

ADDIS ABABA UNIVERSITY
COLLEGE OF HEALTH SCIENCE
SCHOOL OF ALLIED HEALTH SCIENCES
DEPARTMENT OF NURSING AND MIDWIVESRY

JOB SATISFACTION AND ITS DETERMINANTS AMONG MIDWIVES WORKING IN
GOVERNMENT HOSPITALS AND HEALTH CENTERS UNDER ADDIS ABABA CITY
ADMINISTRATION HEALTH BUREAU, ADDIS ABABA, ETHIOPIA, 2015.

BY: EYASU TAMRU (BSc)

**A RESEARCH THESIS SUBMITTED TO DEPARTMENT OF NURSING &
MIDWIVESRY FOR PARTIAL FULFILLMENT TO THE REQUIREMENTS FOR
MASTERS DEGREE IN MATERNITY AND REPRODUCTIVE HEALTH NURSING**

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APPROVED BY THE BOARD OF EXAMINATION

This thesis by Eyasu Tamru is accepted in its present form by the board of examiners as satisfying thesis requirement for the degree of Masters of Science in Maternity and Reproductive Health Nursing.

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Abstract

Background: Job satisfaction of midwives has been and becoming a growing concern to health service organizations in both developed and developing countries.

Objectives: This study was conducted to assess job satisfaction and its determinants among midwives working in government hospitals and health centers under Addis Ababa City Administration Health Bureau in Addis Ababa Ethiopia.

Methodology: Institution based cross-sectional study with quantitative methods were conducted among midwives working in Addis Ababa government hospitals and health centers under Addis Ababa City Administration Health Bureau, Ethiopia, from March to April 2015. A total of 234 midwives were recruited from three randomly selected government hospitals and from 46 health centers found in six randomly selected sub-cities. A structured, pre tested, anonymous questioners were used to collect data and the data were analyzed using SPSS version 20. Bivariate and multivariate analyses were used to determine factors affecting job satisfaction.

RESULT: From 234 eligible respondents 221 midwives participated in this study which makes a response rate of 94.44%. The overall mean job satisfaction was 52.9%. Significant determinant of job satisfaction were found to be Sex [AOR=4.70 (95%CI: 1.36-12.37)], working unit [AOR=0.04 (95%CI:(0.001-0.45)], Educational status [AOR=5.74(95%CI: 1.48-40.47)], Marital status [AOR=3.48 [1.01-11.97)], supervision [AOR=4.33 (95%CI: 1.53-20.22)], standard of care[AOR 4.80, (3.38-50.10)]and work load [AOR 8.94, (95%CI 2.37-22.65)]. Midwives were least satisfied from salary, extrinsic reward and professional opportunity subscales while they were most satisfied from coworker relation and the standard of care they provided to clients.

Conclusion & recommendation: Half of midwives in the study population were satisfied with their job. Heath organizations and other stake holders should consider the factors that contribute to job dissatisfaction and try to reduce them by implementing innovative strategies to increase job satisfaction.

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Lists of Abbreviations

AA - Addis Ababa

AAU - Addis Ababa University

ANC- Ante Natal Care

EDHS - Ethiopian Demographic Health Survey

FP- Family Planning

IBM- International Business Machines

ICU - Intensive Care Unite

MDGs - Millennium Development Goals

MMR- Maternal Mortality Rate

MMSS- McCloskey/Mueller Satisfaction Scale

RNs - Registered Nurses

SPSS- Statistical Package for Social Science

UAE - United Arab Emirate

US - United States

WHO - World Health Organization

CHAPTER ONE

BACKGROUND OF THE STUDY

1.1. Introduction

Human resource management continued to be a challenge for health service organizations in the 21st century. Acquiring, developing and retaining the right type and number of human resources are critical to provide quality care and enhance success in an organization. Although, sub-Saharan Africa carries 24% of the global burden of morbidity, it has only 3% of the world's health professionals (1,2). Job satisfaction has been shown to be linked to vital performances that influence all aspects of the process and functions of an organization (3).

Addressing the mission, reaching the vision and achieving organizational goal requires retaining of experienced health professionals including midwives. Midwives are front line professionals in the provision of maternal and neonatal health services (4).

Ethiopia is one of the signatory of the Millennium Development Goals (MDGs). Among others, MDG4 and MDG5 are related to reduction of maternal and infant mortality rate by two thirds between 1990 and 2015. The Ethiopian National Reproductive Health Strategy targeted reduction of Maternal mortality rate (MMR) to 267/100,000 live births in the years 2006–2015(5–8). One of the strategies designed towards this end was increasing the proportion of births attended by skilled health personnel such as midwives(6,7).

Midwives are the primary source of care and support for mothers and newborns at the most vulnerable time in their lives. Almost every mother's birth experience and all forms of care in between are attended by midwives. Midwives can provide 87% of all basic sexual and reproductive as well as maternal and newborn health services(9). They play vital role in the

reduction of maternal and neonatal morbidity and mortality (5,10). Prior literatures have shown that midwifery service could avert about two thirds of all maternal and newborn deaths. Achieving better maternal health requires quality reproductive health services and a series of well-timed interventions to ensure women's safe passage to motherhood (9,11).

Job satisfaction is a pleasurable or positive emotional state from the appraisal of one's job or experiences. Midwives job satisfaction is central to quality of maternal health care (5). Low job satisfaction may result in increased turnover, tardiness, absenteeism, complaints and making the health care delivery system weak and extravagant. It may lead also to undesirable job performance and poor quality of service to clients(12–14).

Job satisfaction is affected by many interconnected and interrelated personal, job and organizational factors worthy to be studied. Personal factors that affect job satisfaction include sex, education, age and time of job. Job satisfaction is also affected by job characteristics like type of work, skill required and, responsibility. Organizational attribute related to job satisfaction are wage, working condition, benefits, security and opportunity for promotion(15–17).

1.2. Statement of the problem

Job satisfaction of midwives has been and becoming a growing concern to health service organizations in both developed and developing countries. Midwives have vital role to play in the reduction of maternal and neonatal morbidity and mortality(9–11). They are also key actors in the achievement of MDG4 and MDG5(4,6).However, attainment of these goals in the least developed countries is still low(8). According to Ethiopian demographic health survey (EDHS) report 2011 the Ethiopia Maternal Mortality Rate (MMR) continues in the high range of 676/100,000 live births(8).

Shortage of midwives and high turnover resulting from low job satisfaction are the major impediments to achieve these goals (18,19). Information from the Ethiopian Midwifery Data Base showed that Ethiopia has an estimated 4,725 midwives for a population of 85 million giving a ratio of 1: 17,989 which is below the WHO recommended midwives population ratio of 1:5000(5).

Health service organizations require sufficient amount of human resource for provision of quality of care. Low retention is the prevailing problem in the human resource predicament and consequently, provision of quality health service delivery(20,21). Maternal health service quality can be affected by the available number of midwives and job-related behavioral influences and emotional reactions of midwives.

Job satisfaction predicts job performance, staff morale, organizational citizenship, and quality of care, safety of patients and stability and effectiveness of an organization. Low job satisfaction leads to absenteeism, labor turnover and negative publicity of the organization. Unsatisfied workers are liabilities to any organization(13,15). It can impact quality and amount of patient

care that needs to be provided. Even though the global figure of midwives job satisfaction is unknown, In Ethiopia, country wide, job satisfaction was only seventy percent according to the report made by midwives association in 2012(5).

Job Satisfaction can be affected by both external and internal factors. Job satisfaction among health professionals is derived from many interrelated factors and results in unintended output in health care service(15,22). Every factor has its own importance and which cannot be neglected. It is known that reduction of maternal mortality was not achieved as it was sited in MDG. Level of motivation and level of satisfaction of job in health personnel could contribute for decreased achievement in stated MDG goal (8,13,14).

Although assessing the magnitude of job satisfaction and identifying its associated factor is fundamental in the provision of quality maternal and new born services and increasing client satisfaction studies related to this are scarce in Ethiopia. Factors related to job satisfaction among midwives was not studied separately from other health professionals. However factor affecting job satisfaction among health professional were subject to change from time to time and therefore study of these factors is important (16).

Therefore, it is the purpose of this study to assess level of job satisfaction and identify factors associated with level of job satisfaction among midwives working in hospitals and health centers under Addis Ababa City Administration Health Bureau in Addis Ababa.

1.3. Significant of the study

Understanding level of job satisfaction and factors responsible for job satisfaction of midwives has supreme importance in the delivery of effective, efficient and sustainable services and reduction of maternal and neonatal morbidities and mortality (1,4,7,8).

Therefore, the findings of this study will provide input to policy makers and, human resource managers to design appropriate policy, programmes and strategies to address factors leading to low job satisfaction. It also helps health managers at a higher level and in particular those looking after the health institutions in the region to understand the extent of the problem in the hospitals and other similar health institutions. The study will enhance recognition of managers about personal, organizational and contextual variables that influence job performance and emotional predisposition of midwives. Addressing this gap in turn helps in the improvement of maternal and newborn service provision. In addition, the paper may be useful to other researchers as reference material while conducting further studies on similar problems.

CHAPTER TWO

LITERATURE REVIEW

Efficiency and productivity of human resources depends upon many factors, and job satisfaction is one of the most important factors(23). The term job satisfaction refers to the attitude and feelings people have about their work (24). In recent years, a major target of the health care delivery system has been the provision of quality care to patients. A fundamental challenge, however in Ethiopia, still remains how to achieve improved patient outcome specially on maternal health care. As key members of the health care team, midwives' job satisfaction plays an important role in the delivery of high-quality maternal health care along with other health professionals (25).

2.1. Theory of job satisfaction

The concept of job satisfaction has been established in many ways by literatures. Most used definition of job satisfaction is “the pleasurable emotional state resulting from the appraisal of one’s job as achieving or facilitating the achievement of one’s job values” which associate satisfaction with achievement in work. The other mostly used definition is “the extent to which people like (satisfaction) or dislike (dissatisfaction) their jobs” (22). Theories were developed for better clarification of job satisfaction aspects. Most common are Maslow’s needs hierarchy theory, and Herzberg’s motivator-hygiene theory(26).

Hierarchy of needs theory

This is the most commonly known theory which inspects the imperative contributors to job satisfaction. The theory proposes that human needs form a level hierarchy consisting of: physiological needs, safety, belongingness/love, esteem, and self-actualization. The desire to

achieve each next level result in motivation toward work goal achievement predisposing employee for job satisfaction based on the acquired level of hierarchy.

The most fundamental and basic four layers of the pyramid contain what Maslow called "deficiency needs" or "d-needs": esteem, friendship and love, security, and physical needs. If these "deficiency needs" are not met – with the exception of the most fundamental (physiological) need – there may not be a physical indication, but the individual will feel anxious and tense. Maslow's theory suggests that the most basic level of needs must be met before the individual will strongly desire (or focus motivation upon) the secondary or higher level needs.

Two-factor theory

Frederick Herzberg's two-factor theory (also known as motivator-hygiene theory) attempts to explain satisfaction and motivation in the workplace. This theory states that satisfaction and dissatisfaction are driven by different factors – motivation and hygiene factors, respectively. An employee's motivation to work is continually related to job satisfaction of a subordinate. Motivation can be seen as an inner force that drives individuals to attain personal and organizational goals. Motivating factors are those aspects of the job that make people want to perform, and provide people with satisfaction, for example achievement in work, recognition, promotion opportunities. These motivating factors are considered to be intrinsic to the job, or the work carried out. Hygiene factors include aspects of the working environment such as pay, company policies, supervisory practices, and other working conditions.

2.2. Job satisfaction of midwives

Maternal health care service quality can be affected from the human resource prospective since timely action is the curtail activity in health care especially in maternity unit were immediate care

is required (13,27). Very low job satisfaction among health professional may result in difficult to achieve the organizational goal(28). In addition job satisfaction level of the profession have a great influence on high worker force retention and patient satisfaction which was shown by survey done in Ethiopia in 2000. The satisfaction level of health professionals was below 50% with 5 year attrition rate between 1995 and 2000 among rural hospitals were recorded to be 33.3% (cited in 1).

In most study Job satisfaction of nurse was measured by McClosky's job satisfaction scale and satisfaction was assumed if the score is greater than the mean of computed sub scale (8,9,14). Other than demographic characteristics among nurses, satisfaction subscale and each containing different subscale to be rated by using likert score method are common variables in the study. The sub scales includes variables that may contribute for job satisfaction level of midwives like extrinsic reward, prize and recognition, control and responsibility, coworker relation, interaction opportunity, scheduling and professional opportunity (12,14,29).

A survey report from Ethiopian Midwives Association done in 2012 showed that 70% of midwives were satisfied with their job (5). The report does not show methodological part used to assess the job satisfaction level. A cross-sectional study conducted to determine the level and factors affecting job satisfaction and retention of health professionals working in Jimma University Specialized Hospital, in which 87 nurses and midwives were involved showed 45.5% of job satisfaction level (13).

A Cross-sectional study carried out on 278 nurses for measuring Job satisfaction level by using 32 item scales in sideman zone south Ethiopia, showed that overall satisfaction level for nurse and midwives together, to be 47.5% which is below average(19).

Institutional based cross sectional study done on Job Satisfaction of Nurses and Associated Factors in Public Hospitals in Tigray Region, Northern Ethiopia, on total sample size of 255 nurses. Sample was selected using simple random sampling method to conduct the study and almost half of the participants were dissatisfied with current job.(30) similarly In a study undertaken in South Africa public hospital in Gauteng on nurse job satisfaction, overall satisfaction level of 42% (31).

2.3. Determinants of job satisfaction

Among all health workers in Jimma university specialized hospital job satisfaction according to socio-demographic variables showed that more males 39 (58.2%) were dissatisfied than females 25 (47.2%); highest dissatisfaction rate was in the age group of 25-29 years 21(70.0%) (13).

On a survey involving one hundred two nurses, conducted on the influence of sex, marital status, and tenure of service on job stress, and job satisfaction of nurses and physicians in a Nigerian federal health institution by using stratified random sampling technique; those married nurses, and male nurses showed higher level of job satisfaction, and also those who have served for more than 10 years were more satisfied than those with lesser year's tenure (25).

A cross-sectional study done to assess nursing staff teamwork and job satisfaction on 3675 nursing staff from five hospitals in US resulted in nursing staff with higher levels of education were less satisfied with their job and male are less satisfied than females (32).

A study done in Sri Lankan on the Impact of individual factors on job satisfaction of nursing in government hospitals showed relation between age job satisfaction and other socio demographic characteristics. According to the study when age increase, job satisfaction increases, and married nurses were found to be slightly more satisfied in their job than those unmarried. The level of job

satisfaction was seen in those with increased work experience while the lowest level of job satisfaction was seen in the group that had less than five years of service (33). This was also supported by the study conducted in Tigray Region, Northern Ethiopia which showed age and work experience was found to be positive predictors of the nurses job satisfaction (30).

The research conducted in Jimma specialized hospital 92.3 % nurses/midwives was satisfied on helping others(13)which is different for survey done in Ethiopia in 2000, reported that those satisfied by their job the reason were helping others (43%) (34). But salary has low satisfaction level of 10.3 % which is the same in a study done Sidam zone South Ethiopia 10.7% and is south Africa even very low 4.42% (13,19,31). This was different from the survey done among Ethiopian midwives in 2012 which reported salary to be one of the three satisfying factor listed including salary and training (5).

The reason for job dissatisfaction among nurses/midwives in Jimma health worker were insufficient resource and supplies like, medical instrument 32.6% and essential drugs 26.1%, poor infrastructure 26.1%, in adequate salary 47.8%which may affect the working condition. Even if it is below 17%, nurse and midwives had agreed on insufficient training and lack of job descriptions as a reason for job dissatisfaction (13).

In the study undertaken in South Africa public hospital in Gauteng nurse job satisfaction, among the job dissatisfaction other than salary, promotion and career development was the second highest factor resulting in dissatisfaction (82.05%). Working conditions (81.2 %) were listed as the third most important factor. Other factors which caused dissatisfaction were identified as the lack of acknowledgement from supervisors (66.67%), control and responsibility in the job (51.28%), a feeling of accomplishment from doing the job (49.57%), the supervisor's decision-

making ability (42.74%), creativity in the job (43.59 %) and the way supervisors make nurses feel (42.74%) (31).

A Descriptive study was carried out on job satisfaction among nurses in India. One hundred nurses were selected by using simple random sampling. More than half were moderately satisfied from their pay, 52% find the work to be excessive, and 48% have professional and competitive relationship with their colleagues. Most of the supervisors are very cooperative, 58% nurses were moderately satisfied with the working conditions(35).

A survey of 76,000 registered nurses (RN) probes elements of job satisfaction from hospitals across the country in USA was conducted. RNs report the highest levels of satisfaction with regard to interactions with other RNs, their professional status and career development opportunities. Moderate levels of satisfaction in interactions with doctors, nursing management, nursing administration, decision-making and pay. Maternal and pediatric RNs reported higher levels of job satisfaction than their counterparts working in medical-surgical, critical care, and emergency rooms(36).

A study done in Australia on nurses' attitudes to work and work conditions showed that overall, the majority of nurses had high satisfaction from their job. Around 60% of nurses were dissatisfied with the pay and benefit. Almost two third were satisfied for professional opportunities and satisfied for interactions with other employee(37).

A descriptive cross-sectional study was conducted to assess the level of job satisfaction and determine the factors influencing job satisfaction among nursing professionals in a public sector tertiary care hospital of Islamabad. Nurses were selected purposively. Overall 86% respondents

were least satisfied with their job. The work environments, poor fringe benefits, dignity, responsibility given at workplace and time pressure were reason for dissatisfaction(38).

A quantitative descriptive design was used to assess job satisfaction of registered nurses (RNs) in a community hospital in the Limpopo Province, South Africa. Nurses were selected and majority of them were dissatisfied about the working conditions. Workload and degree of fair payment were the most highly rated as dissatisfying. Having best friend at work and the chance to help other people while at work were rated positively by 88% and 76% of the participants respectively(39).

A cross sectional study was conducted on job satisfaction by selecting one hundred sixteen nurses in Italy. They were moderately satisfied with their jobs. The top overall areas of satisfaction were co-workers and interaction respectively and the highest dissatisfaction were extrinsic rewards and professional opportunities. Job satisfaction of nurses decreases with the increase in age of the respondents (40).

A national cross-sectional study was conducted on nurses' intent to leave and job satisfaction in Lebanon. One thousand seven hundred ninety three nurses were involved. The result showed that nurses were least satisfied with extrinsic rewards and professional opportunities but most satisfied with co-workers(41).

A questionnaire survey on job satisfaction of nurses with multicultural backgrounds in Kuwait was conducted. Five hundred nurses were selected and stratified sampling technique was used. Nurses were found to be dissatisfied with professional opportunities and extrinsic rewards. But they were satisfied with praise and recognition, scheduling of duty, control and responsibility.

The relationship of job satisfaction with marital status was positive and significant. However, a higher level of educational qualification showed inverse relationship with job satisfaction(42).

A cross-sectional study done on nursing staff teamwork and job satisfaction 3675 nursing staff from five hospitals in US. The result showed that those nurses in pediatric, maternity, psychiatric units and emergency departments had higher levels of satisfaction than medical and surgical unit staff but ICU nursing staffs were less satisfied with their occupation than those in medical and surgical units. Nursing staff with higher levels of education were less satisfied with their occupation and male are less satisfied than females(43).

Job satisfaction also can be affected by the style of supervision according to different literatures. The types of leadership that midwives and other managers impose on midwives staff may also influence positively or negatively. In a study done in Canada to assess the Impact of Leadership Style on Job Satisfaction leadership style showed positive impact on job satisfaction. Most preferred style of leadership for increasing job satisfaction level was democrat style and the reason for this was the style permits the working atmosphere comfortable for the employees and helps in making fearless speech with leaders causing for satisfaction level to increase (44).

In a study conducted on United Arab Emirate (UAE) worker, satisfaction with, professional development and working environment was demonstrated to be the main factors for job satisfaction.(45) The influence of good opportunities for professional development on nurses' job satisfaction was not significant; Work organization was also an important predictor for nurses' job satisfaction. This is in the same with the finding in united kingdom (UK), that cohesive working relationships, cooperation with medical staff and appropriateness of the system of nursing was important for nurse job satisfaction in UK(46).

A study in Public Hospitals in Tigray Region, Northern Ethiopia showed fifty eight percent of the participants were satisfied about their relationship with physicians. Greater than half of the nurses were dissatisfied with administrative support in nurse-physician relationships, team conferences interdisciplinary round and staff shortage subscales was found to be positive predictors of the nurses satisfaction with their relation with physicians (30).

In Norway Positive evaluation of top management as well as work organization also significantly predicted job satisfaction Nurses was satisfied with support and feedback from nearest superior was main explanatory variable with job satisfaction showing satisfaction with local leader(46).

A descriptive study carried out on job satisfaction level among nurses in Chandigarh and Mohali 46% say that they have long but convenient working hours and same is the case with private nurses where most of them i.e. 56% have long but convenient working hours. Among the 50 nurses surveyed from the government hospitals majority of them (52%) find the work to be excessive for them. Even in private sector among the 50 nurses surveyed most of them feel the work load to be excessive for them (64%) (35).

In other study done in Taiwan job satisfaction was affected by job rotation positively. (47) Department of Health policy implementation (72.64%) was the fourth major factor causing dissatisfaction among nurses in the public hospital in South Africa (31).

A cross-sectional study was done on job Satisfaction among the nurse educators in the Klang Valley, Malaysia by using convenience sampling. The result showed that highest priority factors that determine their job satisfaction, sorted by highest mean rating were salary, working conditions followed by continuous professional development, Relationships with coworkers,

work itself and responsibility, security on current position. And the 3 lowest ratings were achievement, followed by recognition (48).

Pakistan public health worker study showed that the health workers satisfaction is affected by working environment 50%, job responsibility 68% but 71% was dissatisfied with quality of service they are providing to the client 66%, irrelevant task assigned and lack of decision making in their work(23,49). Other related satisfaction was also identified by the respondent like factor mentioned in many study including low salaries, improper supervision, inadequate reward (23,49).

2.4. Gaps in literature

Level of job satisfaction for nurse, physician and other technical provider was studied by researcher in different context and forms (13,19,28). But much study was not published among midwives separately from the nursing profession i.e. midwives and nurses were considered to be the same in many studies of job satisfaction among health workers. This might be because of few number of midwives in the past in Ethiopia and service provided for maternal health care was covered by both nurses and midwives in health organization (50). Due to this reason most of the literature was somehow different from the study area and is mostly on nursing profession.

2.5. Theoretical frame work

The theoretical frame work of this study is based on the theoretical preposition of McClosky satisfaction domain which was derived from the Maslow's hierarchy of need and presented in three domains for measuring job satisfaction (51) and after revision of Herzberg two factor theory which constitute hygiene and motivating factor.

Maslow and Herzberg both attempted to identify factors motivating individuals to satisfy their needs (27). Combining the two theories makes possible to measure the three dimension of job satisfaction which are personal characteristics by using mass low hierarchy need which alone cannot measure the organizational aspect of the job satisfaction, the organizational characteristics by applying the theory of Herzberg which alone consider the low order need as dissatisfies and the job related characteristics from both theory's (52).

All five factors that assumed to affect job satisfaction in addition with Socio demographic characteristics were included in the conceptual frame work. The factors can be categorized in job characteristics affected by job domain, and organizational characteristics affected organizational domain.

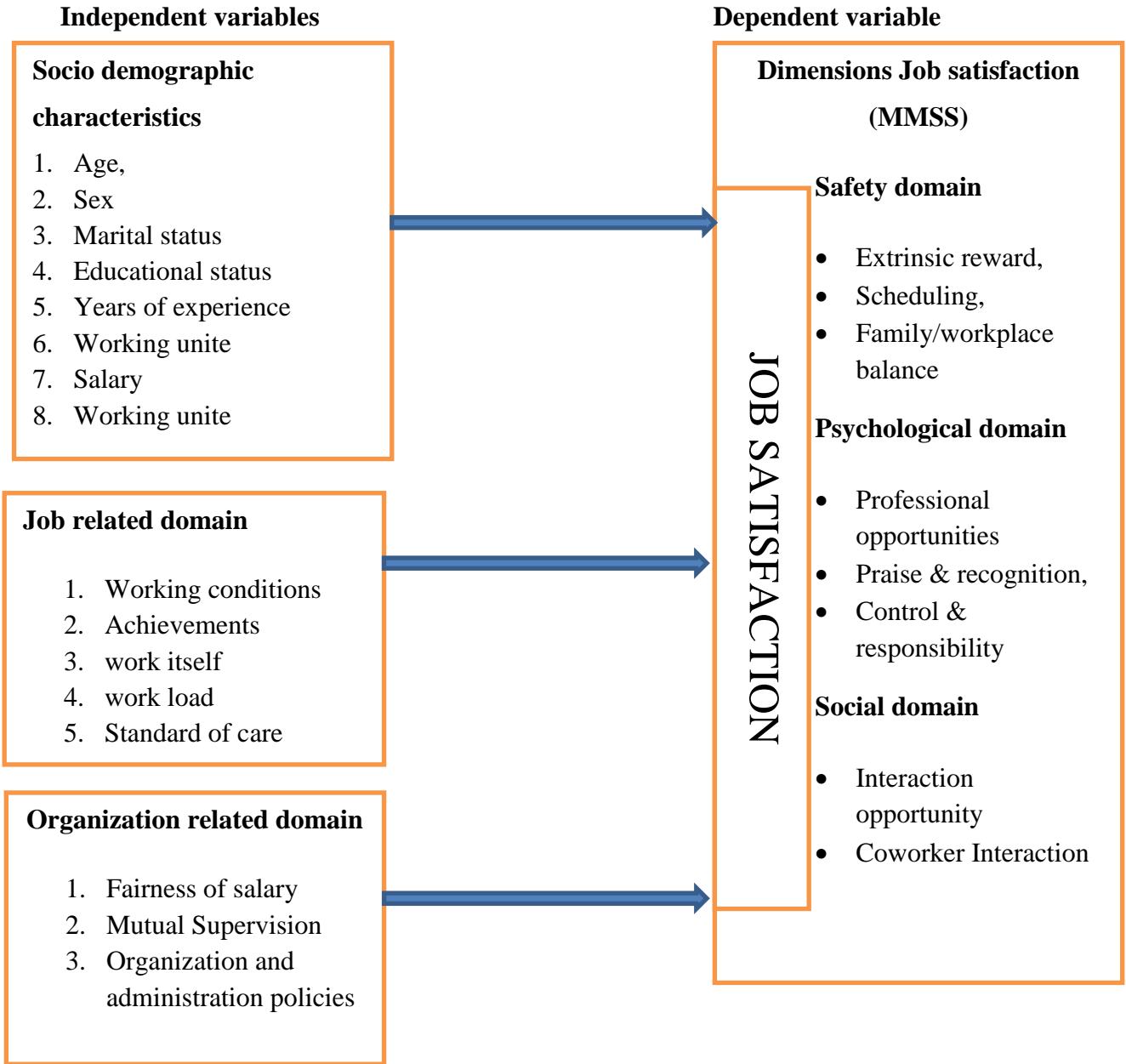


Figure 1: Conceptual frame work on job satisfaction its determinant among midwives working in Addis Ababa government hospitals and health center, Addis Ababa Ethiopia, 2015.

CHAPTER THREE

OBJECTIVES OF THE STUDY

3.1. General objective

To assess job satisfaction and its determinants among midwives working in government hospitals and health center under Addis Ababa City Administration Health Bureau in Addis Ababa Ethiopia, 2015.

3.2. Specific objectives

- To assess job satisfaction among midwives working in government hospitals and health centers in Addis Ababa Ethiopia.
- To identify determinant factors of job satisfaction among midwives working in government hospitals and health centers in Addis Ababa, Ethiopia.

CHAPTER FOUR

METHODS AND MATERIALS

4.1. Study Area and Period

The study was conducted in Addis Ababa among all government health centers in selected sub cities and selected hospitals under Addis Ababa City Administration Health Bureau, from March 10-April 10, 2015. Ethiopia is divided in to nine regions and two city administrations. Addis Ababa is one of the regions and the federal capital of Ethiopia which lies at an altitude of 7,546 feet (2,300 meters). It covers a total area of 54,000 hectares. A total of 3,207,697 populations live in ten sub-cities distributed in 116 Weredas.

Addis Ababa City Administration Health Bureau consists of 116 health offices distributed in each Weredas and eight hospitals. Based on Ethiopia Service Provision Assessment Plus Census 2014 in this federal city there are 84 health centers and a total of 6441 health professionals and technical staff distributed in each sub cities, contained in Arada sub city and Nifas silk sub city 8 health centers each, Addis ketema, Bole and KolfeKeranio sub cities 9 health centers each, Yeka sub city 11 health centers, Akake and kirkos sub city 7 health centers each, Lideta sub city 6 health centers, and Gulele sub city 10 health centers are providing health care for the public.

In addition there are eight government hospitals; RasDesta Hospital, Gandi Hospital, Dagmawi Minilk Hospital, Zewditu Hospital, Yekatit Hospital, Hopco and Tirunshe Beijing Hospital with a total of 2686 supportive and professional staffs.

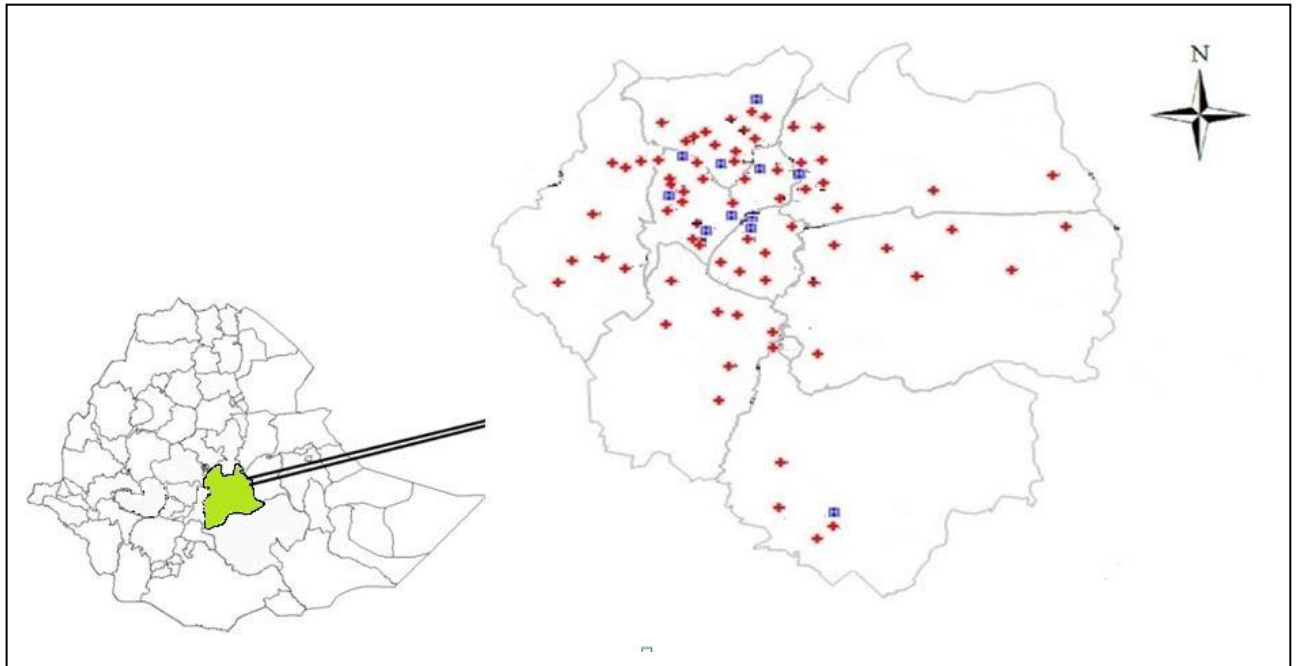


Figure2: Map of Addis Ababa city, capital city of Ethiopia, Addis Ababa, Ethiopia 2015.

4.2. Study Design

Institution based cross-sectional study with quantitative methods were conducted to assess job satisfaction and its determinants among midwives working in Addis Ababa Government hospitals and health centers.

4.3. Population

4.3.1. Source population

All diploma and above midwives working in government hospitals and health centers in Addis Ababa.

4.3.2. Study population

All Midwives working full time and available at work in health centers and hospitals among randomly selected sub cities and public hospitals in Addis Ababa.

4.3.2. Inclusion and exclusion criteria

Inclusion criteria: - Midwives who had work experience of at least 6 months and above and who agreed to participate were included in the study.

Exclusion criteria: - All midwives who had a work experience of less than 6 months at the time of the study and those did not agree to participate were excluded. This include Midwives who were not available at work during data collection because of long period of leaves with duration more than six days including sick leaves, education leaves, maternity leaves, and annual leaves.

4.4. Sampling

4.4.1. Sample Size determination

The total population of midwives in hospitals and health centers under Addis Ababa City Administration Health Bureau is 428, from these those with fewer than six months of experience were excluded and the remaining were recruited in the study. The actual sample size for the study were determined using the formula for single population proportion by assuming 5% margin of error and 95% confidence interval ($\alpha = 0.05$) and the prevalence for midwives job satisfaction were assumed to be 50% or $P=0.5$ using the following formula since no similar study was conducted in the past among midwives in Ethiopia.

$$n = \frac{\left(Z \frac{\alpha}{2}\right)^2 p(1-p)}{d^2} = \frac{Z^2 p(1-p)}{d^2} = \frac{(1.96)^2 \times 0.5(1-0.5)}{(0.05)^2} = 384$$

Since the sample size was greater than 5% of the total population, finite population correction formula were used. Correction for finite population $< 10,000 = nf$ (final sample size) $= no / (1 + (no/N)) = 384 / (1 + (384/428)) = 203.17$

And allowance for non-response rate (NR) 15% $= 203.17 \times 15\% = 30.47$

Then **the total sample size**= $203.17+30.47=233.65=\underline{\underline{234}}$

n = the required sample size

z = the value of the standard normal curve score corresponding to the given confidence interval=1.96

p = Assumed proportion of job satisfaction= 50%

d = the permissible margin of error (the required precision) =5%.

4.4.2. Sampling Technique.

To select 234 midwives from 84 health centers and 8 governmental hospitals simple random sampling and proportional allocation to size of health center and hospitals were employed. Based on proportional allocation a total of 175 midwives from health centers and 59 from government hospitals were distributed.

i. Sampling procedure for health centers

1. A simple random sampling of six Addis Ababa sub cities were selected form ten sub cities which consists of 313 midwives in 84 health centers. The selected sub cities were Yeka, Kirkos. Arada, Addis ketema, Bole and Lideta sub city. (table 1)
2. All health centers in each selected sub city were included in the study.
3. All midwives working in the each health centers of selected sub cities were included until the required number is attained.

ii. Sampling procedure for hospital

Among eight hospitals under Addis Ababa health bureau three were selected randomly and all available midwives were selected until the required sample size from hospitals is reached. The hospitals are Gandhi memorial, hospital Yekatit 12 hospital and medical college and Tiruneshi Beijing hospital.

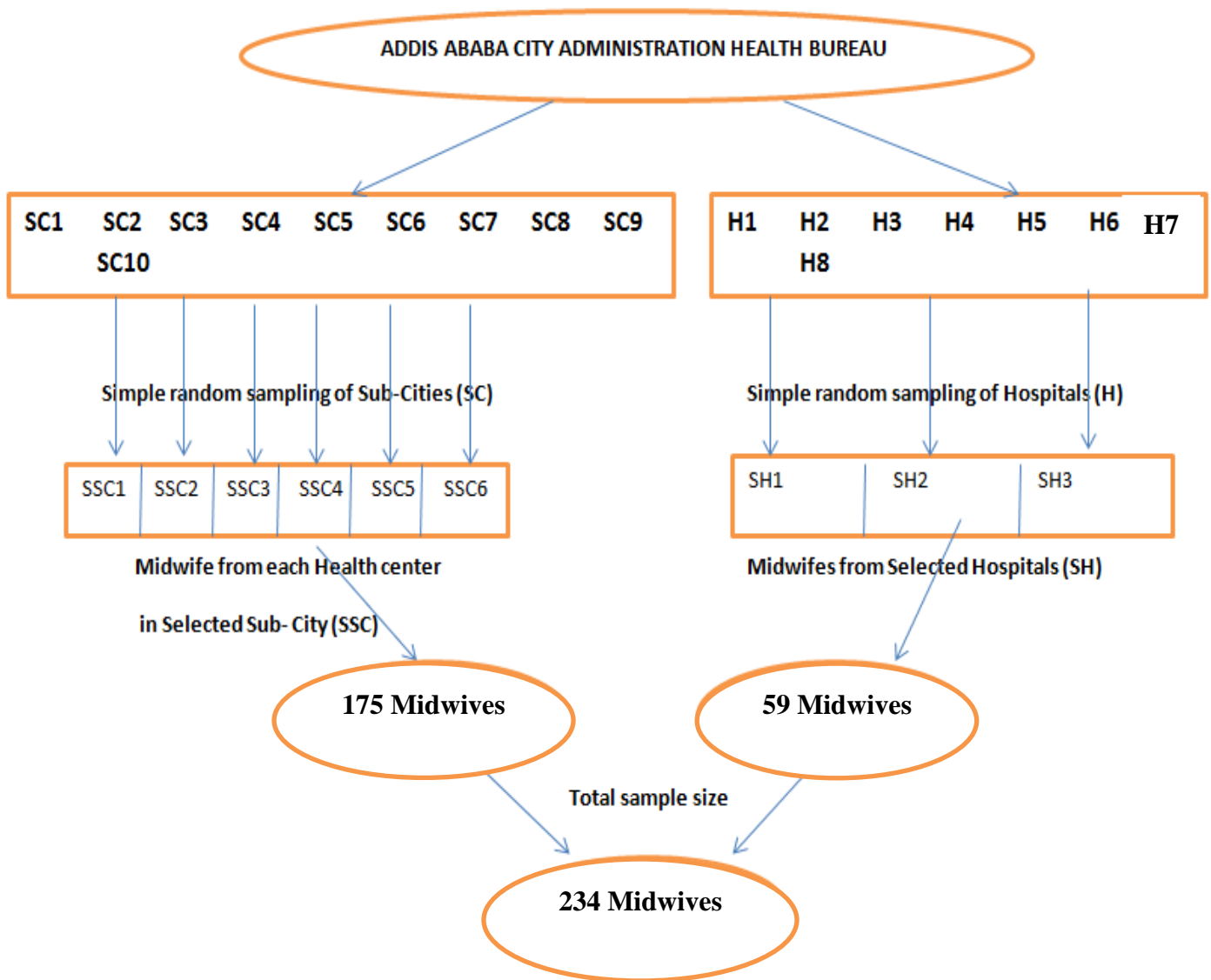


Figure3:- Sampling strategy for selecting midwives found in public hospital and health centers under Addis Ababa City Administration Health Bureau.

Table 1 Number of participants in each selected government hospital and subs city's health centers under Addis Ababa City Administration Health Bureau, Addis Ababa Ethiopia,2015.

Study area		No of functional health facility	No of Participants
Government Hospitals	Gandhi memorial hospital	1	21
	Yekatit 12 hospital and medical college	1	16
	Truneshi Beijing hospital	1	19
Government Health centers	Yeka sub city health centers	11	34
	Lideta sub city health centers	4	13
	Bole sub city health centers	9	37
	Addis ketema sub city health centers	9	28
	Arada sub city health centers	8	33
	Kirkos sub city health centers	7	20
Total			221

4.5.1. Data collection instrument

Data were collected with a semi structured self-administered questionnaire. The data collection instrument was adopted from previous published studies (53,54). The questionnaire was prepared and administered in English. The questionnaire consisted of two parts. The first part which contains eight questions were used to assess the socio-demographic characteristics of respondents and the second part includes 55-item of job satisfaction subscale(31 MMSS item)for measuring job satisfaction, and job and organizational dimension(25 items) of job satisfactions determinants. The assessment tools were scored by 5-point Likert scale.

The questionnaire were pretested by taking ten percent of the sample population of this study at Bishoftu city one hospital and two health centers to assess the clarity, sequence, consistency, understandability of questions and the time it takes to administer the instrument. Then necessary comments and feedbacks were incorporated in the final tool and the final questionnaire was used for data collection.

4.5.2. Personnel for data collection

Data collectors were hired from social science field with management and related field BA holders. A total of 2 BA holders, for sub cities and 1 BA holder for hospital were recruited to collect the data and 1 BSc nurse facilitated and supervised the data collection. Training and orientation were provided on the questionnaire and the way of data collection.

4.5.3. Data quality control

The collected data were checked for completeness by the facilitator/data collector and principal investigator. For each shift the questionnaire were distributed after the purpose of the study is explained and direct supervision and close follow up were made during the data collection process.

4.6. Study variables

Dependent variable:-Job satisfaction

Dimension of job satisfaction (social domain, psychological domain, safety domain)

Independent variables;

Determinants of job satisfaction:

Socio demographic: - Age, sex, marital status, educational status and years of experience.

Job related domain: - Working conditions, Achievements, work itself, work load, Standard of care.

Organizational domain: - pay/Salary, Supervision, Organization and administration policies.

4.7. Operational definition and definition of terms

Job satisfaction: Midwives job satisfaction is a positive or pleasurable emotional state resulting from the consideration of one's job or job experience. Job satisfaction was measured by summation of 31 items with 5 point likert scale. The mean values of the total scores were used to categorize job satisfaction. Those midwives whose score were above or equal to the mean value were categorized as satisfied.

Level of job satisfaction - the degree of satisfaction among midwives which were measured by using data driven from total satisfaction score and were classified by using tertile rank order of total job satisfaction score; the 1st tertile rank corresponds to "low satisfaction", the 2nd tertile corresponds for "moderate satisfaction", and the 3rd tertile "High satisfaction".

Job dissatisfaction – Midwives job satisfaction is unpleasant emotional state resulting from discomfort in one's job or job experience. Those scored below mean in the overall summation of 31 item will be categorized as dissatisfied.

Extrinsic reward: An award that is tangible or physically given to someone for accomplishing something/expected performance and measured three items. If the total score for subscale were equal and above the mean score, the Midwives were categorize satisfied for extrinsic reward.

Work Scheduling: It is about the midwives' work scheduling and shift setting to be carried out during their work time and was measured by 5 items and If the total score for subscale were equal and above the mean score, the Midwives were categorize satisfied for work scheduling.

Family and Work Balance: It is satisfaction with balance of time between work and family and measured by 2 items & If the total score for subscale were equal and above the mean score, the Midwives were categorize satisfied for family work balance.

Co- workers relation: satisfaction with midwives' co- workers at work place and measured by 2 items and If the total score for subscale were equal and above the mean score, the Midwives were categorize satisfied for coworker relations.

Interaction opportunities: satisfaction of midwives with social communication and care delivered in the working hospital or health center and measured by 4 items and If the total score for subscale were equal and above the mean score, the Midwives were categorize satisfied for the subscale.

Professional Opportunities: satisfaction with opportunities for advancement in nursing career which is given by the hospital or health center and measured by 4 items. If the total score for subscale were equal and above the mean score, the Midwives were categorize satisfied for this subscale.

Praise and Recognition: Satisfaction with the amount of recognition and feedback received from nursing peers & superiors and measured by 4 items and If the total score for subscale were equal and above the mean score, the Midwives were categorize satisfied for this subscale.

Responsibility and control: satisfaction with work responsibilities and empowerment in the hospital/health center that midwives are working and measured by 5 items. If the total score for subscale were equal and above the mean score, the Midwives were categorize satisfied for this subscale.

Organizational domain: A factor that affects one's communication/collaboration which arises from organizational constraints. This domain consisted of three subscales. Supervision, organization policy and fairness of salary.

Job related domain: factor that affect employee satisfaction which arise from the work and the condition in which the work exist. This domain consists of five subscale; workload, standard of care, working condition, nature of work itself and achievement.

Work load: Work burden related to performing too many non-midwives tasks, not enough time to complete midwives tasks and fairness of work load were measured by 3 items. If the total score for subscale were equal and above the mean score, the subscale were categorize as fair work load and if below the mean as not fair workload for the subscale.

Organizational administration and policy: is the general principles of the organization, protocols and procedures applied equally to all, is easily accessible and updated regularly. Accessibility of administration and policy measured by 3 items. If the total score for subscale were equal and above the mean score, the subscale were categorize as accessible and if below the mean as not accessible.

Supervision: An essential activity to enhance employees' levels of motivation with leadership skill and provide support for maintaining employee performance and work implementation and fairness of supervision were measured by 4 items. If the total score for subscale were equal and above the mean score, the subscale were categorize as fair supervision and if below the mean as unfair supervision for the subscale.

Working conditions: The environment in which the employees work which should be a safe place to practice and conducive work environment were measured by 3 items. If the total score for subscale were equal and above the mean score, the subscale were categorize as conducive work environment and if below the mean, not conducive for the subscale.

Achievement: The amount of work accomplishment in relation with the self-sated goal and expectation based on job description and organizational goal and good achievement were measured by 3 items. If the total score for subscale were equal and above the mean score, the subscale were categorize as good achievement and if below the mean as poor achievement for the subscale.

Standard of care: midwives perception for care provided and works that are performed in the hospital/health center are from quality, and fulfill the patient need. Cares to the standard were measured by 5 items. If the total score for subscale were equal and above the mean score, the subscale were categorize as good standard and if below the mean as poor standard care for the subscale.

Work itself: The feeling that midwives thinks their work is meaningful, contribution is essential to success of the organization and pleasant work were measured by 5 items. If the total score for subscale were equal and above the mean score, the subscale were categorize as pleasant and if below the mean as unpleasant for the subscale.

Fairness of salary The feeling of midwives to fairness of total payment that they collect from the hospital/health center for different legal reason including such as perdim, bonus, overtime payment. Fairness of salary were measured by 3 items. If the total score for subscale were equal and above the mean score, the subscale were categorize as fair salary.

4.8. Data processing and analysis procedures

The data were, coded, cleaned and entered into Epidata version 3.1 and exported to IBM SPSS Statistics Version 20 for analysis. Percentage, frequency and mean were calculated. Each item of the overall job satisfaction were measured by a 5point likert scale having a total of 31 items and their sum score ranging from a minimum of 31 to maximum of 155. Predictor items were also summated accordingly to determine agreement status of respondent by using computed mean for each sub scale as defined in the operational definition and the higher means score indicating higher satisfaction from the subscale among the domains.

Descriptive statistic for the participant socio demographic and job satisfaction subscales were done and summary tables, figures, and charts were used for describing data. Bi-variable and multivariable logistic regressions were done to see the association between the predictor and the outcome variables. Bivariate analyses between dependent and independent variables were performed using binary logistic regression and all variables were selected for multi variable logistic regression analysis to adjust predictors for confounders and measure the association between dependent and independent variable. In multi variable analysis independent variables with P-value of less than 0.05 were considered as statistical significance. Results were summarized and presented by tables, charts and graphs.

4.9. Ethical consideration

Ethical clearance and approval letter to conduct the research were obtained from Addis Ababa University College of Health sciences, Department of Nursing and Midwifery research ethics review board and Addis Ababa City Administration Health Bureau. Then a letter was secured from the Addis Ababa City Administration Health Bureau to respective sub-city health centers and hospitals to gain support for the study. Prior to administering the questionnaires, the aims and procedures of the study were explained to the participants and written consent was obtained from study participant. They were told that participation is voluntarily and confidentiality and anonymity ensured.

CHAPTER FIVE

RESULTS

Among 234 eligible participants 230 participated in the study and returned the questionnaires. From the total returned questionnaires, 9 respondents failed to indicate their satisfaction levels on some of the items. As a result, 221 questionnaires were used for analysis in this study, giving a response rate of 94.44 %.

5.1 Socio Demographic Characteristics of the Study Participants.

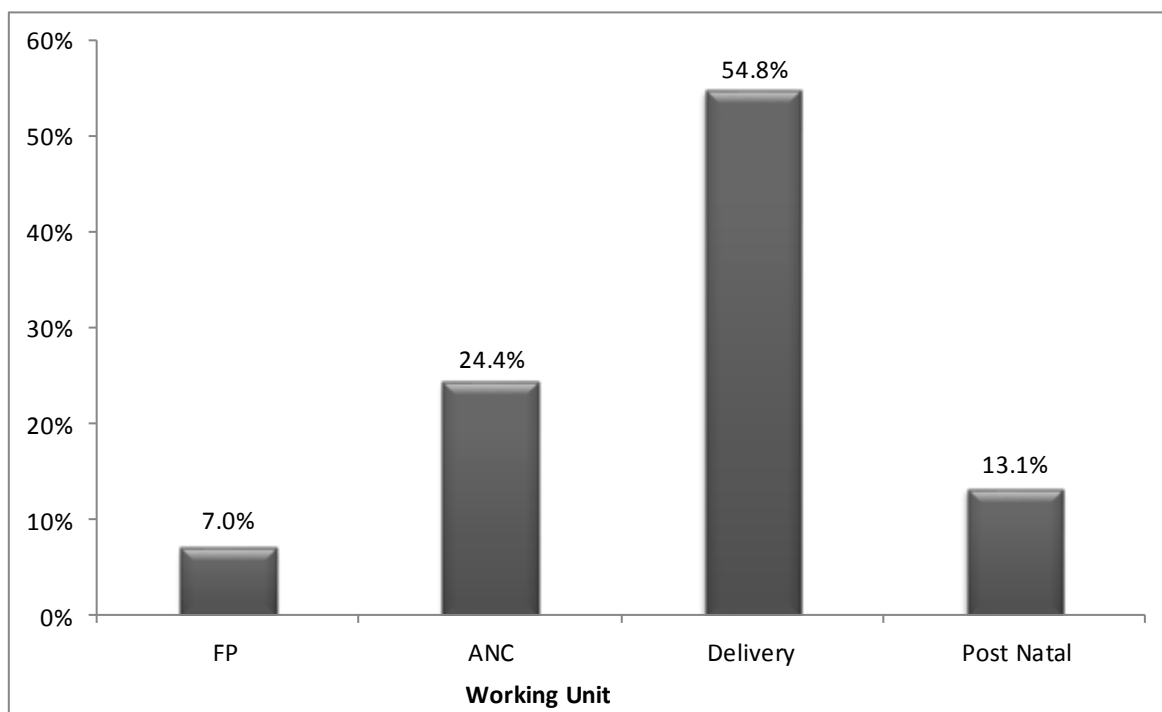
Table 1 highlights the background characteristics of respondents. Amongst the respondents 153(69.2%) were females and 68(30.8%) males. Most of the respondents 148(66.9%) were single. The majority of the sample fits into the younger age group, 185(207 (83.7%) were below 29 years of age with mean age 25.88 (± 4.62) years. Of all 156 (70.6%) respondents had Diploma and 65(29.4%) bachelor's degree (BSc).

Furthermore, most respondents had a short duration of service. A total of 180(81.4%) respondents had less than three years of working experience. The respondent's monthly salary ranges from 1300.00 to 6633.00 Ethiopian birr. (Table 2)

Table 2: Background characteristics of midwives in government hospitals and health centers under Addis Ababa City Administration Health Bureau, Addis Ababa Ethiopia, 2015. (N=221)

Socio-demographic characteristics		Frequency	%
Age in years			
	<=23	57	25.8
	24-28	128	57.9
	29-33	22	10.0
	>33	14	6.3
Sex			
	Male	68	30.8
	Female	153	69.2
Marital status			
	Single	140	63.3
	Married	72	32.6
	Divorced	9	4.1
Educational status			
	Diploma midwives	156	70.6
	BSc midwives	65	29.4
Working position			
	Staff midwives	193	87.3
	Head midwives	28	12.7
Work experience			
	<=3	180	81.4
	4-6	28	12.7
	>6	13	5.9
Monthly Salary			
	<=1994	138	62.4
	1995-2994	54	24.4
	>2995	29	13.1
Total		221	100

The illustration in Fig 4 presents the percentage distribution of respondents among the four working units. Nearly half, 121(54.8%) of midwives were working in the delivery unit, 121(24%) in the ante natal clinic, 121(13.1%) in the post natal and 52(7.0) % in the family planning clinic.



FP= Family planning ANC= Antenatal care

Figure 4: working unit distribution of Midwives, under Addis Ababa City Administration Health Bureau, Addis Ababa Ethiopia, 2015.

5.2. Descriptive results of job satisfaction and its determinants

5.2.1. Level of job satisfaction among midwives.

Component of job satisfaction were assessed by 31 scales. Each item was classified as satisfied and unsatisfied by using component mean as cut of point. The items on the scale with which respondents were satisfied were significance of the job 179(81.0%), colleague relationship 164(74.2 %), availability of maternity leave/other holiday leave 154(69.7%), opportunities to interact with other disciplines 153(69.2%), opportunities to participate in morning rounds 143(64.7%), recognition from head 139(62.9%), and opportunities for social contact 139(62.9%). (table 3 and Figure 5).

The items on the scale with which respondents were least satisfied were salary 154(69.7%). staff rotation 122(55.2%), opportunities for part time work 121(54.8%), flexibility in scheduling 110(49.8%), compensation for working weekends & holidays, 119(53.8%) opportunities for on job training/short term training 119(53.8%) and opportunities for further education 111(50.2%). (Table 3 and Figure 5).

Table 3: Frequency distribution of job satisfaction dimension items for satisfied and dissatisfied midwives under Addis Ababa City Administration Health Bureau, Addis Ababa Ethiopia, 2015.

S.n o	Component if job satisfaction sub scale	Satisfied		Dissatisfied	
		Frequency	%	Frequency	%
Safety Domain					
1.	Salary you receive from your hospital/ health center	67	30.3	154	69.7
2.	annual leave you receive from hospital/health center	121	54.8	100	45.2
3.	sick leave you receive from the hospital/health center	117	52.9	104	47.1
4.	hours that you work in the hospital/ health center	115	52.0	106	48.0
5.	flexibility in scheduling your working hours	122	55.2	99	44.8
6.	your satisfaction on staff rotation	99	44.8	122	55.2
7.	Opportunity for part-time work	100	45.2	121	54.8
8.	Flexibility in scheduling your weekends off	111	50.2	110	49.8
9.	Compensation for working weekends & Holidays	111	50.2	110	49.8
10.	Availability of maternity leave/other holiday leave	154	69.7	67	30.3
Social Domain					
1.	Recognition from your head for your work	139	62.9	82	37.1
2.	Interaction with your midwives peers/partners	164	74.2	57	25.8
3.	Interaction with the physicians you work with	155	70.1	66	29.9
4.	Availability of medical equipment's/supplies	139	62.9	82	37.1
5.	Satisfaction with the midwifery care given to clients	179	81.0	42	19.0
6.	Opportunities for social contact	139	62.9	82	37.1
7.	Opportunities for interact with other disciplines	153	69.2	68	30.8
Psychological Domain					
1.	Opportunities for further education	110	49.8	111	50.2
2.	Opportunities to participate in morning rounds	143	64.7	78	35.3
3.	Opportunity to make autonomous care decisions	141	63.8	80	36.2
4.	Opportunities for on job training/short term training	102	46.2	119	53.8
5.	Recognition for your work from superiors	133	60.2	88	39.8
6.	Recognition for your work from peers/ partners	158	71.5	63	28.5
7.	Encouragement and positive feedback from your head	135	61.1	86	38.9
8.	Opportunities to participate in midwives research	102	46.2	119	53.8
9.	Opportunities to write and publish different publications	94	42.5	127	57.5
10.	Your responsibility in your unit/ward	169	76.5	52	23.5
11.	Your control over conditions in your working unit/ward	157	71.0	64	29.0
12.	Your amount of responsibility in hospital/health center	143	64.7	78	35.3
13.	Your participation in organization decision making	141	63.8	80	36.2
14.	Consideration given to your opinion and suggestions for change in the work	130	58.8	91	41.2

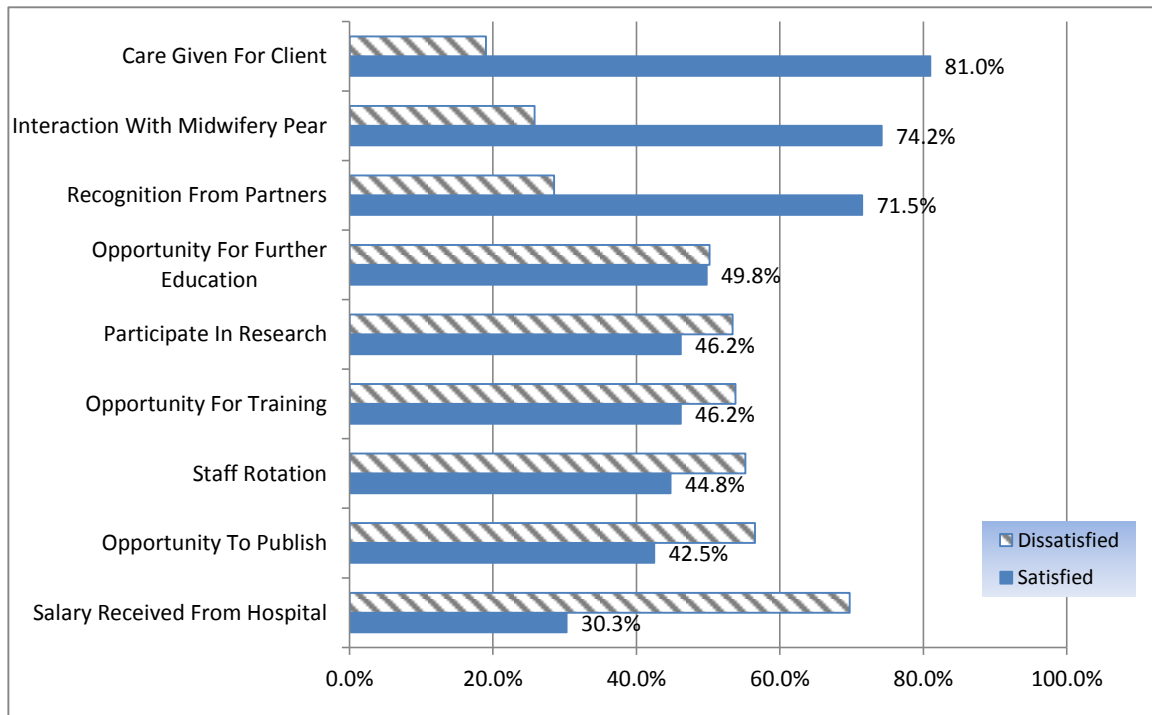


Figure 5: Dimension of job satisfaction items of top satisfying and dissatisfying scales among midwives in government hospitals and health centers under AA City Administration Health Bureau, Addis Ababa Ethiopia, 2015. (N=221).

The mean scores of the eight subscales of job satisfaction were calculated and those responded below the mean of the subscale were considered as unsatisfied and those who are equal and above the mean were classified as satisfied. On the basis of these, four satisfaction and four dissatisfaction factors were identified. Among the satisfying factors **Family/workplace balance** 128(57,9%) min 2 max 10 mean 5.79 ± 1.98 , **Coworker relation** 131(59.3%) mean $6.84 \pm$, **Interaction opportunities** 117(52.9%) mean 4.24 ± 4.24 min 4 max 20 and control and responsibility 117(52.9%) Mean 19.67 ± 5.92 min 6 max 30.

Four of the dissatisfaction reported factors were professional opportunity 118(53.4%, extrinsic reward 117 (52.9%), scheduling 116(52.5%) and praise and recognition 113(51.1%). (Table 4).

Table 4: Job satisfaction Subscales Mean score among Midwives in government hospitals and health centers under Addis Ababa City Administration Health Bureau, Addis Ababa Ethiopia, 2015. (N=221)

Job satisfaction subscales	Min	Max	Mean	Std. D.	Satisfied		Dissatisfied	
					f	%	f	%
Extrinsic reward	3.00	15.00	7.87	3.06	104	47.1	117	52.9
Scheduling	5.00	25.00	13.44	4.32	105	47.5	116	52.5
Family/workplace balance	2.00	10.00	5.79	1.98	128	57.9	93	42.1
Coworker relation	2.00	10.00	6.84	2.38	131	59.3	90	40.7
Interaction opportunities	4.00	20.00	13.49	4.24	117	52.9	104	47.1
Professional opportunities	5.00	25.00	13.30	4.76	103	46.6	118	53.4
Praise and recognition	4.00	20.00	12.17	3.90	108	48.9	113	51.1
Control and responsibility	6.00	30.00	19.67	5.92	117	52.9	104	47.1

The overall job satisfaction was computed by using the mean score values of 31 job satisfaction facet scales. The highest potential score was 155, and the minimum potential score was 31 and the mean value of 92.64 ± 22.53 . On the basis of this only 52.9% of respondents reported satisfaction about their job. (Figure 6)

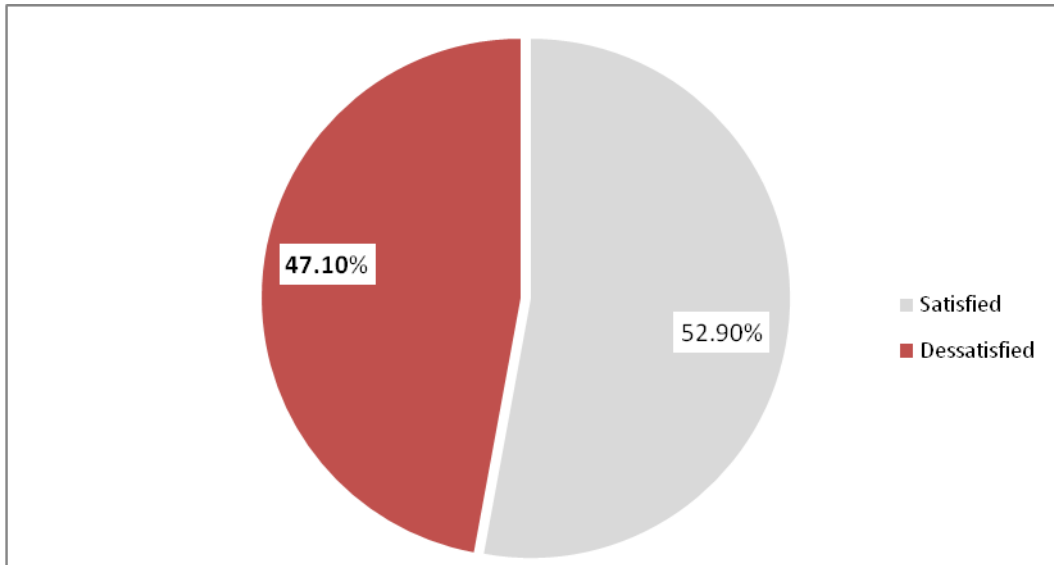


Figure 6: Overall of job satisfaction category among midwives in government hospitals and health centers under Addis Ababa City Administration Health Bureau, Addis Ababa Ethiopia, 2015. (N=221)

Levels of job satisfaction was determined by using data driven classification based on tertile classification rank order of overall job satisfaction score. The lower tertile rank corresponds to the low level of job satisfaction, the middle tertile corresponds to moderate and the upper tertile indicate the high level job satisfaction. Almost above one third (38.46%, n = 85) of the study participating midwives had low level of job satisfaction (figure 7).

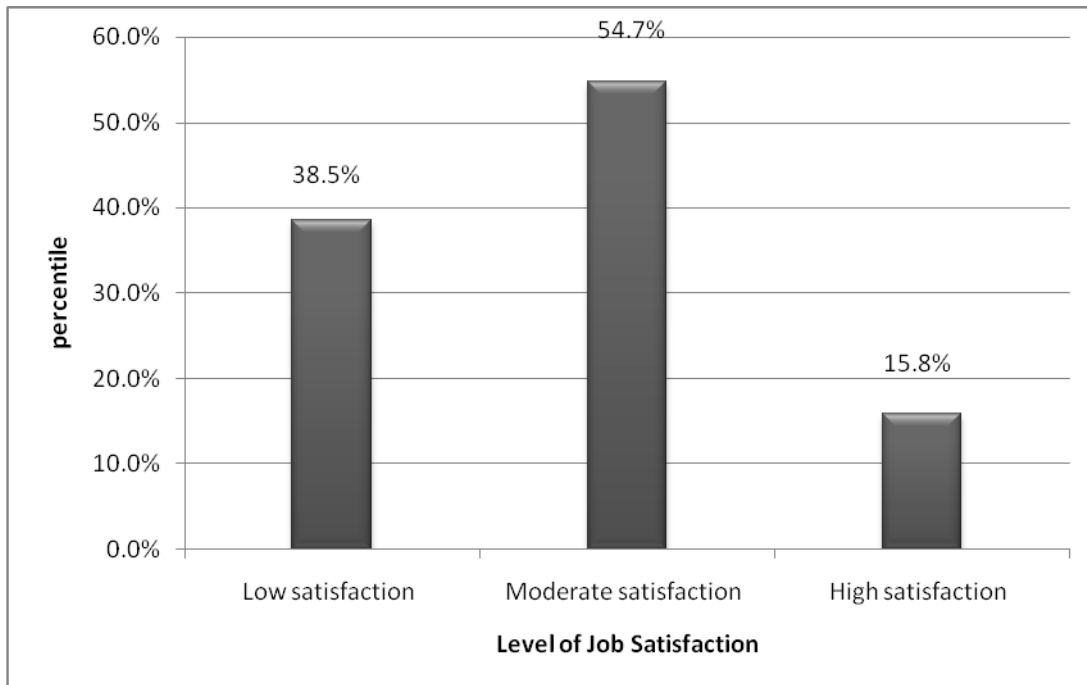


Figure7: Level of job satisfaction among midwives in government hospitals and health centers under Addis Ababa City Administration Health Bureau, Addis Ababa Ethiopia, 2015. (N=221)

5.2.2. Determinate of job satisfaction.

Factors affecting job satisfaction which includes organizational and work domain were assessed by using 25 scales. Among respondents 175 (79.2%) agreed that the general standard of care given in the unit they work is good. In addition only 89 (40.3%) and 78 (35.3%) of the respondents stated that they are satisfied by the work load and amount of responsibility respectively; which are all components of job related domain. From organizational domain items, among all respondents 172 (77.8%) agreed on receiving updates on equipment, forms, & protocols and only 103 (46.6%) agreed the fairness of payment for overtime and demanding hours. Nearly half of respondents (50.9%) have a pleasant attitude towards hospital/health center leadership. (Table 5)

Table 5: Frequency distribution of job and organization related domain response of midwives in government hospitals and health centers under Addis Ababa City Administration Health Bureau, Addis Ababa Ethiopia, 2015. (N=221)

S.no	Job and organization related domain items	Agree		Disagree	
		F	%	F	%
1.	The Safety of environment you work in is good	111	50.2	110	49.8
2.	Do you get respect from management	105	47.5	116	52.5
3.	The communication among the team is good	153	69.2	68	30.8
4.	Promotions are Regular	155	70.1	66	29.9
5.	Consideration is given for experience in promotions	118	53.4	103	46.6
6.	Qualifications is considered for promotion	144	65.2	77	34.8
7.	Disruptions in social life due to working hours	122	55.2	99	44.8
8.	Work schedules is uncomfortable	130	58.8	91	41.2
9.	The standard of care given to the patient/client is good	145	65.6	76	34.4
10.	The way that patients/ clients are cared for is good	135	61.1	86	38.9
11.	The standard of care that I am able to give is good	139	62.9	82	37.1
12.	The general standard of care given in this unit is good	175	79.2	46	20.8
13.	Patients are receiving the care that they need	173	78.3	48	21.7
14.	Have Sufficient time to get everything done	100	45.2	121	54.8
15.	Workloads in hospital/ health center is proportional	89	40.3	132	59.7
16.	Payment for overtime and claiming hours is fair	103	46.6	118	53.4
17.	The type of leadership from your supervisor is good	111	50.2	110	49.8
18.	You get to participate in supervisory decision that affects you	126	57.0	95	43.0
19.	payment goes along with over all activities in health center/hospital you work in.	127	57.5	94	42.5
20.	The supervisor is fair to you	134	60.6	87	39.4
21.	The supervisor observes you very closely	140	63.3	81	36.7
22.	Information regarding unit management is accessible	144	65.2	77	34.8
23.	Understand standard operating procedures and policy	155	70.1	66	29.9
24.	Salary you receive from your hospital/ health center	78	35.3	143	64.7
25.	Receiving updates on equipment, forms, & protocols	172	77.8	49	22.2

Job and organization domain sub scales were also determined by using the subscale mean score after the scales under the sub scale were summated. Job related domain consist of five subscale which includes, working conditions, achievements, work itself, work load and standard of care and organizational domain consisted of three subscales including fairness o payment, Supervision and accessible administration policies. (Table 7)

Table 6: Determinants of Job satisfaction Subscales Mean score among midwives in government hospitals and health centers under Addis Ababa City Administration Health Bureau, Addis Ababa Ethiopia, 2015. (N=221)

Subscales of job and organization related domain	Yes		No	
	F	%	F	%
1. Pleasant Nature of work	76	34.38	145	65.62
2. Fair Payment/salary	104	47.05	117	52.95
3. Conducive Working condition	106	47.96	115	52.04
4. Fair Supervision	107	48.42	114	51.58
5. Accessible administration & policies	111	50.22	110	49.78
6. Fair Workload	118	53.39	103	46.61
7. care to Standard	127	57.46	94	42.54
8. Better Achievements	135	61.09	86	38.91

Relationship between dependent and independent variable were checked by Pearson Correlation. The relation between job satisfaction and standard of work was found to be significant with moderate strength. The other variables show weak correlation with job satisfaction. (Table 7)

Table 7: Correlation analysis of job satisfaction, organization domains and job related domains among midwives in government hospitals and health centers under Addis Ababa City Administration Health Bureau, Addis Ababa Ethiopia, 2015. (N=221)

Sr.no		1.	2.	3.	4.	5.	6.	7.	8.
1.	Workload	.33**	1						
2.	Working condition	.28**	.19**	1					
3.	Supervision	.26**	.14*	.08	1				
4.	Achievements	-.14*	-.06	-.01	-.092	1			
5.	Administrative policies	.006	-.07	.17*	-.061	.035	1		
6.	Salary	.30**	.07	.03	.057	-.191**	.014	1	
7.	Standard care	.60**	.03	.20**	.220**	-.164*	-.022	.209**	1
8.	Nature of work itself	-.06	-.08	-.13	.009	.028	-.119	.473**	.023

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

5.3. Bi-variable and multi variable analysis

Bi-variable and multi variable logistic regression analysis was conducted to find the significant association of the dependent variable overall job satisfaction with the independent variable (sex, marital status, educational qualification, work experience and position/title of the midwives) and organizational and job related subscale. Correlation analysis preceded the logistic regression analysis to check for the existence of multi-collinearity. The result showed that multi-collinearity not a concern as none of the variables exceeded 0.70.

5.3.1. Bivariate analysis

There was statistically significant association between overall job satisfaction and sex showing females were more likely to be satisfied than males [COR=3.11 (95%CI: 1.71-5.67)]. Association was also found with educational qualification. Diploma midwives were less likely to be satisfied than BSc midwives [COR=3.2(95%CI: 1.71-6.01)]. Similarly midwives working in delivery unit were less likely to be satisfied than working in other units [COR=0.07 (95%CI: 0.02-0.28)]. Age, work experience and the position of midwives had shown no significant association at p less than 0.05.

Among job and organization related domain subscales, significant association was shown with supervision [COR=5.64 (95%CI: 3.15-10.0)], workload [COR=8.2 (95%CI: 4.4-15.02)], standard of care [COR=6.61 (95%CI: 3.64-11.97), and fairness of salary [COR=5.49 (95%CI: 3.06-9.81)] and job satisfaction. The other subscales of job and organizational domain including working condition, achievement, nature of work itself, and organizational policy/administration were not significantly associated.

5.3.2.Multivariable analysis

Multivariate analysis was done for the independent variable to find association with job satisfaction by controlling confounders.

Females were about four times more likely to be satisfied than males [AOR=4.70 (95%CI: 1.36-12.37)], educational status [AOR=5.74(95%CI: 1.48-40.47)], and marital status [AOR=3.48 [1.01-11.97]]. Significant association was also observed for working units. Those working in delivery unit were less likely to be satisfied than those working in other units[AOR=0.04 (95%CI:(0.001-0.45)]. Those respondents who agreed by the fairness of supervision [AOR=4.33 (95%CI: 1.53-20.22)] were around four times more likely to be satisfied in their job than the others. In addition perception of good standard of care [AOR 4.80, (3.38-50.10)] and fairness of work load [AOR 8.94,(95%CI 2.37-22.65)] were significantly associated with job satisfaction.

Other variables including, work experience, achievement, working condition, nature of work, accessible organizational policy and fairness of salary had shown no significant association with midwives job satisfaction.

Table 8: Multivariable analysis for predictors of job satisfaction, Midwives, in government hospitals and health centers under A.A city administration health bureau, A.A. Ethiopia, 2015

Independent Variables	Job Satisfaction		Crude OR	Adjusted OR	
	Satisfied	Dissatisfied	[95% CI]	[95% CI]	
Age	24-28	73	55	1.47 [0.78-2.76]	0.74 [0.23-2.34]
	29-33	11	11	1.11 [0.41-2.97]	0.81 [0.10-6.69]
	>33	6	8	0.83 [0.25-2.71]	0.78 [0.5-11.61]
	<=23	27	30	1	1
sex	Female	94	59	3.11 [1.71-5.67]*	4.70 [1.34 -16.48]**
	Male	23	45	1	1
Marital status	Married	39	33	0.99 [0.56-1.76]	3.48[1.01-11.97]**
	Divorced	2	7	0.24 [0.048-1.99]	1.56 [0.07-36.20]
	Single	76	64	1	1
Educational status	BSc-degree	47	18	3.2 [1.71-6.01]*	5.74[1.48-40.47]**
	Diploma	70	86	1	1
Works experience	3-6	12	16	0.60 [0.26-1.34]	2.13 [0.39-11.81]
	>6	5	8	0.50 [0.15-1.58]	0.16 [0.05-2.06]
	<=3	100	80	1	1
Monthly salary	1995-2994	36	18	2.05 [1.06-3.97]*	0.34 [0.07-1.75]
	>=2995	13	16	0.83 [0.37-1.87]	0.10 [0.01-1.24]
	<=1994	68	70	1	1
Position	Staff	101	92	0.82 [0.37-1.83]	0.82 [0.15-4.36]
	Head	16	12	1	1
Working unite	ANC.	51	3	3.64 [0.66-20.06]	1.24 [0.09-16.48]
	Delivery	32	89	0.07 [0.02-0.28]*	0.04 [0.001-0.45]*
	Postnatal	20	9	0.47 [0.10-2.08]	0.36 [0.03-4.10]
	F.P	14	3	1	1
Nature of work itself	Pleasant	39	37	0.90 [0.51-1.57]	0.54[0.10-1.60]
	Unpleasant	78	67	1	1
Working condition	Conducive	59	47	1.23 [0.72-2.09]	0.37 [0.10-1.32]
	Not Conducive	58	57	1	1
Supervision	Fair	79	28	5.64 [3.15-10.8]*	4.33 [1.57-20.22]**
	unfair	38	76	1	1
Achievement workload	Good	66	69	0.65 [0.38-1.13]	0.75[0.21-2.47]
	Poor	51	35	1	1
	low	89	29	8.22 [4.49-15.2]*	8.94 [2.37-22.65]**
Fairness of salary	High	28	75	1	1
	Fair	77	27	5.49 [3.06-9.81]*	4.26 [0.36-4.49]
Standard of care	Unfair	40	77	1	1
	Good	91	36	6.61 [3.64-11.9]*	4.80 [3.38-50.10]**
Administratio n & policy	poor	26	68	1	1
	Accessible	58	53	0.94[0.55-1.60]	0.77 [0.22-2.76]
	Not accessible	59	51	1	1

Key *= significant at P<0.005 in bivariate analysis.

** =significant at P<0.005 in multivariate analysis

FP= family planning, ANC= Anti Natal Care.

CHAPTER SIX

Discussion

The central objectives of this study were to assess job satisfaction and identify its determinants among midwives. Almost half of the participated midwives in this study were satisfied with their job.

The overall job satisfaction in this study was 52.9%. This comparable with previous studies among nurses in Tigray region north Ethiopia (50%) and in sidama zone south Ethiopia (47.5%) (19,30). Nonetheless, the job dissatisfactions by nearly half of the respondents are a reason for concern. Midwives play vital role in the provision of health services to mothers and newborns at the most critical period in their lives. In addition, institutional mother and new born care is one of the strategies to reduce maternal and neonatal mortality and achieve the MDG. Thus, Job dissatisfaction among midwives has effect on the efficiency and effectiveness of the service and may retract the achievement of reduction of maternal and neonatal mortality.

Comparing the level of satisfaction in this study midwives having low level of satisfaction were similar when compared to a study done in Islamabad showed that 37.14% of nurses had low level of job satisfaction (38). Whereas Australia and USA nurses are highly satisfied with overall job (36,37).

This study pinpointed that more than half of midwives in this study were dissatisfied by extrinsic reward, scheduling, absence of praise and recognition and professional opportunity. Provision of opportunities for further education and training both short term and long term is imperative for amplified motivation and maximized satisfaction and improving the knowledge and skill of midwives. (40,41,42).

High job satisfaction was observed from good interpersonal relationships with coworkers which is similar to Lebanon and Malaysian studies (41, 48). This should be encouraged since good interpersonal relationship and teamwork has impact in the service rendered.

Among job and organization domains the list satisfied sub scale in this study was pay which was in line with a study done in Jimma specialized hospital south west Ethiopia among health professionals, nurses in Sidama Zone South Ethiopia and descriptive study design to assess job satisfaction of registered nurses in South Africa(13,19,39). But on a survey of registered nurse in USA, and descriptive study carried out on job satisfaction among nurses in India, showed slight satisfaction for payment (35,36). This might be due to insufficient salary compared to the task and responsibility given for midwives.

From multi variable analysis it was observed that Female respondents were about three times more likely to be satisfied than male respondents. This was congruent with a study conducted in USA (32) and in line with a cross sectional study in Jimma which showed more dissatisfaction among males (13) but different from a study made on male nurse working in Nigeria where high satisfaction was observed among males (26). This discrepancy might be from perception about the nature of the work especially in working in labor ward and the societal believes that midwives is mostly female's profession. There are also literatures describing old English literal interpretation of midwives as "with women" which may have negative feeling among male professionals. It is also part of most history that Traditional birth attendant are female (mothers).

Married midwives were more satisfied than those who are not. The same result was observed among those nurses in Sidam Zone. These might be due to stability in life and emotional situation

and encouragement from marriage partners. The same was also observed with Nigerian nurses(26).

Midwives with BSc were more likely to be satisfied by their job than those who are diploma holders. This contradicts with a study in USA and Kuwait which showed nurses with higher level of education were dissatisfied by their job. But a study in England found that nurses without updates and education are less knowledgeable and less motivated (53). The difference might be due to limited numbers of midwives are available in Ethiopia which makes increased opportunity for part time work and create good carrier opportunity.

Midwives working in delivery unit were 40% less likely to be satisfied than those working in other units. This might be due to the invasiveness of the procedure in delivery room which increases the risk of contamination, stress and tiredness. More over providing care for laboring mother requires conscious, alert state of mind and extended hour of care which might predispose to excessive tiredness. This is also supported by a study done in Senegal which indicated that midwives were dissatisfied with their working conditions, remuneration, and extremely high levels of tiredness (23).

Those who agreed with fairness of supervision were about four times more likely to be satisfied than their counterparts. This result is inconsistent with a study done in Pakistan among public health workers which showed dissatisfaction with supervision (49). The result in this study might be due to supportive supervision which makes workers and supervisors to work together. Supportive supervision makes workers to like their working environment and, improve their efficiency, which in turn will increase job satisfaction. This is similar with a study done in Canada (44).

In this study respondent midwives who reported fair work load were 8 times more likely to be satisfied than those who were overloaded. Increased work load limits achievement, communication time with patients and quality of care to be provided.

Participants who perceived high level of patient care were about 5 times more likely to be satisfied with their job than those who reported poor standard of care. This is different from Pakistanis public health worker who showed no significant association between job satisfaction and standard of service they were providing to the client (44). The possible explanation could be helping a person in pain may give satisfaction which was evidenced by a study in Jimma specialized hospital health workers which showed that helping the patient was the main reason for their job satisfaction.

Conclusion and Recommendation

Conclusion

Measuring job satisfaction among midwives and determinant factor for satisfaction was the purpose of this study. It was revealed that only half of midwives working in government hospitals and health centers under Addis Ababa City Administration Health Bureau, were satisfied with their job. More over the satisfaction have shown significant association with those factors including sex, education status, marital status, working unit, coworker interaction, supervision, standard of care and work load. More than half of respondents were dissatisfied by extrinsic reward, scheduling, absence of praise and recognition, professional opportunity and salary.

Recommendation

The following recommendations are forwarded in the light of the findings of this study.

Health service organization and health bureau.

Hospital and health centers should give attention to component of job satisfaction dimensions such as extrinsic reward and professional opportunity and short term and long term training and education opportunity. Those performing efficiently should be given rewards for their services. The organization can benefit highly from education opportunity and training since education and training can both increase and improve standard of care and satisfaction level of midwives. Those midwives who are best performers should be encouraged and rewarded by health organization and higher office. System of reward for good achievement should be considered in units with good performance.

Health service organization should be staffed with adequate number of midwives to decrease work load related dissatisfactions and none midwifery responsibilities should be minimized to avoid overburdening of midwives staffs from work load. Units should follow proper and fair scheduling.

High percentages of midwives were satisfied with the standard of care they were providing. Supportive supervision and availability equipment to deliver the standard care must continue for greater satisfaction among midwives.

Working unite managers

Consideration should be given for those who are working in delivery unite since working in that department had shown to create less satisfaction. Rotation duration and scheduling should be handled sensitively. In addition more motivational supervision and rewarding with different benefit for those working in this unit might help increasing the satisfaction.

Male midwives need to be highly encouraged and be supported to decrease dissatisfaction which comes from gender related perception. Awareness must be created among the male midwives to avoid negative impact of dissatisfactions.

For midwifery education/academic staffs

Satisfaction related to training and opportunity to learn was low. This should be handled by planning future care development in advance and highly accessible way.

Refreshment training and long term and short term training at different level should be carried out on in large scale along with other initiatives and stake holders for increased opportunity of education and improve satisfaction in the job.

In addition educators and midwives should consider the findings of this study that educated are more satisfied, when advertising the profession for potential students who are in the process of deciding which educational track they should choose.

For midwives and midwifery association

Since midwives were most satisfied from the relationships with coworker they should improve their own satisfaction by increasing their peer interactions, working on their communication skills & mutual understanding, making an effort to support their peers and make them feel appreciated. If an entire unit would try this; there should be a cyclic effect which could continue to increase the midwives' job satisfaction.

For research unit and researchers

More research is required to explore more knowledge with large size study including those working in private health institution. Qualitative research on the effect of satisfaction on patient care can be a good direction for better exploration.

Strength and Limitations of the study

Strength

- More than 50% of the total population was included in the study which gives relatively larger sample and increases representativeness.
- High response rate.

Limitations

- Cross sectional study does not show cause effect relationship
- The information gained from participants is based upon their subjective perceptions it is therefore possible that they either over or under reported their level of satisfaction.
- Limited literature on related study was not available; study was not done for midwives specifically rather along with other professions.

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Annex I. Letter of Information for the Study

Dear midwives:

I am writing to invite you to participate in a study entitled “**Job Satisfaction and Its determinant Among Midwives In Government Hospitals And Health Centers Under Addis Ababa City Administration Health Bureau, Addis Ababa Ethiopia, 2015**”. With the aim of identifying factors affecting job satisfaction among midwives in Addis Ababa health bureau. I am conducting this study in partial fulfillment of the requirements for master’s degree in maternal and Reproductive health nursing in Addis Ababa University (AAU).

Your participation in this study is completely voluntary to complete the questionnaire. Your answers are confidential and your name is not required on any documents. No one other than me and my advisors will have access to the questionnaire at any time. You may refuse to answer any of the questions and you may choose not to participate.

There is no risk associated with participating in this study and also no direct benefits, however it is hoped that through this study the survey which will be distributed to you is designed to gain the best responses possible. The study will help me to gain a better understanding of factors affecting job satisfaction that are important to midwives who are working in public hospital and health center setups.

If you agree to participate, please complete the consent form. If you have any questions or comments about the study, please feel free to contact me. My address, phone number and email address are available below.

Thank you very much for your cooperation with this study!

Eyasu Tamru, BScN, MSc student in Maternal and reproductive health, AAU, 2015.

Phone number: 09111443231

Email: esugogle@gmail.com OR esugogl@gmail.com

Annex II. Consent form

ADDIS ABABA UNIVERSITY COLLEGE OF ALLIED HEALTH DEPARTMENT OF NURSING AND MIDWIVESRY

A QUESTIONNAIRE TO ASSESS FACTORS ASSOCIATED WITH LEVEL OF JOB SATISFACTION AMONG MIDWIVES IN GOVERNMENT HOSPITALS AND HEALTH CENTERS UNDER ADDIS ABABACITY ADMINISTRATION HEALTH BUREAU, ADDIS ABABA 2015.

Consent Form for the Study

I have read the information on the title and aim of the study given above. The title and aim of the study was clear to me. I understood that participation in this study is completely voluntary and that if I want to withdraw from the study any time, I will not obliged to continue and I will withdraw from it at any time. My answers are confidential and my name is not required on any documents. I understand no one other than the investigator and his advisors will have access to the questionnaire at any time. I understand that there is no risk associated with participating in this study and also no direct benefits, but the result may help him in obtaining the best information possible from nurses working in Addis Ababa public hospitals and health centers.

So, I agree to this, provided that my privacy is guaranteed .I hereby give informed consent to participate to this study.

Name of the hospital/health center _____

Signature of volunteer _____ Date _____

Annex III: Questionnaire

Instructions:

1. You are kindly requested to answer the following questions.
2. Encircle the answer of your choice regarding each question.
3. For certain questions when additional information is needed, please write your answer on the space provided.
4. Please do not write your name on any page of the paper.

Part I: General information (socio demographic characteristic of the participants).

No.	Socio demographic and Employee profile questions	Coding categories
Socio-demographic factors		
101	Sex	0. Male 1. Female
102	Your Age in years	_____ years
103	What is your current marital status?	1. Married 2. Single 3. Divorced 4. Widowed
104	Length of service /Your working experience in the hospital/health center (in years)	_____ Years
105	Your educational qualification	1. Diploma midwives 2. BSc midwives 3. MSc midwives 4. Other(Specify _____)
106	Your current salary	_____
107	Which hospital/health center are you working?	1. _____
108	Current Working Unit/ward	1. Family planning 2. ANC room 3. Delivery Room 4. post natal ward 5. Neonatal care unite 6. Gynecological ward 7. Gyn/Obs OPD 8. other _____
109	What is your title? Or Position that you presently hold within the hospital	1. Staff midwives 2. Head midwives 3. Supervisor midwives 4. Other _____

Part II: job Satisfaction questionnaire based on MMSS and job/organization factor .

The following questions measures your job satisfaction levels and factors that contribute for being satisfied or being dissatisfied as a midwives personal in the hospitals/health center you working in.

How satisfied are you with the following aspects of your current job?

Please **circle** the number that applies your current satisfaction level in front of each question/item.

Dimensions of job satisfaction

1 = Very Dissatisfied	2 =Moderately Dissatisfied	3= neutral	4 = Moderately Satisfied	5= Very Satisfied		
201	Pay (Salary) you receive from your hospital as a midwives	1	2	3	4	5
202	Annual leave you receive from the hospital/health center	1	2	3	4	5
203	Sick leave you receive from the hospital/health center	1	2	3	4	5
204	Hours that you work in the hospital/ health center	1	2	3	4	5
205	Flexibility in scheduling your working hours	1	2	3	4	5
206	Your satisfaction in your shift rotation	1	2	3	4	5
207	Opportunity for part-time work	1	2	3	4	5
208	Flexibility in scheduling your weekends off	1	2	3	4	5
209	Compensation for working weekends & Holidays	1	2	3	4	5
210	Availability of maternity/holiday and related leave	1	2	3	4	5
211	Recognition from your head for your work	1	2	3	4	5
212	Interaction with your midwives peers/partners	1	2	3	4	5
213	Interaction with the physicians you work with	1	2	3	4	5
214	Availability of medical equipment/supplies to deliver quality midwifery care in your unit	1	2	3	4	5
215	Satisfaction with the nursing care given to your clients	1	2	3	4	5
216	Opportunities for social contact with your colleagues after work	1	2	3	4	5
217	Opportunities for interact professionally with other disciplines	1	2	3	4	5
218	Opportunities for further education/degree or post graduate in midwifery	1	2	3	4	5
219	Opportunities to participate in morning rounds	1	2	3	4	5

1 = Very Dissatisfied	2 = Moderately Dissatisfied	3 = neutral	4 = Moderately Satisfied	5 = Very Satisfied		
220	Opportunity to make autonomous midwifery care decisions	1	2	3	4	5
221	Opportunities for on job training/short term training	1	2	3	4	5
222	Recognition for your work from superiors	1	2	3	4	5
223	Recognition for your work from peers/ partners	1	2	3	4	5
224	Encouragement and positive feedback received from your matron	1	2	3	4	5
225	Opportunities to participate in midwives research	1	2	3	4	5
226	Opportunities to write and publish	1	2	3	4	5
227	Your responsibility in your unit/ward	1	2	3	4	5
228	Your control over conditions in your working unit/ward	1	2	3	4	5
229	Your amount of responsibility	1	2	3	4	5
230	Your participation in organization decision making	1	2	3	4	5
231	Consideration given to your opinion and suggestions for change in the work setting or office practice	1	2	3	4	5

Instruction: - please read each item and give your fair response by the rank given in the box.

Job and organizational domain

1 = very disagree	2 = disagree	3 = neutral	4 = Agree	5 = very agree		
232	The Safety of environment you work in is good	1	2	3	4	5
233	Do you get respect from management	1	2	3	4	5
234	The communication among the team is good	1	2	3	4	5
235	The type of leadership from your supervisor good	1	2	3	4	5
236	The supervisor observes you very closely	1	2	3	4	5
237	The supervisor is fair to you	1	2	3	4	5
238	You get to participate in supervisory decision that affects you	1	2	3	4	5
239	Promotions are Regular	1	2	3	4	5
240	Consideration is given for experience in promotions	1	2	3	4	5

	1 = very disagree	2 = disagree	3= neutral	4 = Agree	5= very agree
241	Qualifications is considered for promotion				
242	Workloads in hospital/ health center is proportional				
243	Disruptions in social life due to working hours				
244	Work schedules is uncomfortable				
245	Payment for overtime and claiming hours is fair				
246	Do you have Sufficient time to get everything done				
247	Understand standard operating procedures and policy				
248	Receiving updates on equipment's, forms, & protocols				
249	Information regarding unit management is accessible				
250	payment goes along with over all activities in health center/hospital				
251	The way that patient/ clients are cared for is good				
252	The standard of care given to the patient/client good				
253	You are currently able to give standard of care				
254	The general standard of care given in this unit good				
255	Patients are receiving the care that they need				

Thank You for your participation!

Annex IV: Descriptive Result Table

Table 1. Ranking order by mean for job satisfaction scales of midwives in government hospitals & health centers under Addis Ababa City Administration Health Bureau, Addis Ababa Ethiopia, 2015.(n=221)

rank	Dimensions of job satisfaction sub scale	Min	Max	Mean	Std. D.
1.	(Salary) you receive from your hospital/ health center as a midwives	1	5	2.23	1.336
2.	Opportunities to write and publish different publications	1	5	2.47	1.219
3.	Opportunities for on job training/short term training	1	5	2.49	1.306
4.	Flexibility in scheduling your weekends off	1	5	2.53	1.216
5.	Opportunities to participate in midwives research	1	5	2.56	1.389
6.	Opportunity for part-time work	1	5	2.58	1.355
7.	Compensation for working weekends & Holidays	1	5	2.61	1.207
8.	Opportunities for further education/degree or post graduate in midwifery	1	5	2.65	1.523
9.	Your satisfaction in your shift rotation	1	5	2.76	1.329
10.	that you work in the hospital/ health center	1	5	2.77	1.380
11.	Flexibility in scheduling your working hours	1	5	2.78	1.250
12.	leave you receive from the hospital/ health center	1	5	2.80	1.299
13.	leave you receive from the hospital/ health center	1	5	2.85	1.284
14.	Recognition for your work from superiors	1	5	2.87	1.255
15.	Consideration given to your opinion and suggestions for change in the work	1	5	3.00	1.378
16.	Recognition from your head for your work	1	5	3.02	1.352
17.	Encouragement and positive feedback received from your matron	1	5	3.04	1.460
18.	Your participation in organization decision making	1	5	3.10	1.373
19.	Opportunity to make autonomous midwifery care decisions	1	5	3.12	1.298
20.	Opportunities to participate in morning rounds	1	5	3.13	1.425
21.	Opportunities for social contact with your colleagues after work	1	5	3.16	1.436
22.	Availability of medical equipment's/supplies to deliver quality care	1	5	3.19	1.401
23.	Availability of holiday leave /maternity leave	1	5	3.21	1.370
24.	Recognition for your work from peers/ partners	1	5	3.24	1.230
25.	Opportunities for interact professionally with other disciplines	1	5	3.28	1.386
26.	Interaction with the physicians you work with	1	5	3.33	1.329
27.	Your control over conditions in your working unit/ward	1	5	3.34	1.271
28.	Your amount of responsibility	1	5	3.52	1.387
29.	Interaction with your midwives peers/partners	1	5	3.55	1.360
30.	Your responsibility in your unit/ward	1	5	3.57	1.269
31.	Satisfaction with the midwifery care given to your clients	1	5	3.87	1.320

Annex V: Questionnaire description

Parts	Item coding category	Number of questions	Subscale category
Part-I	Item 101 – 108	8	-Socio demographic characteristic
Part-II	Part-II has eight sub scales with 31 items which measures job satisfaction based on MMSS.		-
	Item: 201, 202, 203	3	Extrinsic reward
	Item: 204,205,206,208 & 209	5	Scheduling
	Item: 207,210	2	Family/workplace balance
	Item: 212, 213	2	Coworker relation
	Item: 214,215,216 & 217	4	Interaction opportunities
	Item: 218,219,221,225 & 226	5	Professional opportunities
	Item: 211,222,223 & 224	4	Praise & recognition
	Item: 220,227,228, 229,230 &231	6	Control & responsibility
Part-II	Job and organization related domain		-
	Item: 250,229 &242	3	workload
	Item: 232,233 & 234	3	Working condition
	Item: 235,236,237,&238	4	Supervision
	Item: 239,240 & 241	3	Achievements
	Item: 243,244 &245	3	Nature of work itself
	Item: 247,248 & 249	3	organization and administration policies
	Item: 251,252,253,254& 255	5	Standard of care
	Item: 245, 250, 201	3	Fairness of payment