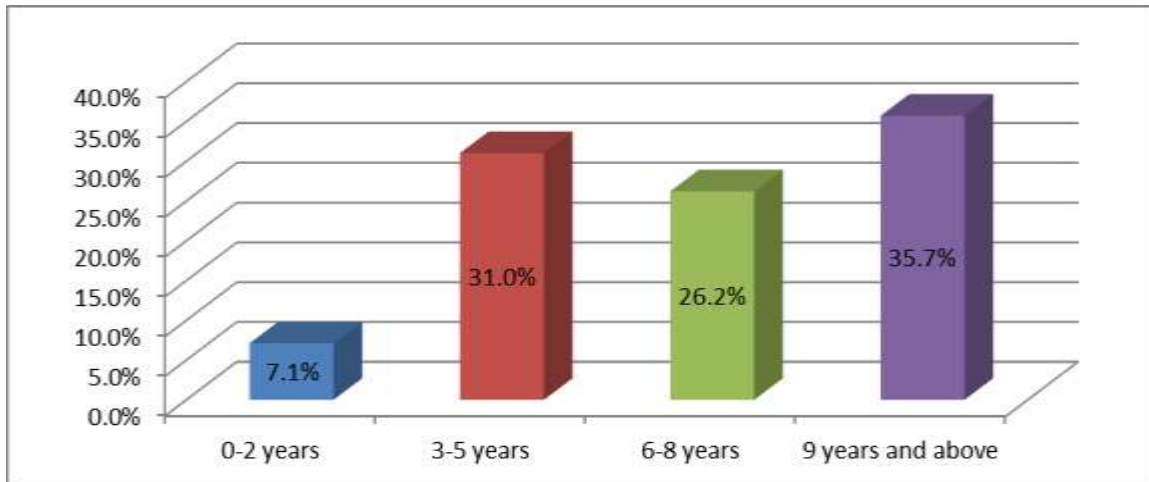


Figure 4.5: Length of service of respondents

Source: Field data (2022)

A total of 84 respondents were surveyed, and 7.1% (6) had worked for the institution for less than 2 years, 31% (26) for between 2 and 5 years, and 26.2% (22) had worked for the hospital between 6 and 8 years. A total of 35.7% (30) of respondents had worked at the hospital for more than 8 years. These results are good enough for the evaluation of job dissatisfaction as majority

of the employees (35.7% - 30 respondents) had worked long enough to give a personal experience of how they perceived working life at the hospital.

4.4 The Extent of Employee Job Dissatisfaction at the Selected Hospitals

The first objective sought to evaluate the extent of employee job dissatisfaction at Chongwe District Hospital and Mpanshya Mission Hospital. The findings indicate a considerable level of job dissatisfaction among employees at both Chongwe District Hospital and Mpanshya Mission Hospital.

Table 4.1: Comparative analysis of variations in job dissatisfaction

Chongwe District Hospital			Mpanshya Mission Hospital		
Level	Frequency	Percentage	Level	Frequency	Percentage
High	30	62.5	High	22	61.1
Low	18	37.5	Low	14	38.9
Total	48	100	Total	36	100

Source: Field data (2024)

At Chongwe District Hospital, 62.5% of employees reported a high level of job dissatisfaction, while 37.5% reported a low level. Similarly, at Mpanshya Mission Hospital, 61.1% of employees reported a high level of job dissatisfaction, with 38.9% reporting a low level. These results suggest that a significant portion of employees in both hospitals are experiencing dissatisfaction with their job roles and work environments. Further analysis may be required to identify specific factors contributing to this dissatisfaction and to develop targeted interventions to address these issues.

Overall, the table below shows that 61.9% (52) of the respondents argued that there was a high level of job dissatisfaction among the employees at Chongwe District Hospital and 38.1% (32) stated that there was a low level of job dissatisfaction at the hospital as tabulated in Table 4.0.

Table 4.2: Overall level of job dissatisfaction

Level	Frequency	Percentage
High	52	61.9
Low	32	38.1
Total	84	100

Source: Field data (2022)

One of the most common complaints among workers was a lack of balance between their jobs and lives. Many jobs require people to work long hours while they are lowly paid, taking away from time with family or pursuing preferred activities. Additionally, the introduction of technologies was intended to make jobs easier and save labour, in some cases, this has made the situation worse. Being constantly connected to the workplace through cell phones and other mobile technology can lead to job stress that is inescapable. Also, competition and politics in an office or workplace setting also lead to high levels of stress, with job security undermined by the concern that management would replace one with someone else and workers are frustrated by the feeling that they were more knowledgeable than the people managing them and could do the job better than the current managers. Poor managers fail to consult and communicate with staff and employees, leading to disengagement in organisational communication and a feeling of resentment and alienation among workers. These are the possible reasons causing employee dissatisfaction at Chongwe District Hospital and Mpanshya Mission Hospital to be high because 61.9% (52) of the respondents argued that there was high level of job dissatisfaction among health workers.

4.4.1 Duties for health workers

Respondents were asked on the types of duties which health workers performed at the hospital. It was established that clinical officers performed different duties which included patient care depending on the type of department and training that they had undergone. One respondent in the Outpatient Department (OPD) stated that:

“Clinical officers in this hospital are differently trained and it is this training which determines their duties and where they work from. I can tell you that these

departments have different types of work which are directly performed by these nurses.”

In one of the interviews one of the respondents who worked in the outpatient department responded that:

“Health workers work under very difficult circumstance in the sense that they lack working tools for example, gloves for protection, needles, syringes, and medicine. In most cases patients would complain against nurses and blame them for lack of seriousness when they are running out to look for basic equipment before attending to the patients. Lack of these basics is attributed to the nurses and not management. Some general duties for the nurses include taking the vitals like checking temperature, blood pressure, weight, monitoring patients and administering drugs among others. They also perform some duties according to the nature of the patient and the condition which they come with to the facility.”

During one of the interviews a respondent from the dental department who was a graduate in the field of dental surgery responded that:

“The main duties of the health worker include the provision of basic care for the patient upon arrival at the facility. The care is not limited but rather depends on the department the nurse is found in and the training they have undergone.”

4.4.2 Health worker’s specialisations

Respondents also stated that health workers were specialised in different fields like paediatrics, theatre nurses, HIV treatment and care nurses and mental health trained nurses. With these specialties which are different, that is also how the duties differ one from another.

Participants were also asked if they were satisfied with the duties the health workers performed in their different departments. Participants established that they were partly satisfied because the healthcare workers were able to deliver their mandate though in difficult conditions. On one

hand they were not satisfied because sometimes in-patients received medication late whenever the ward was full. It was also established that due to late administration of drugs certain investigations could not be done on patients. One participant said:

“Health workers always strive to give the best nursing care to the patients using available resources and even in the absence of certain requirements; nurses still do their level best to provide nursing care to patients.”

Another respondent in one interview stated that:

“Some health workers were not satisfied with their work because the sections they worked from were overwhelming than others. I can give you an example of the OPD and the maternity wings. The health workers are always working hard to ensure they serve life all day and night. This makes them hate such departments and when they go for further studies, they change fields in most cases.”

Participants were asked what should be provided by the hospital and Ministry of Health for healthcare workers to be satisfied with their work. The respondents indicated that introducing incentives where nurse to patient ratio is more than 1:5 would be ideal. During one of the interviews a respondent from children’s ward stated that:

“Satisfying employees like health workers is nothing difficult apart from recognising their hard work and providing the needed incentives. This can be done through increasing their allowances especially in units and sections where the nurse patient ratio is higher.”

Another respondent said:

“I am not satisfied with the work health workers perform because I feel they should perform other duties like screening and prescribing medicine for patients. Despite them being part of the screening team, they do not perform such duties.”

4.4.3 Areas of dissatisfaction

The health supervisors were asked what areas of work make health workers not to be satisfied with their work in the hospital. They stated that they were dissatisfied in their work as they endure the night duty, the staff is limited hence they fail to go on leave as scheduled, and there is no regular professional upgrade when new qualifications are acquired. One participant said that:

“Health workers are dissatisfied working night duties with limited number of staff on duty. Usually, the nurse patient ratio at night is high and this puts nurses under pressure and tired by end of shift. This makes them dislike the night shifts.”

Another participant said that:

“The other factor which makes the health workers be dissatisfied is the delayed appointments or promotion when nurses professionally upgrade their qualifications. This brings about dissatisfaction as the lack of recognition creates frustration amongst them which make them underperform.”

In one of the interviews, another participant said that:

“Night shift longer compared to day shift and as a result most nurses do not like to work night shift as it is tiring and stressful. There is increased workload at night due to nurse patient ratio and in some cases, nurses are threatened by patients for slow delivery of service.”

The health care supervisors were asked how health workers show dissatisfaction or satisfaction in the hospital. It was established that nurse’s express dissatisfaction by joining NGO’s and private hospitals when chances allowed. They became less committed to duty and always asked for emergence leave to make them rest or do their private errands. They are not ready to work an extra mile at times and they asked for some days, got a sick leave, absconding from work every now and they sometimes ask for vacation leave.

4.4.4 Employee’s work areas

Nurses were asked on the type of duties they performed at the Chongwe District Hospital. Participants stated that they performed different duties in the hospital which included checking

patient vitals every four hours and carrying out doctor's special orders among others which were tiresome tasks. One Participant said that:

“Some of the duties we perform as nurses included but not limited to taking care of patients, cleaning beds and bed making, giving medication, checking patient vitals every four hours, and carrying out doctor's special orders among others. These duties make us run up and down to ensure we save lives.”

In one of the interviews held at the consultation room, one respondent disclosed that:

“Some of the main duties that nurses perform include damp dusting, collecting specimen for lab testing, follow up patient lab results and general patient care. Nurses also observe and record patient behaviour, they consult with physicians and other healthcare professionals. These duties are difficult to manage because we must be alert and accurate all the time.”

It was also established that different health workers carried out different duties depending on the section and unit they worked from. In the adult section, nurses performed different duties as assigned by the supervising officers and they also followed the treatment plans and followed the routine as per unfolding cases in the ward and section. Another Participant said that:

“Nurses perform diagnostic tests; treat all medical emergencies as well as recovering post-operative patients. Nurses work with different types of patients ranging from paediatric to geriatric or specializing in one of the numerous possible areas like cardiac care, neonatal intensive care, and dermatology according to the cases around in the adult wing.”

A participant from one of the interviews stated that:

“Nurses record patient medical information and maintain accurate detailed patient reports and records. They monitor all aspects of patient care, including diet and physical activity, issuing instructions to families on topics like disease prevention, health education, and childbirth and health improvement programs.”

Another participant said that:

“Nurses facilitate the admission and discharge of patients, counsel and give health talk to patients according to the instructions given by the doctors on duty. As nurses, we are always with patients, and we are the first contact in the hospital and this adult wing before they could see doctors.”

4.4.5 Ways of being satisfied at work

The nurses were asked which areas of their work made them feel unsatisfied. Participants established that they were not satisfied with the way management handled some of their work-related complaints like lack of equipment, lack of drugs and care for their duties in the hospital and adult section. One participant said that:

“Nurses felt unappreciated by management, inadequate equipment and drugs required to perform certain procedures. Nurses are sad at the fact that they are blamed all the time whenever something went wrong even if it wasn't their fault in the hospital.”

In one interview conducted in the medical female ward, one of the respondents argued that:

“Lack of productivity and inability to provide high quality bedside care is one of the causes of dissatisfaction. In addition, work overload, dealing with difficult patients, and lack of teamwork are some of the factors which make us nurses be satisfied with our work.”

The other areas of job dissatisfaction among nurses at Chongwe District Hospital included lack of adequate staff which resulted into high patient ratio in most cases. The high nurse patient ratio results into work overload and as result some patients did not receive the needed care in good time. Another participant said that:

“I am among the dissatisfied nurses because there is lack of teamwork as clinicians are not readily available and this contributes to delay in attending to patients. We can do the vitals as nurses but because the clinicians are few, it would take longer for a patient to be attended which makes us feel guilty.”

A doctor from one of the interviews in the maternity ward stated that:

“The number of patients has increased in this facility than it was three to four years ago because the district is growing. Therefore, we are overwhelmed with work, and this make us get tired during our shifts. We have more adults who are getting sick and admitted than before.”

The nurse respondents were asked why the above-mentioned areas caused them dissatisfaction and not others. It was established that other than the mentioned areas, it was dependent on individual nurses because people are different, and they are satisfied and dissatisfied by different aspects of work.

4.4.6 Perceptions of satisfaction

The healthcare assistants work closely with nurses and when asked some of the duties that nurses perform at the Chongwe District Hospital, it was established that nurses performed several duties which included bed making, giving medication, dressing wounds, checking vitals and general patient care. When if asked if they were satisfied with the duty’s nurses performed in the facility, the Healthcare Assistants indicated that they were satisfied with the duty’s health workers performed in the facility. They indicated that nurses were always in the wards carrying out special orders and taking care of patient medical needs. The health care assistants were asked if there were areas about the nurses’ work that made them feel unsatisfied. The participants indicated that nurses exhibited aggressive behaviour towards colleagues and patients due to work overload or due to lack of certain equipment. One participant said:

“Healthcare workers were dissatisfied with their work by showing some form of resistance to work and by reporting late for duty. When it comes to night duties, we must realise that it is longer than day and nurses dislike this duty despite giving them days off.”

Another participant said:

“Some healthcare workers show dissatisfaction by absenting themselves from work for longer days, getting vacation leave and this is common for those who graduate and are not given a new salary and by going for studies just to be off the workplace. Such are common forms which are found in this facility.”

A participant from one of the interviews stated that:

“Some healthcare workers are always on permission and emergence leaves every after four or five months just to make them rest. Others show it through joining private hospitals and NGOs which pays them better than government.”

From the immediate supervisors, it was clear that the healthcare workers had their own ways of showing dissatisfaction to their work. These aspects made them believe that they were supposed to be heard and be considered in one way or the other.

4.5 Causes of Job Dissatisfaction among Healthcare Workers

The causes of job dissatisfaction among healthcare workers were investigated using interview guides and closed-ended questionnaires. This research question was answered by all the participants sampled for this study. This included the doctors, health supervisors, the nurses and the health care assistants found in the facility.

4.5.1 Results from interviews

The findings are presented in line with the questions which were asked according to the guides which were used in this study. Responses are presented in verbatim form to show data authenticity.

Partial satisfaction

Participants were asked which areas make the healthcare workers satisfied with their duties at the facility. It was established that nurses were partly satisfied with their work in the facility especially when there is teamwork in service delivery. One participant said that:

“Healthcare workers are generally satisfied when everything they needed to deliver their service was made available and generally to see patients recovering and discharged was satisfying for nurses.”

Another participant said that:

“Healthcare workers were satisfied when the equipment they needed to work with was all available in the sections. I see this as a key factor as the nurses can only perform to their best if the equipment and other usable are available.”

Lack of support and low salaries

Such areas made the healthcare workers work more effective than ever before and they worked with pride. Participants were asked the contributing factors which make healthcare workers unsatisfied with their work. Participants revealed that factors which made healthcare workers be dissatisfied were many and among them were lack of support and recognition, work overload and low salaries after graduating. One participant interviewed from the laboratory said:

“Healthcare workers show dissatisfaction when the requirements to perform their duties are not available, lack of support and recognition, work overload and low salaries among others brings about a sense of dissatisfaction among nurses.”

Another participant said:

“Some participants explained that when nurses are not satisfied, they exhibit aggressive behaviour towards patients and colleagues. In some cases they did not participate during the doctor’s ward round.”

Therefore, such factors are among the many which made the nurses be dissatisfied with their work at the adult ward at Chongwe District Hospital.

Another most mentioned factor for employee job dissatisfaction at Chongwe District Hospital was lack of promotion as 50% (21) of all respondents mentioned this factor. They complained that most of the workers were not promoted as required. Furthermore, they said that job dissatisfaction was less at work sites where employees felt supported by the institution. Employers could help employees value their work through consistent praise, recognition, and special incentives.

Lack of medical equipment

The nurses were asked which areas of their work make them satisfied with their duties at the facility. It was established that nurses were satisfied when equipment and other requirements were available for them to use when performing their duties. One participant said that:

“Nurses derive satisfaction from seeing patients recover and discharged. Teamwork and support from team members are also factors that contribute to nurse’s satisfaction with their work at Chongwe District Hospital.”

Another participant said that:

“Nurses are satisfied when management recognises their contribution by involving them in decision making that affect their work. The decision-making includes their welfare and how they can be motivated to work better in the adult ward.”

Lack of promotion

The nurses were asked which areas of work make them feel unsatisfied and it was established that lack of support, lack of involvement in decision making, lack of promotion and no proper distribution of tasks are areas of their work that bring dissatisfaction. One participant said:

“As you can see us here, we have all acquired the necessary qualifications to make us perform better our duties. We are degree holders and yet the government and management do not recognise that fact. We have not been given the right salaries according to the qualifications we hold which are very frustrating.”

Another participant stated that:

“We are not even supported when we are going to school and yet we are still not given the salaries we deserve as degree holders. Such have made us be dissatisfied with our work and that is why nurses have been taking prolonged leave from one leave to the next one so that they can up part time jobs to enable them to make extra income.”

One participant interviewed from OPD said:

“It is also not fair that job promotions are only decided by the few officers, and they promote people they feel are their friends leaving us out who have the right qualifications. Such brings job dissatisfaction in our profession. We need to be recognised as well.”

Lacked medical supplies

The other cause of dissatisfaction amongst nurses is the fact that usually there is no right equipment to help them perform their duties better in the facility. It was learnt that apart from equipment, the hospital lacked medical supplies and patients were asked to go and buy from the drug stores. One participant said:

“I feel sad when I see a patient coming for help to our facility and after that, a prescription is handed down to them to go and buy medicine instead of having such stocks. The poor are not being assisted and they are simply passing away due to lack of medication.”

Another participant added:

It is also dissatisfying when nurses want to perform a medical procedure and realise that we do not have the needed equipment for such. This makes me and others feel neglected by the institution because we have been presenting complaints on such for a long time now.”

One participant interviewed from the laboratory said:

“We are being overworked because we are few in the section and the establishment is full according to what management says. But we must realise that this facility is now servicing a community which has doubled from the time it was built.”

The other causes of dissatisfaction among healthcare workers are from working hard and going above and beyond the call of duty without recognition from management. This makes them neglect their families because they spend more time at the hospital than at home.

The study findings show that the main factor for employee job dissatisfaction is low salaries. Second most mentioned reason for dissatisfaction among employee is poor working condition as 11 (26.2%) mentioned it. Most of the technical staff and supporting staff who were interviewed responded that poor working condition leads to job dissatisfaction due to the fact that they perform their work in risk environment, for example, they did not have working equipment

particularly protective tools for their safety and this problem especially mentioned by hospital workers particularly nurses and some assistant medical officers they are forced to work in such condition and their contribution in the organisation is not easily recognised by the management despite of their effort so this make them not to be happy with their job. Five (11.9%) respondents said that job dissatisfaction is caused by bad working environment, and this is also concern with internal offices environment as most of offices are poor in terms of equipment, furniture this make them not to be happy with their job.

Lack of teamwork

Participants were asked which areas of work make nurses satisfied and it was established that nurses exhibited satisfaction when all requirements were readily available. Furthermore, teamwork and support are some of the factors that make nurses satisfied. One participant said:

“The lack of equipment and medication brought about work dissatisfaction amongst nurses. This is seen from their ability to work and help the patients. When equipment and medication are available, there is always job satisfaction amongst nurses.”

Another participant added that:

“There is lack of support and teamwork from management which makes the nurses fail to work effectively. If an employee is not well supported by the management, they get frustrated, and this causes poor performance. And this is exactly what is happening with the nurses.”

The participants were asked which areas make nurses unsatisfied and it was established that nurse’s express dissatisfaction because they are not paid deserving salaries even after spending their money to acquire the new qualifications they had. One participant said:

“Dissatisfaction amongst healthcare workers is a result of not getting the right salaries according to the qualifications they have. I can tell you that majority of nurses have upgraded their qualifications to degree level which is not yielding any results.”

Another participant added that:

“Even me, if am not paid a salary according to my qualifications, I can simply say I am not being considered by management. I would be unhappy which would affect my output. The healthcare workers are not happy because of such.”

It was further established that a work environment should be appreciative by ensuring that employees are taken care of all the time. Equipment and salaries should be well allocated to the employees if they are to work hard.

The third most mentioned factor was lack of motivation as 61.9% (26) of the respondents indicated. Apart from monthly salary, respondents outlined that the employers needed to appreciate what the workers did and motivate them. They insisted that it was highly recommended that they be given overtime and other benefits to motivate them. They needed to be given some allowances to motivate them and supplement their income considering that they are lowly paid. And some of the respondents pointed out that motivation such as good management of employee’s relations at workplaces, assurances of career development, and good plans for employees training programs for sustainable skills development can lead to job satisfaction.

4.5.2 Results from descriptive statistics on causes of job dissatisfaction

A questionnaire consisting of statements related to working conditions, promotion opportunities, management practices, organisational policies, and remuneration was designed to test the respondents’ perception on causes of dissatisfaction. For each statement, the respondents were asked to indicate their level of agreement using the Likert scale 1-5 (Strongly disagree to Strongly agree). The results are as presented in Table 4.0.

Working Conditions

The investigation revealed varying sentiments regarding working conditions among healthcare workers at selected public hospitals in Zambia. While a significant portion of respondents expressed dissatisfaction with the physical environment conducive to providing quality healthcare, with 27.4% strongly disagreeing and 25.0% disagreeing, there was a notable portion (26.2%) who strongly agreed that the environment was suitable. Similarly, opinions were divided

concerning feeling safe and comfortable working in hospital facilities, with 29.8% strongly disagreeing and 39.3% disagreeing, contrasted by 16.7% strongly agreeing.

Table 4.3: Causes of employee job dissatisfaction in public hospitals

Statements	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (4)
Working Conditions:	%	%	%	%	%
The physical environment in our hospital is conducive to providing quality healthcare.	27.4	25.0	7.1	14.3	26.2
I feel safe and comfortable working in our hospital facilities.	29.8	39.3	6.0	8.3	16.7
The equipment and resources provided to us are sufficient for carrying out our duties effectively.	15.5	60.7	3.6	6.0	14.3
Overall, I am satisfied with the working conditions in our hospital.	10.7	58.3	9.5	10.7	10.7
Lack of Promotion:					
Opportunities for career advancement are clearly communicated by hospital management.	51.2	15.5	6.0	13.1	14.3
I feel supported in my efforts to advance my career within this organization.	25.0	46.4	9.5	7.1	11.9
The promotion process in our hospital is fair and transparent.	41.7	36.9	1.2	1.2	19.0
I am satisfied with the opportunities for promotion available to me in this organization.	14.3	52.4	10.7	10.7	11.9
Poor Management:					
Hospital management effectively communicates important information to staff.	26.2	46.4	3.6	14.3	9.5

Decisions made by hospital management take into account the needs and concerns of employees.	38.1	22.6	2.4	25.0	11.9
Hospital management fosters a positive work culture and team environment.	40.5	28.6	10.7	3.6	16.7
Overall, I am satisfied with the management of our hospital.	11.9	59.5	13.1	1.2	14.3
Poor Policies:					
Hospital policies and procedures are clearly outlined and easy to understand.	2.4	0.0	8.3	38.1	51.2
Hospital policies are consistently enforced and applied fairly to all employees.	15.5	14.3	4.8	22.6	42.9
I feel that hospital policies support my ability to perform my job effectively.	17.9	7.1	9.5	29.8	35.7
Overall, I am satisfied with the policies and procedures in place at our hospital.	14.3	21.4	6.0	10.7	47.6
Low Salaries:					
I feel that my salary is competitive compared to similar positions in other healthcare organizations.	48.8	11.9	27.4	9.5	2.4
My salary adequately reflects my level of skill and experience.	46.4	29.8	7.1	6.0	10.7
I am satisfied with the compensation and benefits package offered by our hospital.	23.8	46.4	15.5	1.2	13.1
Overall, I am satisfied with my salary in relation to the work I do.	34.5	47.6	8.3	3.6	6.0
Lack of motivation					
My workload is manageable and allows me to complete tasks effectively.	51.2	15.5	6.0	13.1	14.3
I receive adequate support and guidance	25.0	46.4	9.5	7.1	11.9

from my supervisors when needed.					
The organization provides sufficient opportunities for professional growth and development.	40.5	28.6	10.7	3.6	16.7
I feel adequately compensated for the work that I do.	11.9	59.5	13.1	1.2	14.3

Source: Field data (2022)

Concerning equipment and resources sufficiency for duty execution, a majority (60.7%) disagreed, indicating a significant area of concern. Overall satisfaction with working conditions was low, with only 10.7% expressing strong agreement.

Lack of Promotion

Regarding promotion opportunities, the survey unearthed widespread dissatisfaction among respondents. A considerable majority (51.2%) strongly disagreed that career advancement opportunities were clearly communicated by hospital management, while only 14.3% strongly agreed. Similar sentiments were echoed concerning feeling supported in career advancement efforts within the organization, with 25.0% strongly disagreeing and 46.4% disagreeing. There was notable discontentment with the fairness and transparency of the promotion process, as indicated by 41.7% strongly disagreeing. Only a small fraction (11.9%) expressed strong satisfaction with available promotion opportunities.

Poor Management

Opinions on hospital management were mixed, with significant dissatisfaction in certain areas. While a notable portion (40.5%) strongly disagreed that management fosters a positive work culture and team environment, there was a sizable percentage (46.4%) who disagreed that management effectively communicates important information to staff. However, satisfaction with overall management was relatively higher, with 59.5% expressing agreement.

Poor Policies

Concerning hospital policies, respondents indicated significant dissatisfaction, particularly regarding clarity and enforcement. A majority (51.2%) strongly agreed that policies and procedures were not clearly outlined, and a considerable portion (42.9%) strongly disagreed that

policies were consistently enforced and applied fairly. However, there was more satisfaction with the extent to which policies support job performance, as indicated by 35.7% strongly agreeing.

Low Salaries

The investigation revealed widespread discontentment with salaries and benefits among healthcare workers. A majority (48.8%) strongly disagreed that their salary was competitive compared to similar positions elsewhere, and a similar sentiment was observed regarding salary adequacy in reflecting skill and experience, with 46.4% strongly disagreeing. Additionally, only 13.1% expressed strong satisfaction with the compensation and benefits package offered by the hospital.

Lack of motivation

These findings provide insight into employees' perceptions regarding various factors contributing to their lack of motivation in the workplace. According to the statistics, 51.2% of respondents agree that their workload is manageable, while 15.5% feel neutral and 6.0% disagree. Similarly, 25.0% strongly agree and 46.4% agree that they receive adequate support from supervisors, but 9.5% feel neutral, and 7.1% disagree. Additionally, 40.5% of respondents agree and 28.6% feel neutral about the organization providing enough opportunities for professional growth and development, but 10.7% disagree. Finally, 11.9% strongly agree and 59.5% agree that they feel adequately compensated for their work, while 13.1% feel neutral and 1.2% disagree. These findings highlight areas where organizational interventions may be needed to address employee job dissatisfaction related to lack of motivation.

4.6 Measures to Minimise Job Dissatisfaction among Healthcare workers.

This research question was answered by all the participants sampled for this study. This included the health supervisors, the nurses and the health care assistants found in the facility. The findings are presented in line with the questions which were asked according to the guides which were used in this study. Direct quotations are presented to show data authenticity.

4.6.1 Conducive working environment)

Participants were asked to explain from their experience, how healthcare workers can be satisfied with their work in the hospital. The participants established that supervisors needed to create a

conducive working environment for the nurses if they are to stay in the current working positions. One Participant said that:

“Good management style is one of the factors that would motivate and satisfy healthcare workers. Healthcare workers would like management support and recognition as this would bring about a sense of belonging. This can be done by creating a conducive working environment for the nurses and listening to their needs.”

Another participant said:

“In addition to good management, improved salaries and better working conditions are some of the factors that would make nurses satisfied with their work in the facility. There is need to ensure that the healthcare workers are able to get their needed allowances as this becomes part of the motivation they need if they are to remain relevant in the workplace.”

4.6.2 Routine planning

The other measures that can help minimise job dissatisfaction among healthcare workers at Chongwe District Hospital include the routine planning to ensure that the shifts are well planned especially the night duties. If the days off can be increased, maybe the motivation may increase, and they can be satisfied. One participant said that:

“Reducing the hours on shifts is one of the aspects that would make healthcare workers satisfied with their work as well as increased off days after night duty. The current trend of night duty makes nurses become tired and even if the days off are given, the impact is not so much to make the nurses be satisfied.”

Another participant added that:

“Healthcare workers over work which makes them dissatisfied especially during night duty hence management needs to put in place measures to make nurses happy after long shifts. If we can add some more days off, I feel we can make them satisfied since this has come out from them.”

4.6.3 Improving work conditions

It was also established that working conditions should be improved to make nurses happy with their work. Increasing salaries after acquiring new qualifications and improve availability of commodities including medications in the hospital are some of the conditions that would make healthcare workers happy with their work. One of the participants said that:

“There is need for management to improved remuneration, working conditions as well as opening more positions for nurses who upgrade academically to be promoted in accordance with their qualifications. This would make the healthcare workers feel motivated and satisfied with their work.”

Another participant said that:

“Improving the healthcare workers patient ratio would make employees in the health sector happy as this would help improve the quality of nursing care. Patients would receive the required attention and receive their medication timely. This calls for employing more nurses in the hospital.”

The other suggested measures included teamwork and involvement in decision making would make nurses happy as well as allowing them participation in workshops and trainings. There was also need for the introduction of incentives to healthcare workers to motivate them when they have work overload, this would motivate nurses to go beyond the call of duty.

4.6.4 Employ more healthcare

From the immediate supervisors, it was suggested that there was need to employ more healthcare workers so that they have enough rest during their days off. The current situation which happened was that the few nurses were being over worked which made them burnout and ended up affecting productivity. One participant said that:

“Increase in manpower is one of the measures that should be put in place to minimize job dissatisfaction among nurses. Healthcare workers are always available and on hand to attend to patients but in most cases, they are overwhelmed with the workload and effects on the nurse patient ratio.”

Another participant said that:

“I can also agree that there is need to create more positions for the nursing staff because they are the ones who do most of the work in the hospital. Salary increment is another measure that should be taken into consideration to minimize job dissatisfaction among nurses. This would make health workers perform to their potential and become very dedicated to their calling of serving lives in the hospitals.”

One participant said that:

“There is need for healthcare workers who have the right qualifications to be promoted and be given better salary scales to make them perform better. I can tell you that placing healthcare workers with vast experience and qualifications in managerial roles especially is one of way of motivating nurses. This measure would motivate nurses to work hard and know that they are appreciated, and their professional qualifications are recognised.”

Another participant added that:

“The healthcare workers should be motivated because they are the ones who spend more time with patients. Most of these healthcare workers have the degrees and yet they are still paid as diploma and certificate holders which are frustrating.”

It was also established that teamwork is another measure that would minimise job dissatisfaction among healthcare workers. Healthcare workers feel like they work in isolation due to lack of team spirit from management and they are not made be part of the management meetings where matters are decided on their behalf.

4.6.5 Employing more staff

Nurses were also asked on the measures that can help minimise job dissatisfaction among nurses at the Adult Hospital of the Chongwe District Hospital and Mpanshya Mission Hospital. It was established that they wanted the management to facilitate the employment of more staff to reduce on the pressure which the current staff was going through. They also stated that they wanted the salaries to be given according to qualifications. One participant said:

“All we need in this institution is for management to make sure that our pay is raised to the required amounts according to our qualifications. This would make each nurse in this facility become happy and work effectively to serve the people.”

Another participant said:

“The issue of removing stress in us is simple. The management and government should employ more nursing staff so that we have enough rest for every shift we go into. This would make us enjoy our work and work effectively. We need to rest if we are to perform better than we are performing now.”

Yet another participant said:

“If management can consider making our shifts better by employing more staff and making us get the salaries according to our qualifications, I can assure you that staff can perform wonders. These demands have been presented before but there is no change.”

4.6.6 Provide sufficient equipment.

It was established that there was need for management to provide sufficient equipment and medication supplies in the hospital so that the nursing staff can work effectively. The study also established that there was need to employ more specialised staff in the ward so that all cases were worked on from the ward. One participant said:

“We have little or no equipment in some cases, and we share with the entire hospital in some cases which makes us fail to help our patients as scheduled. Therefore, management should make sure that equipment is procured to make us work effectively in this unit. Availability of equipment is motivation on its own.”

Another participant said:

“We need more specialised staff to be employed so that we stop being general workers in this unit. Management should consider employing more specialised staff so that we can be performing our nursing duties as this would make help nurses become efficient.”

In another interview, a participant working in the female ward stated that:

“Job satisfaction is about seeing a patient getting the right medication and being healed thereafter. The shortage of medicines and equipment make our patients fail to recover fully as they fail to buy and continue medication when we discharge them. This failure by management contributes to frustrations among healthcare workers.”

The other measures that can help minimise job dissatisfaction among healthcare workers at Chongwe District Hospital and Mpanshya Mission Hospital included coming up with the stress management unit where workers could be helped manage stress levels. The reduction of excessive work load was another suggestion put across.

Others recommended that employee support strategies include: Establish a learning culture, create individual learning plans, encourage people to join professional and associations, invest in career planning, operate a corporate mentoring programme and provide incentives for learning in order to solve the problem of employee job dissatisfaction, Chongwe District Hospital and Mpanshya Mission Hospital management team must ensure that selection and promotion procedures match the capacities of individuals to the demand of the work they do. Poor promotion strategies/ unfair promotion can lead to job dissatisfaction among employee so what is needed to be done is to have fair promotion, if it is the time for the employee to be promoted have riches let them be promoted. Poor promotion decision can cause job dissatisfaction hence there must be collective views/opinions of Chongwe District Hospital and Mpanshya Mission Hospital staff to improve the areas with weakness. Promote from within whenever possible and give employees a clear path of advancement. Employees would become frustrated and may stop trying if they see no clear future for themselves at the institution.

The implications of the findings of this study hold significance for both theoretical understanding and practical applications in the field of healthcare management. Drawing connections to existing literature and real-world applications can provide insights into how the study contributes to advancing knowledge and informing decision-making in practice.

From a theoretical perspective, the findings of this study contribute to the existing body of literature on job dissatisfaction among health workers by providing empirical evidence that

supports and extends theoretical frameworks such as Herzberg's Two-Factor Theory and Maslow's Hierarchy of Needs. The identification of key factors contributing to job dissatisfaction, including working conditions, promotion opportunities, leadership practices, organizational policies, and remuneration, aligns with existing theoretical models of employee motivation and satisfaction. By empirically validating these theoretical constructs in the context of healthcare settings, this study adds credibility and robustness to theoretical frameworks, enhancing our understanding of the complexities of job dissatisfaction among health workers.

Practically, the findings of this study have several implications for healthcare management and policy-making. Firstly, the identification of specific factors contributing to job dissatisfaction can inform targeted interventions aimed at improving employee satisfaction and well-being in healthcare organizations. For example, addressing issues related to workload, safety, and equipment availability can enhance working conditions and reduce dissatisfaction among health workers. Similarly, providing clear pathways for career advancement and implementing supportive leadership practices can increase motivation and engagement among employees.

Furthermore, the findings of this study underscore the importance of organizational policies and remuneration in shaping employee satisfaction and retention. Healthcare managers and policymakers can use these insights to review and revise existing policies, ensuring fairness, transparency, and effectiveness in addressing employee needs and concerns. Additionally, attention to remuneration and benefits packages can help attract and retain talented healthcare professionals, mitigating the risk of turnover and staffing shortages.

By bridging the gap between theory and practice, this study provides actionable recommendations for healthcare managers and policymakers to enhance job satisfaction and well-being among health workers. By aligning organizational practices with theoretical principles of employee motivation and satisfaction, healthcare organizations can create supportive work environments that foster employee engagement, productivity, and ultimately, better patient outcomes.

4.7 Chapter Summary

This chapter has presented findings of the study on job dissatisfaction among healthcare workers at Chongwe District Hospital. The findings presented in the four sections in this chapter have provided the background characteristics, the extent of employee job dissatisfaction at Chongwe

District Hospital, factors contributing to job dissatisfaction among health workers and recommended measures to minimise job dissatisfaction among health workers at the hospital. Qualitative data analysis revealed three major findings. First, most factors that healthcare workers perceive to cause job dissatisfaction are in four levels; individual, institutional, management and equipment related. The next chapter presents a discussion of the key findings.

CHAPTER 5

DISCUSSION OF FINDINGS

5.1 Introduction

This chapter presents the discussion of findings of the study on causes of job dissatisfaction amongst nurses at Chongwe District Hospital and Mpanshya Mission Hospital. Key findings would be discussed in line with the literature presented in the study and the theory guiding the study. Themes from the research objectives have been used to present the discussion.

5.2 The Extent of Job Dissatisfaction among Healthcare Workers

The study findings revealed that causes of job dissatisfaction amongst health workers were many. It was revealed that job dissatisfaction emanated from the lack of medicine for the patients in the facility they worked from which led to patients receiving such life servicing medication late. These findings are supported by Senek et al. (2020) who indicated that nurses fail to work effectively which led to frustration because the facilities they work from have no reliable medication hence they feel to be part of the mismanagement of the public resources and end up being too tired responding to concerns instead of giving medical help. It was also found that nurses had much work, and they were always tired and fatigued. They also indicated that their jobs as nurses took so much of their time separating them from their families as they spend most of their time working and were home only to sleep. Such conditions and circumstances caused nurses to be dissatisfied with their job in the Zambian hospitals.

The study findings revealed that health workers were dissatisfied with their work as they endure the night duty, staff per shift is limited hence they fail to go on leave as scheduled, and there is no regular professional upgrade when new qualifications are acquired. Suhonen et al. (2018) supports these findings when their quantitative data showed that leaving necessary care undone and lack of support were the factors most likely to impact on feeling demoralised (and therefore on job dissatisfaction), the qualitative data suggest a strong emphasis on adequate staffing. On closer consideration, it becomes apparent that it is not understaffing per se that is the main issue of concern but the consequences of this and the lack of support to avoid or prevent these consequences. In this case, a sequence of factors makes the nurses feel dissatisfied with their work in the Zambian setup and this makes them fail to become effective in their execution of duties.

Findings of the study revealed that health workers express dissatisfaction to the bad conditions by joining NGO's and private hospitals when chance allowed. They became less committed to duty and always asked for emergence leave to rest or do their private jobs. These findings are in line with Chan et al., (2020) who found that during and post pandemic, it is predicted that strain and work-related stress are much greater, as reported in previous health emergencies. A cross-sectional survey reported that nearly 8% of the nurses thought they should not care for SARS patients and considered resignation, mainly due to increased work stress and perceived risk of fatality. Prior to the COVID-19 pandemic, United Kingdom Registered Nurses intention to leave rates was reported to be between 30 and 50%. Leaving government institutions as nurses was a way of showing dissatisfaction to duty and poor conditions of service. Zambian nurses have been seen leaving the government hospitals and go into private hospitals and NGO's because they want to run away from some work which was not making them progress in their career.

The study further found that health workers are not ready to work an extra mile at times and they asked for some days, got sick leave, absconding from work and they sometimes ask for vacation leave to pursue private jobs. The findings are in tandem with Lu et al. (2012) who also found that the major areas of dissatisfaction included working in a place that was not their choice, work overload, conflicts in work relations and problems in the organizational structure. The results of being dissatisfied with work as nurses was revealed through getting long leave for themselves, reporting that their children were sick, or their spouses and they needed to provide care for them. Taking vacation leave was among the many indicators of job dissatisfaction amongst health professionals.

The findings indicate that the health workers were dissatisfied because some of the duties they perform as nurses included but not limited to taking care of patients, cleaning beds and bed making, giving medication, checking patient vitals every four hours and carrying out doctor's special orders among others. They were made to work like general workers instead of being viewed as professionals. Kutilek et al. (2002) supports these findings by stating that a moderately small number of specific differences were instituted to have a noticeable effect on responses to dissatisfaction at toil. Encounters in the balancing acts for both work and lifetime are charming more difficult traits for workers in both the public and private sectors, including work timetables, child and adult care concerns, time concerns, and work prospects. Timing for nurses as they

work is never put into consideration by management hence, they feel over worked and this led to being dissatisfied in the Zambian facilities.

Findings of the study established that different health workers carried out different duties depending on the section and unit they worked from. These duties made the health workers to be very tired as they performed duties which were not in line with their training in most cases as these are supposed to be performed by specialised health workers who are not available in the facility hence, they were dissatisfied. Larrabee et al. (2013) concur that organisational determinants have centred on malfunctioning management and lack of supervision. On an individual level, among all the multiple determinants of turnover in adult nursing, job dissatisfaction and nurse stress were some of the most important factors. Further, Mukasa et al. (2019) agree that 40-hour work week, considered excessive, was highlighted as an unsatisfactory element for professionals, contributing to an increase in workload. The other individual determinants to dissatisfaction include age, gender, marital status, educational attainment, stress, burnout, commitment, job satisfaction, low serum cholesterol, weight, and sleep disturbance. Therefore, dissatisfaction amongst Zambian nurses was caused by different factors which have been seen even by different scholars in the world.

The study findings revealed that in the adult section, health workers performed different duties as assigned by the supervising officers and they also followed the treatment plans and followed the routine as per unfolding cases in the ward and section which made them be dissatisfied with their duties. The other areas of job dissatisfaction among health workers established in this study included lack of adequate staff which resulted into high patient ratio in most cases as result some patients did not receive the needed care in good time. The findings established in this study agree with Singh et al. (2019) who cited several reasons for job dissatisfaction. The reasons include incompatible corporate culture, feelings of not being appreciated or valued, not feeling part of the company, inadequate supervision, lack of opportunity for growth, lack of training, unequal salaries and benefits, lack of a flexible work schedule and unsatisfactory relationships at work. Concern can be demonstrated in a few ways, but generally it boils down to a career expansion, adult action, being taken seriously, and being treasured for a job well done. It is then important to note that job dissatisfaction amongst nurses was caused by high patient ration to nurses which lead to work overload in the Zambian facilities.

The other form of dissatisfaction established in the study was that health workers were always getting permission to skip work and getting emergence leave every after four or five months just to make them rest. Others showed it through joining private hospitals and NGOs which pay them better than government. The findings are supported by Mukasa et al. (2019) who stated that when such workload comes to be a normal allocation in a facility, nurses who are better qualified leave the government facilities and join the private sector who pay better than government although the workload is higher too. In addition, if they do not leave, they get extended leave so that they can do other jobs while on leave and the government continues to have fewer nurses since leave is mandatory for the employees in every sector. From the study, it was clear that job dissatisfaction amongst nurses existed in the Zambian health facilities and made nurses to underperform in their duties.

The foregoing discussion is not in line with the stakeholder's theory whose principle state that the long-term value of a firm rests principally on the dedication and capabilities of its employees' and the relationship with stakeholders that is management, financiers, and the government with its line ministries (Suresh et al., 2015). With the many areas of job dissatisfaction revealed in the study, it was evident that the government has contributed in one way or the other to these factors as well as the management at the institution. Employees are dedicated and they can make the institution thrive, yet the management factors are making them not to be satisfied in various ways.

5.3 Causes of Job Dissatisfaction among Healthcare Workers

The study findings revealed that factors which made nurses be dissatisfied were many and among them were lack of support and recognition, work overload and low salaries after graduating. These findings are in line with Soratto et al. (2017) who indicated that working in a place that was not their choice, work overload, violence; conflicts in work relations, problems in the organizational structure; insufficient salaries, excessive workload, lack of a career plan; situations that limit professional autonomy and problems in co-operation with co-workers were factors which lead to job dissatisfaction. The study concluded that physicians working in PHC were more satisfied than those working in the hospital. Therefore, job dissatisfaction existed in the Zambian health facilities due to the aforementioned factors.

It was also established in the study that job dissatisfaction was because of lack of management support to the nurses and lack of involvement in decision making on matters which affected their work and welfare. Halter et al. (2017) supports these findings by stating that the inability to provide quality care, have concerns addressed by management, take breaks and finish on time take a personal toll on nurses was determinants to job dissatisfaction. It impacts their physical and mental wellbeing as the lack of support from management and involvement in decision making positions make them be subjected to abuse in the system. In this case, job dissatisfaction was caused by such and many other factors in the Zambian health sector.

The other factor that leads to job dissatisfaction was that of lack of promotion and recognition of qualifications amongst the nursing staff in the health sector in Zambian facilities. The results of the study are in tandem with Al Maqbali (2015) whose study found that the factors related to work management are closely associated with working conditions, involving several elements related to the environment in which the work is completed. These includes the promotion upon presentation of new qualification, workforce, considering the amount, qualification and role played in the production process, contractual relationships, salary increment with time, workday, labour benefits, and rules related to job protection. In addition, Faye et al. (2013) concurs that even when facing this situation, deficient wages not in tandem with qualifications, and especially the absence of a career and salary plan, considering their time in the profession and their level of education, was another important aspect that contributed to professional dissatisfaction in the FHTs. To this, job dissatisfaction in caused my lack of promotion even when the nurses had the relevant qualifications to hold some office or position.

The other factors that caused job dissatisfaction amongst healthcare workers was due to lack of proper distribution of tasks are areas of their work that bring dissatisfaction. The findings are in line with Halter et al. (2017) who argued that lack of equal distribution of tasks affects the nurse's relationships outside of work and, ultimately, it leads them to consider whether to leave the job and even the profession. The study findings conclude that psychological disempowerment of RNs resulted in job dissatisfaction, lack of organisational trust and staff nurse burnout. When work is not well distributed amongst employees, there seem to be job dissatisfaction, and this led to reduced productivity in the organisation.

The other factors which lead to job dissatisfaction amongst healthcare workers was the fact that they were not supported when they were going to school and yet they are still not given the salary they deserve as degree holders. Such have made nurses to be dissatisfied with their work and that is why you have been seeing people going from one leave to the next one so that they can do something. These results are supported by Trindade and Pires (2013) who established that the type of work and salaries are the most significant factors of job dissatisfaction in all countries, but safety seems to be more important in Ireland, Italy, Greece, Spain, and Portugal than in the remaining nations. The more qualified health workers were less paid simply because they may have not graduated from the universities the health profession of the country did not recognise of the vacancy for such a qualification was not available which led to employee frustration. The factors like lack of recognising new certificates resulted into job dissatisfaction amongst nurses and this made them to underperform in the due course.

The other causes of dissatisfaction amongst healthcare workers established in this study were the fact that there was no right equipment to help them perform their duties better in the facility. It was learnt that apart from equipment, the hospital lacked medical supplies and patients were asked to go and buy from the drug stores which did not settle well with nurses. The findings are backed by Teles et al. (2015), who indicated that mostly health workers felt guilty over not being able to offer the best treatment care to patients due to inadequate equipment and drugs. Extrinsic work values such as job security, salary, fringe benefits and work schedules are also considered to be important in job satisfaction. It is difficult to be happy with work when the officers are unable to provide the best care, they are trained to provide due to limited equipment. Such frustration led to job dissatisfaction which make nurses feel neglected and frustrated in the process.

Findings of the study revealed that healthcare workers s express dissatisfaction because they were not given the right salaries even after spending their money to acquire the new qualifications they had. In view of these findings, Buciuniene et al. (2014) in their study considers factors for job dissatisfaction include workload, job instability, low wages, and the lack of defined job responsibilities. It also considered dissatisfaction to indicate increase in the workload of health professionals working in the FHS, which can result in physical exhaustion

and illness, and contribute to professional dissatisfaction. Overworking for a low pay is indeed a factor which cause job dissatisfaction and these needs to be addressed in the Zambian facilities. The foregoing factors that contribute to job dissatisfaction among healthcare workers are supported by the theory which states that retaining good relationship with stakeholders can act as a gauge of the firm's ability to access valuable resource (Trindade and Pires, 2013). The theory also argues that survival and success of a firm rests on its ability to generate enough wealth, value, and satisfaction for all its stakeholders. Therefore, if the employees are not being satisfied as they work in the organisations, it trickles down to the stakeholders and dissatisfaction is revealed in the due course and employees stop being dedicated.

5.4 Measures that can Help Minimise Job Dissatisfaction among Healthcare Workers

Different measures that can help minimise job dissatisfaction amongst healthcare workers were proposed by the participants in the study. The study findings established that supervisors needed to create a conducive working environment for the nurses if they are to stay in the current working positions and become satisfied with their work. These findings are supported by Kangwa (2014) who found that health workers can be satisfied with their work if the management and the government can create a conducive working environment which is motivating and encouraging. This should include making sure that employees are consulted on the days they want to do their night duties, considered for study leave and promoting employees who have the right qualifications unlike looking at names, faces and who gives who more money. These measures can help minimise job dissatisfaction amongst nurses in the Zambian facilities if implemented.

The study further established that measures that can help minimise job dissatisfaction amongst nurses included improved salaries and better working conditions in the facility. There is need to ensure that the nurses are able to get their needed allowances all the time as this becomes part of the motivation they need if they are to remain relevant in the work place. These findings agree with Bradley et al. (2016) who stated that the valuation of work is of fundamental importance for a satisfactory job, and must consider the efforts, doubts, disappointments and dismay of the professional. They added that there was need for valuing which includes recognizing the professional as a person, with unique abilities and contributions in the actions that s/he performs. It also requires the recognition of what is done by adding to the one who benefits from it, a

collective belonging to a team or a business, and should not consist of judgments of the person who works, but rather about doing, about working. When the management start to value the contribution nurses make towards the facility that is the beginning of making nurses become better appreciated in the Zambian health system. Their satisfaction would then start to show slowly in this case.

Findings of the study established that the measures that can help minimise job dissatisfaction amongst healthcare workers is routine planning to ensure that the shifts are well planned especially the night duties. If the off days can be increased, maybe the motivation may increase, and they can be satisfied. The findings are in line with Bbaala (2012) who found that job satisfaction should include planning for employing more nurses in the various facilities which would result into reduced workload for the nurses. In addition, the nurses would be having normal shifts that can be managed by more nurses in one night unlike having one nurse for a ward which is too much work, and this can lead to dissatisfaction. If dissatisfaction continues, Gajewski et al. (2017) conclude that more educated providers (doctors, clinical officers and registered nurses) appear much less likely to remain in their current jobs than enrolled midwives/nurses and nursing assistants because of higher workload which is tiresome. Therefore, there is need to implement better measures that can make healthcare workers be satisfied and perform their duties to their best in the Zambian facilities.

Results in the study have revealed that measures that can help minimise job dissatisfaction amongst nurses include improved working conditions to make them be happy with their work. It was also proposed that increasing salaries after acquiring new papers and improve availability of commodities including medications in the hospital would make healthcare workers satisfied with the facilities. The findings are in line with the WHO (2017) Report which stated that like in many other countries, health service workers in Zambia are greatly affected by the conditions of service they work under which need to improve if nurses can be satisfied. Many nurses have since left the country for job offers in other countries not because of the difference in the value of currency but because they need improved work conditions and higher salaries. These nurses find their alternative countries to be in a better position to meet their needs since the facilities and general conditions are more attractive than Zambia.

The study has established that the measures that can help minimise job dissatisfaction amongst healthcare workers included teamwork, involvement in decision making and allowing them to participate in workshops and trainings would make nurses happy as well as. There was also need for the introduction of incentives to nurses to motivate them when they have work overload, this would motivate nurses to go beyond the call of duty. Gajewski et al. (2017) support these results by stating that in low-income countries, a strong association between job satisfaction and salary has resulted in increased compensation and thus has proven to be a key strategy in improving satisfaction. The dynamics for satisfaction included being involved into various trainings which bring extra income in form of allowances and making the healthcare workers get involved in the decisions which are being made regarding their workload in the facilities. Outside work involvement which includes extra training is among the factors that can improve job satisfaction in the Zambian health system amongst healthcare workers.

Further findings suggested that there was need employ more healthcare workers so that they have enough rest during their days off. The current situation which happened was that the few healthcare workers were being over worked that made them be very tired and ended up being sick as well. These findings in in agreement with Shi et al. (2014) who realised that overload means that the work is not completed at the end of the shift but extend to the external environment of professional practice. To confront these situations experienced in the work environment, there is need to make oneself be inhabited by the experience of the real and the failure, the suffering, not being able to sleep at night, even poison the domestic space relationships, and even dream about this experience. The health workers need to have enough sleep if they are to work effectively and have enough energy for the duty. Work overload and less pay in any industry brings about work dissatisfaction and this should be avoided if employees are to perform better than they are currently performing.

The other measures that can help minimise job dissatisfaction amongst healthcare workers established in this study include salary increment and introduction of allowances for work overload among hospital workers. This would make healthcare workers perform to their potential and become very dedicated to their calling of serving lives in the hospitals. In support of these findings, Lee et al. (2020) found that to reduce dissatisfaction with these relationships, it is necessary to overcome the optics of work production and learn to live together in work, because

it is in the real work within the collective that dissatisfaction would be overcome. It is important to contextualise another aspect present in the work that reinforces the demands on staff members, the exclusive recognition of productive work, as exclusively that which produces user value.

It was established that the measures healthcare workers wanted were that the management should facilitate the employment of more staff to reduce on the pressure which the current staff was going through. They also proposed that they wanted the salary to be given according to the qualifications which a nurse was holding. Ogonda et al. (2015) disagrees that some organisations pay very well but employees still register some form of dissatisfaction. Meanwhile, World Health Organisation (2019) stated that the Zambia's health sector is in great crisis. The Zambian government is continuously losing health service workers to both the private sector and other countries. The workers that leave the sector are mostly nurses. This greatly affects the country's health service delivery system creating a gap between quality delivery of services and mere delivery of services. These effects are because of management related issues which make nurses be dissatisfied and leave the sector which should be avoided by meeting their concerns.

It was established measures that can help minimise job dissatisfaction amongst healthcare workers was that there was need for the management to provide sufficient equipment and medication supplies in the hospital so that the nursing staff can work effectively. It was also established that there was need to employ more specialised staff in the ward so that all cases were worked on from the ward. These findings concur with Zambia Statistics Agency (2019) who indicated that there was need for the Ministry of Health to ensure that they provide enough equipment for the nurses to work in a conducive environment and the rationed medical supplies should be increased so that people can have trust in the health care system. The other way the nurses could be returned and encouraged to work hard is to ensure that more nurses are employed so that they can have enough time to rest and create a flexible work schedule that can help the system have motivated nurses.

The other measures that can help minimise job dissatisfaction among healthcare workers at the Adult Hospital of the Chongwe District Hospital included coming up with the stress management unit where nurses could be helped too. Al Maqbali (2015) supports these findings by stating that

the working conditions also include the instruments of work in terms of quantity and quality, in addition to the institutional conditions, and the knowledge to develop them. They also advocated for counselling services and stress management facilities to ensure nurses have a health mind in the facility if they are to stay and improve their work culture. Stress management has come to be a factor in job management and facilities should be provided in the health facilities so that stress from work is managed.

The proposed measures are supported by the stakeholder's theory which states that employees must be considered as major stakeholders if they are to perform to their best in the organisation (Naburi et al., 2015). They argue that organisations must put in place relevant incentives that would make employees enjoy their work. These can range from flexible working environment, financial help, good management practices which are democratic and making them continue acquiring knowledge or professional development which should be planned. If these are considered, job satisfaction would slowly start being seen in the process and their work attitude would improve as they would stop asking for extended leave days and would stop joining NGOs.

5.5 Chapter Summary

The summary of the findings of the study has been presented in this chapter, along with a discussion of how those findings compare to those described in the existing body of literature. The significance of the findings is evaluated and interpreted considering what was already known about the topic of the investigation. In addition, the chapter compares the study findings with those of other previous authors on the subject. The chapter further explains the new understanding and insights that have evolved concerning the causes of job dissatisfaction in health institutions because of taking the findings into consideration. The following Chapter Six presents the conclusion and recommendations of the study, as well as topics that might require future examination.

CHAPTER 6

CONCLUSION AND RECOMMENDATIONS

6.1 Introduction

The previous chapter has presented the discussion of findings of the study. Having presented a discussion, it shows that the research objectives set for the study have been fulfilled successfully and the research questions have been answered fully. Therefore, this chapter presents the conclusion and recommendations of the study.

6.2 Summary of Findings

6.2.1 Extent of employee job dissatisfaction among health workers

The extent of job dissatisfaction among healthcare workers at Chongwe District Hospital and Mpanshya Mission Hospital was wide. Health workers complained of low salaries, inadequate allowances, and lack of medication for the patients which caused frustration. longer night duty, the staff is limited hence they fail to go on leave as scheduled, and there is no regular professional upgrade when new qualifications are acquired. The dissatisfaction was seen through endless permissions, getting emergency leave, vacation, and local leave applications, and joining the non-governmental organisations or even leaving the country for greener pastures.

6.2.2 Factors contributing to job dissatisfaction of health workers

The factors that contribute to job dissatisfaction among healthcare workers at Chongwe District Hospital and Mpanshya Mission Hospital included: Lack of support and recognition, work overload, low salaries after graduating, lack of involvement in decision making on matters which affected their work and welfare. Other factors were lack of proper distribution of tasks are areas of their work, there was no right equipment to help them perform their duties better in the facility, the salaries did not correspond to the qualifications, the hospital lacked medical supplies and patients were asked to go and buy from the drug stores which did not settle well with nurses.

6.2.3 Measures to minimise job dissatisfaction of health workers

The measures that can minimise job dissatisfaction among healthcare workers at Chongwe District Hospital and Mpanshya Mission Hospital included: Supervisors needed to create a conducive working environment for the nurses, improved salaries, provide overload allowances, include nurses during routine planning to ensure that the shifts are well planned especially the

night duties and increase off days after night duty. There is also need for increasing salaries after acquiring advanced qualifications and skills, provide sufficient medications in the hospital, improve team work, involve workers in workshops and trainings and employ more nurses so that they have enough rest during their off-days. Lastly, there is need for management to come up with the stress management units where stressed employees could be helped.

6.3 Conclusion

This study thus, aimed to investigate the factor that contributes to employee dissatisfaction at the Chongwe District Hospital in Zambia. It can be concluded that, the factors that affect job satisfaction of employees at the hospital are poor working conditions; lack of career growth; poor salary and incentives; poor management styles; in-conducive work environment; job insecurity; global and national economic conditions; lack of equipment and drugs; lack of motivation; and work overload.

The objectives of the study were also achieved, and it can be concluded that, majority of staff at the Chongwe District Hospital and Mpanshya Mission Hospital exhibited high levels of job dissatisfaction. Additionally, the factors contributing to the causes of job dissatisfaction were established. Strategies that may help minimization of job dissatisfaction among employees were also found to be better salary; better allowances and benefits; improve working conditions; inclusion in decision making; change in supervision style of management; more training and development; job and individual matching; flexible work schedules; proper training and induction; updating technology and equipment; and provision of sufficient drugs.

6.4 Recommendations

Arising from the foregoing conclusions of the study on the causes of job dissatisfaction among health workers at the Chongwe District Hospital and Mpanshya Mission Hospital, the following recommendations were made:

- i. The hospital management should ensure that they upgrade the employees who have acquired new qualifications, provide grounds for dialogue with employees by engaging them in some management meetings where their welfare is decided upon. This would enable them to become motivated and be satisfied with their nursing work.

- ii. Government should make modalities of employing more workers so that the deficit being experienced can be reduced so that healthcare worker-patient ratio can improve. If this can be achieved, the workers would have more time to attend to the patients and be effective in their execution of their duties.
- iii. The hospital management should also look for indicators which lead to job dissatisfaction like endless permissions, getting emergency leave, vacation and local leave applications and joining the non-governmental organisations or even leaving the country. These should make management to come up with necessary decisions on how best they can make nurses be satisfied unlike making them leave the profession and going to serve other countries.
- iv. The Ministry of Health should provide enough equipment and medical supplies to the health facilities so that health workers can be motivated to work and provide the right services to the patients. This would bring self-satisfaction for the service being provided.
- v. The hospital management should also ensure that they involve healthcare workers in workshops and trainings so that all can have new knowledge in their line of duty. This motivates them to work hard and brings job satisfaction in due course.
- vi. Government should consider paying back the educational fees the health workers use when they go for advanced learning if they are not upgraded so that they can cushion the expenses they incurred in school. This would make them be bonded to the ministry and provide their services effectively to the patients.

6.5 Limitation of the Study

The study was limited to two selected hospitals in Chongwe and Rufunsa districts and so was the sample hence the findings should be generalised with caution because they do not represent the entire sample of the province or nation. The other limitation was with regards to the participants. Not every employee of the ministry of health in Chongwe and Rufunsa was part of the study hence the views are a generalisation of the selected sample.

6.6 Contribution to the body of Knowledge

The new knowledge on the factor that contributes to employee dissatisfaction at the Chongwe District Hospital and Mpanshya Mission Hospital in Zambia is that the nurses lack of support and recognition, work overload, low salaries after graduating, lack of involvement in decision making on matters which affected their work and welfare. The salaries did not correspond to the qualifications, the hospital lacked medical supplies and patients. These factors lead to poor working conditions and demoralise the health workers, the knowledge which was not known before conducting this study.

6.7 Suggestions for Further Research

This study concentrated on employee job dissatisfaction at Chongwe District Hospital and Mpanshya Mission Hospital in Zambia. Further studies may be conducted to cover other districts to have a good comparative base. Where possible, statistical evidence based on employee job dissatisfaction would be good criteria for the purposes of generalisation. Secondly, the study did not go deep enough to find the effects of employee job dissatisfaction in the public health sector; therefore, further research is needed to investigate the impact of employee job dissatisfaction for public sector performance generally.

Strategies that may help improve employee motivation were also found to be: better salary; better allowances and benefits; improve working conditions; inclusion in decision making; change in supervision style of management; more training and development; job and individual matching; flexible work schedules; proper training and induction; updating technology and equipment; and provision of sufficient drugs.

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APPENDICES

Appendix I: Information Sheet

UNIVERSITY OF ZAMBIA

DEPARTMENT OF POSTGRADUATE STUDIES

AN EVALUATION OF CAUSES OF JOB DISSATISFACTION IN THE MINISTRY OF HEALTH

A CASE STUDY OF CHONGWE DISTRICT HOSPITAL

1. Why are we giving you this form?

We are giving you this form so as to give you information about the named study and also to give you a chance to ask questions about this study.

You can then decide if you would like to take part in this study that is trying to assess on causes of job dissatisfaction in the Ministry of Health.

Who is carrying out this study?

Annalena Zulu, studying partial fulfilments of the requirements for a postgraduate degree in Masters in Human Resources under the school of Postgraduate Business Studies

2. Background Information

You are being asked to take part in the above-mentioned study, where we would like to assess on causes of job dissatisfaction in the Ministry of Health.

By participating in this study we would be able to get the information that may help to make relevant policies instruments for this problem in Zambia. We believe this is very vital information to all of us and you would help and benefit by participating in this study.

3. What Happens in This Research Study (Procedure)?

Once you agree to be in the study, you would be asked some questions using the in depth interview by the researcher or the research assistants as per the questionnaire provided.

Please note that you would be free to get or seek clarity on the questions, you are absolutely not clear and you would be provided information, you would be requested to provide information.

Kindly note that some information that you would be requested to share includes perceptions, knowledge, beliefs, attitudes and experiences.

Furthermore, the study is targeted at healthcare providers who understand the importance of confidentiality in research.

4. Risks, Inconveniences and Discomforts

Inconveniences include answering questions, typically about 15 to 30 minutes. You would be required to answer the questions as they are asked following the questionnaire.

However, if you are uncomfortable to answer certain questions, feel free not to. The participants would not experience any form of discomfort from participation in this study since it would be non-invasive.

If you experience any form of stress from answering the questionnaire you could choose to continue or to discontinue, and/or withdraw from the study completely without any penalty to you.

5. Benefits of the Research and Benefits to You

Your participation in the study would be highly beneficial as it would assist the researcher to acknowledge and provide evaluations on causes of job dissatisfaction in the Ministry of Health.

The study would clearly aim to highlight, identify and look forward to make some recommendations based on evaluation on causes of job dissatisfaction in the Ministry of Health.

6. Voluntary Participation

Your participation in the study is completely voluntary. You may choose to stop participating at any time. Your decision not to volunteer would not influence the nature of your relationship with any stakeholder involved.

7. Alternatives to Participation

Choosing not to participate in the study would not affect your relationship.

8. Costs to You

There would be no costs to you that are directly related to this study.

9. Payment for Participation

You would not be made to pay for your participation in this research. Participation is completely free of charge.

10. Confidentiality

Your name would never be made public by the investigators. The questionnaire would be treated the same as all medical records at the health facility.

A code number that makes it very difficult for anyone to identify you would identify the research information gathered during this study from you. All information would be stored in a secure place.

Information from this study would be used for research purposes only and may be published; however, your name would not be made public by the investigators and immediately this study is done following data analysis and research report, all the data gathered for the purpose of this research shall be destroyed by use of incineration.

Appendix ii: Informed Consent

**A STUDY ON AN EVALUATION OF CAUSES OF JOB DI SSATISFACTION IN THE
MINISTRY OF HEALTH
A CASE STUDY OF CHONGWE DISTRICT HOSPITAL- ADULT HOSPITAL**

Participant(s)

I _____ (Full names of research participant) have been informed about the study.

I volunteer to participate in this study. I have been informed about it and I have understood what it involves.

I have also been informed that I can withdraw from the study at any point if I feel uncomfortable and that doing so would not affect my relationship with Chongwe District Hospital and Ministry of Health, now or in future, nor would it affect the Services I receive/render from/to the institution.

A copy of this form signed by me and one of the study investigators.

Signature/Thumb _____

Date (dd/mm/yy) ____/____/____

Thank you for participating!

Appendix iii: Survey Questionnaire

A STUDY ON AN EVALUATION OF CAUSES OF JOB DISSATISFACTION IN THE MINISTRY OF HEALTH A CASE STUDY OF CHONGWE DISTRICT HOSPITAL

Introduction:

This questionnaire is part of a study conducting an evaluation on causes of job dissatisfaction in the Ministry of Health focusing on Chongwe District Hospital. Kindly select the right response from among alternative answers for each question by ticking in the appropriate box. Where alternative answers are not provided, fill in the gaps provided or make an appropriate mark. You are assured of the confidentiality of this particular exercise because it would be solely used for academic purposes.

Part I: Background Information to the Respondents

Tick [✓] the appropriate box or fill in the blanks whichever is applicable.

1. Age

- a) 18-25 []
- b) 26-35 []
- C) 36-45 []
- d) Above 45 []

2. Gender

- a) Male []
- b) Female []

3. Marital Status

- a) Single []
- b) Married []
- c) Widow []
- d) Divorced []

e) Separated []

4. Education level (current qualifications)

a) Primary education []

b) "O" Level []

c) Diploma []

d) First degree []

e) Masters and above []

5. How long have you been working at Chongwe District Hospital?

a) 0-2 years []

b) 3-5 years []

c) 6-8 years []

d) Above 8 years []

Part II: Specific Information

1. Are you placed based on your qualification?

a) Yes []

b) No []

2. Occupation

a) Administrative []

b) Doctor []

c) Clinical officer []

d) Nurse

3. What are the terms and conditions of your employment?

a) Permanent and pensionable []

b) Agreement or contract []

c) Temporarily month to month []

4. What is the level of employee job dissatisfaction in Chongwe District Hospital.?

- a) High [] b) Low []

5. How do you perceive the working environment at Chongwe District Hospital?

Poor	Fair	Good	Very good	Excellent

6. What are the factors/causes/leads to employee job dissatisfaction? (not happy with the job).

- i).....
- ii).....
- iii).....

7. Give your comments how working environment (Condition) contribute to employee job dissatisfaction

- i).....
- ii).....
- iii).....

8. What strategies would you think to be taken on board to curb the situation of employee job dissatisfaction?

-
-
-

9. What kind of benefits can encourage employee to be happy (satisfied) (with their work

- i).....
- ii).....

10. The table below consists of statements related to poor working conditions, lack of promotion opportunities, poor management practices, poor policies, and low salaries. For each statement, please indicate your level of agreement using the Likert scale provided: 1-Strongly disagree; 2-Disagree; 3-Neutral, 4-Agree; 5-Strongly agree.

Statements	1	2	3	4	5
Working Conditions:					
The physical environment in our hospital is conducive to providing quality healthcare.					
I feel safe and comfortable working in our hospital facilities.					
The equipment and resources provided to us are sufficient for carrying out our duties effectively.					
Overall, I am satisfied with the working conditions in our hospital.					
Promotion Opportunities:					
Opportunities for career advancement are clearly communicated by hospital management.					
I feel supported in my efforts to advance my career within this organization.					
The promotion process in our hospital is fair and transparent.					
I am satisfied with the opportunities for promotion available to me in this organization.					
Management practices					
Hospital management effectively communicates important information to staff.					
Decisions made by hospital management take into account the needs and concerns of employees.					
Hospital management fosters a positive work culture and team environment.					
Overall, I am satisfied with the management of our hospital.					
Organisational Policies:					
Hospital policies and procedures are clearly outlined and easy to understand.					
Hospital policies are consistently enforced and applied fairly to all employees.					
I feel that hospital policies support my ability to perform my job effectively.					
Overall, I am satisfied with the policies and procedures in place at our hospital.					
Remuneration:					
I feel that my salary is competitive compared to similar positions in other healthcare organizations.					
My salary adequately reflects my level of skill and experience.					
I am satisfied with the compensation and benefits package offered by our hospital.					
Overall, I am satisfied with my salary in relation to the work I do.					
Lack of motivation					
My workload is manageable and allows me to complete tasks effectively.					
I receive adequate support and guidance from my supervisors when needed.					
The organization provides sufficient opportunities for professional growth and development.					
I feel adequately compensated for the work that I do.					

Thanks for Your Time and Responses

Appendix iv: Questions for Focus Group Discussion and Interviews

1. What are the causes/factors contributing to employee job dissatisfaction?

.....
.....
.....
.....
.....
.....

2. Do you find this to be the fact in your organisation that level of dissatisfaction among fresh/newly employees is very high, while dissatisfaction among old employees is very low?

a). Yes b) No?

b). If Yes give your explanation.

.....
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3. Does employee receive recognition/motivation for achievements they demonstrate in Chongwe District Council?

a). Yes b) No?

4. Depending on your response in Q3 above, give an explanation to motivate your answer.

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5. How does the following influence employee job dissatisfaction?

a) Low wages (Give explanation).

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.....

b) Poor working condition. (Give explanation).

.....

c) Poor management/leadership (Give explanation).

.....

d) Organisational policies.

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6. What factors can influence employees to stay or can be used to reduce employee job dissatisfaction? State them.

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7. Please give any additional comments that you may think are relevant to job dissatisfaction.

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Appendix V: Interview Guide for Key Informant (Head of HR)

1. How has working culture impacted on the professional or income levels of the hospital staff?
2. What factors do you think are contributing to job dissatisfaction in your organisation?
3. What do you see should be done by the stakeholders in order to inspire hope and zeal in employees?
4. What strategies are you implementing in your activities to spark lost worker attitudes?
5. How do you see this negative growth in future within health circles?
6. Do you want the Government to introduce some policies for interventions?
7. Are you aware of the labour policy and have you checked out on the interest of wages, compassionate, grievances etc?
8. What else can you say about the effects caused by job dissatisfaction especially within the health sector?
9. Is there any problem you have seen with the health interventions which you feel can be done better to help the Hospital from under-performing?
10. How do you think this problem can end by imploring policy recommendable and related models?
11. What areas are employees not satisfied with in your organisation?

THE END
