JOB SATISFACTION AS EXPERIENCED BY DOCTORS IN PUBLIC SECTOR HOSPITALS IN PORT ELIZABETH

BY

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DECLARATION

This work has not been previously submitted in full or partial fulfillment of the requirements for an equivalent of higher qualification at any other recognised educational institution.

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This work is being submitted in partial fulfillment of the requirements for the degree of Masters in Business Administration.

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SUMMARY

South Africa is experiencing a brain drain of doctors. It is estimated that about 5000 doctors have left South Africa since 2003. Lack of job satisfaction has been identified as one of its causes.

The purpose of this study was:

- To provide an overview of relevant literature concerning job satisfaction.
- To determine, by means of an empirical survey, whether doctors in the public sector experienced any factors, which were affecting their job satisfaction levels.
- To make recommendations as to how the job satisfaction levels of doctors in public sector hospitals could be increased.

For the empirical study a survey, with a questionnaire as data collecting tool, was conducted among 59 permanently employed doctors at the Dora Nginza Hospital in Port Elizabeth. The questionnaire focused on biographical information, personality-job fit, job content factors and job context factors. For Section B, C and D of the questionnaire, the response options were structured according to a Likert-type scale. Respondents had to indicate the extent to which they agreed with each statement in the questionnaire. The responses obtained from the survey were presented and analysed.

The researcher observed in this study that doctors were just satisfied with their jobs. Apart from the personality job fit factor of job satisfaction where excellent scores were recorded, there seemed to be problems with job content and job context factors. Management of Port Elizabeth Hospitals Complex has a challenge in improving job satisfaction of their doctors in these areas.

The researcher recommends that management of Port Elizabeth Hospitals Complex should look into the satisfaction level of doctors in their employment. Doctors' satisfaction level should be improved from being just satisfactory to being excellent.
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CHAPTER 1

INTRODUCTION

1.1 INTRODUCTION AND PROBLEM STATEMENT

After the restructuring of the Health Services in 1994, many changes have come into effect which affect the administration and running of public sector clinics and hospitals in South Africa. According to Ishara (2003:1), three categories of health care exist; Primary Health Care, Secondary Health Care and Tertiary Health Care. Primary Health Care refers to clinics, which are basically controlled by nurses, where minimal medication is given, with the occasional visit by a doctor. Secondary Health Care includes district hospitals, which can be headed by Medical Superintendents. Tertiary Health Care is where the teaching hospitals fall into and they are called provincial hospitals. Some of them are grouped together to form a hospital complex, which are controlled by a Chief Executive Officer (CEO). These three levels of health care report finally to the Minister of Health through each respective Member of Executive Council (MEC) of health.

Public sector hospitals in Port Elizabeth comprise the Dora Nginza Hospital, Livingstone Hospital and Provincial Hospital. These three hospitals make up Port Elizabeth Hospitals Complex (PEHC).

Doctors have the responsibility of diagnosing ailments and administering corresponding treatments for cure or control, and therefore play an important role in the general wellness and health of people.

However, it is speculated that non-profit organisations, including public hospitals, tend to derail in their service delivery due to their non-profit nature.
The under-spending problem of government departments is a national issue in South Africa. For example, government departments nationally spent only 46 per cent of their September budget for 2006. At the end of each financial year, unspent money already budgeted for is returned to the government. The Department of Health is not excluded from this problem. Cull (2006:9) quoted Bobby Stevenson as noting that, despite steps taken by the MEC of health to address problems in the health department of the Eastern Cape, there was still a shortage of 743 nurses and a 44 per cent vacancy rate among clinical support staff. In particular, there are 62 per cent and 36 per cent vacancy rates in human resources and procurement respectively in the PE hospitals complex. Information from human resources in the PEHC revealed that the vacancy rate amongst doctors was 26.6 per cent in June 2006.

The Health Portfolio Committee Report on state of affairs at government hospitals highlights the following:

- A gross shortage of staff at all hospitals, which “results in high mortality.”
- The pharmaceutical depot being “always out of stock.”
- Hospitals without dispensing licences for an after-hour service.
- Problems with the efficiency of the ambulance service.
- Money for capital projects not being transferred timeously.
- A shortage of linen, wheelchairs and stretchers, with the report stating that in some hospitals broom sticks had to be used as stretchers.
- Delays in the payment of staff salaries and other benefits, and
- A general shortage of beds.
Cull, P. (2006, September 21, p9)

The above factors could influence the job satisfaction levels of doctors and affect their productivity and commitment levels. It could also impact on a high level of labour turnover among doctors.
Herzberg is known for the research he has done on job satisfaction and motivation. According to Herzberg, as cited by Kreitner and Kinicki (2001:228), two factors affect job satisfaction, namely hygiene factors and motivators. The above-listed factors are hygiene factors which could lead to the dissatisfaction of doctors and nurses. In addition to hygiene factors, Herzberg also postulates that there is a significantly positive correlation between job performance and satisfaction of psychological needs such as recognition, achievement & growth.

It therefore becomes necessary to assess the satisfaction level of doctors in government hospitals.

Based on the above discussion, the main purpose of this study arises:

**What level of job satisfaction do doctors at the PEHC experience in their jobs?**

### 1.3 SUB – PROBLEMS

The following sub-problems have been developed from the main problem:

**SUB-PROBLEM 1**

What factors contribute to job satisfaction?

To address this sub-problem, a theoretical study was conducted to define job satisfaction and identify theories that conceptualise job satisfaction and factors that contribute to job satisfaction.

In addition, methods of measuring job satisfaction and a discussion of the consequences of job satisfaction and job dissatisfaction were also recorded.
SUB-PROBLEM 2

What factors, identified in sub-problem one, impact on the job satisfaction levels of doctors at government hospitals?

To address this sub-problem, an empirical study was conducted among doctors at the Dora Nginza Hospital in Port Elizabeth.

SUB-PROBLEM 3

Based on an integration of the results of the theoretical and empirical study, what recommendations can be made to improve the level of job satisfaction amongst doctors in government hospitals?

1.3 DELIMITATION OF RESEARCH

The delimitation of the research ensures that the research is not too broad but focused on a manageable structure. This does not imply that aspects that are not discussed in this study, such as job performance and wellness, are not relevant.

1.3.4 Geographic delimitation – Port Elizabeth

The research was conducted at the Dora Nginza Hospital in Port Elizabeth. This hospital was chosen due to its size, being the biggest in Port Elizabeth. According to information from the superintendent of Dora Nginza hospital, Livingstone and Provincial hospitals have 477 and 207 hospital beds respectively, while Dora Nginza hospital is a 540 bed hospital. Table 1.1 illustrates the admittance of patients in the three hospitals in July 2006.
This comparison of the number of beds available and patients admitted in the three hospitals, show that the Dora Nginza hospital handled more patients than the Provincial and Livingstone hospitals together and could therefore, be considered as representative of government hospitals in Port Elizabeth.

1.3.5 Organisational Delimitation – Dora Nginza Hospital

The study was conducted at the Dora Nginza Hospital in Port Elizabeth. Permanent doctors within all departments in the hospital were included in the study. Interns, community service doctors and other non-permanent doctors were not included in this study due to their non-permanent status.

1.3.6 Subject Delimitation

The study was limited to job satisfaction, and aspects such as job performance or wellness were not included.
1.4 TERMINOLOGY

**Doctor:** A qualified medical practitioner who is licensed to practice by the appropriate medical authority in his/her country (British Medical Association, 2004:241). In the case of South Africa, the medical authority would be the Health Profession’s Council of South Africa (HPCSP).

**Job Satisfaction:** Job satisfaction can be defined as an attitude people have about their jobs, which results from a subjective evaluation of how well their jobs meet their needs (Ivancevich and Matteson, 1999:123).

**Public Sector:** The South African Concise Oxford Dictionary (2002:944) defines the public sector as the part of an economy that is controlled by the government.

**Hospital:** The South African Concise Oxford Dictionary (2002:558) defines the hospital as an institution providing medical and surgical treatment and nursing care for sick or injured people.

1.5 SIGNIFICANCE OF RESEARCH

According to George and Jones (1999:78), managers and researchers view job satisfaction as important due to its potential to affect a wide range of behaviours in organisations and contribute to workers’ levels of well-being. Low levels of job satisfaction could result in high turnover, absenteeism, and stress (Robbins 2003:81). It is therefore important for management to know whether their employees are satisfied with their jobs.

A significant number of foreign and local doctors use South Africa as a stepping stone to acquire necessary qualifications and experience and then leave for countries outside Africa. The South African Medical Association (SAMA) estimates that 5000 doctors have moved from South Africa to the United States, United Kingdom, Canada, and New
Zealand and that in 2003, South Africa had 4000 vacancies for doctors (Hamilton and Yau, 2004). Some doctors resigned to establish their own private practices. Doctors have also recently, through various media, expressed general dissatisfaction with current conditions in public hospitals. It is therefore necessary to research the job satisfaction levels of doctors in public hospitals in order to reduce problems such as absenteeism, turnover and poor job performance.

The results of the study can be used by:

- The management of government hospitals in Port Elizabeth, who are responsible for the recruitment and placement, performance and job satisfaction of doctors.
- Doctors at government hospitals in Port Elizabeth.
- The Eastern Cape Department of Health, who is responsible for the strategic management of government hospitals in the Eastern Cape.
- The National Department of Health, who is responsible for policy development and general budgeting for hospitals in the public sector.

1.6 ASSUMPTIONS

It is assumed that the Dora Nginza Hospital is representative of government hospitals in Port Elizabeth. It is also assumed that factors related to the satisfaction level of doctors in the Dora Nginza hospital will be applicable to the other government hospitals in Port Elizabeth and in South Africa.

1.7 RESEARCH METHODOLOGY

The following procedure was followed to achieve the main aim of this study:

The main purpose of this study was to evaluate the job satisfaction levels of doctors in public hospitals.
A literature study was conducted to explore available literature on job satisfaction, including the definition and consequences of job satisfaction or the lack thereof, and the factors contributing to job satisfaction.

Based on the information revealed in the literature study, a questionnaire was developed and administered to doctors at the Dora Nginza Hospital to probe their perceptions in terms of factors that influenced job satisfaction.

The resultant empirical data obtained from the survey was presented, analysed and interpreted.

Lastly, conclusions were drawn about the job satisfaction levels of doctors in government hospitals in Port Elizabeth and recommendations were made to improve their levels of satisfaction.

The research methodology used for this study is discussed in more detail in Chapter 3.

1.8 RESEARCH PAPER STRUCTURE

The goal of the study was to evaluate the job satisfaction levels of doctors in government hospitals.

The research paper is divided into the following chapters:

- Chapter 1 introduced the main problem and sub-problems, limitations and significance of the research as well as definitions of key terminology.
- Chapter 2 presents a literature study of job satisfaction and focused on factors that contribute to job satisfaction, and the causes, consequences and measurement of job satisfaction.
- Chapter 3 provides an overview of the research design followed in this study.
Chapter 4 presents the results and interpretation of the empirical study are presented and interpreted.

Chapter 5 presents conclusions and recommendations to improve the job satisfaction levels of doctors in public hospitals.

1.9 CONCLUSION

The goal of this chapter was to introduce the main problem of this study and to highlight the procedure that was followed in addressing the main problem and the resultant sub problems. Important core concepts and terms were also defined to ensure clarity and consistency throughout the study. The next chapter presents a theoretical study of job satisfaction.
CHAPTER TWO

LITERATURE STUDY – JOB SATISFACTION

2.1 INTRODUCTION

Chapter one introduced the main problem and sub-problems of this study. The significance of the research was highlighted and important core concepts and terms were defined. The structure of the research paper and methodology were also discussed.

Chapter two provides a literature study of job satisfaction. In this chapter, job satisfaction is defined, various theories of job satisfaction are presented and factors contributing to job satisfaction are presented and discussed. Lastly, the consequences of job satisfaction and methods that can be used to measure job satisfaction are presented and discussed.

2.2 JOB SATISFACTION DEFINED

Luthans (2002:230) defines job satisfaction as a pleasurable or positive emotional state resulting from the appraisal of one’s job or job experience. Job satisfaction results from an employee’s perception of how well his or her job provides those things that are viewed as important. According to Ivancevich and Matteson (1999:123), job satisfaction results from the perception people have of their jobs and the degree to which there is a fit between the individual and the job. Job satisfaction is therefore a work-related attitude. Attitudes comprise thoughts, feelings and intentions to act. Job satisfaction is an affective attitude – a feeling of relative like or dislike towards something (Indian Express, 1998). An employee, who experiences a high level of job satisfaction, holds a positive attitude while an employee experiencing a low level of job satisfaction holds a negative attitude towards the job.
Job satisfaction is also described as an emotional response towards various facets of one’s job, such as equitable pay and working conditions (Kreitner, Kinicki and Buelens, 1999:197). The implication is that a person can be satisfied with one aspect of his or her job, like pay and dissatisfied with another aspect such as supervision. Consequently, job satisfaction studies focus on the various parts that are believed to be important to most people (Indian Express, 1998).

From the above it can be concluded that job satisfaction:

- Is an emotional or affective state.
- Results from an evaluation (which is a cognitive activity) of job factors considered as important to the individual.
- Is influenced by the extent to which there is a fit between the person and the job; in other words, a fit between personal and job characteristics.
- Is influenced by various aspects of the job.
- Impacts on employee intentions and behaviours.

2.4 THEORIES OF JOB SATISFACTION

In this section, four theories that conceptualise job satisfaction are presented. These include:

- Herzberg’s two-factor theory.
- Locke’s value theory.
- McClelland’s learned needs theory.
- Adams Equity theory.

2.4.1 Herzberg’s two-factor theory

Frederick Herzberg surveyed more than 200 accountants and engineers and analysed their responses to determine what made them especially satisfied or dissatisfied about their jobs (George and Jones, 1999:84). Herzberg’s theory proposes that every employee has two sets of needs or requirements, namely motivator needs and hygiene
needs. Motivator needs are associated with the actual work itself and how challenging it is while hygiene needs are related to the physical and psychological context in which the work is performed. Figure 2.1 illustrates Herzberg’s theory and provides examples of motivators and hygiene factors. Motivators relate to the job itself while hygiene factors relate to the job context.

From Figure 2.1 it can be seen that, according to the traditional view, an employee is either viewed as satisfied or dissatisfied. In Herzberg's view, when motivator needs are fulfilled, an employee is satisfied but when they are not fulfilled it does not mean the employee is dissatisfied. A similar situation arises in hygiene factors; when they are not fulfilled, an employee will be dissatisfied but it does not mean an employee will be satisfied when they are fulfilled.
Herzberg proposed a theoretical relationship between motivator needs, hygiene needs and job satisfaction.

- When motivator needs are met, employees will be satisfied; when these needs are not met, employees will not be satisfied (but also not be dissatisfied).

- When hygiene needs are met, employees will not be dissatisfied; when these needs are not met, employees will be dissatisfied.

Kreitner and Kinicki (2001:188)

Dissatisfied employees do less than what is required of them. Employees, who are not dissatisfied, do what is expected of them, nothing more, and nothing less. Employees, who are satisfied, perform to their best ability.

According to Luthans (2002:519), the hygiene factors in effect bring motivation up to a theoretical zero level and are a necessary “floor” to prevent dissatisfaction, as they serve as a takeoff point for motivation.

However, empirical testing of this theory has produced mixed results (Greenberg and Baron, 1997:183). Some studies found that satisfaction and dissatisfaction were based on different factors and that these are in keeping with the distinction made by Herzberg. Other studies showed that factors labelled as motivators and hygiene exerted strong effects on both satisfaction and dissatisfaction, thereby casting doubt on the two-factor theory. Thus, according to Greenberg and Baron (1997:183), Herzberg’s two-factor theory is seen as an intriguing but unverified framework for understanding job satisfaction. However, this theory has important implications for managing organisations.

In conclusion, the two-factor theory implies that efforts should be made to create conditions that help avoid dissatisfaction and that motivators should be built into the jobs of employees.
2.4.2 Locke’s Value Theory

According to Greenberg and Baron (1997:184) Locke’s value theory explains that, job satisfaction exists to the extent that the job outcomes (such as rewards) an individual receives match those outcomes that are desired. Invariably, the more people receive outcomes they value, the more satisfied they will be. The less they receive the outcomes they value, the less satisfied they will be. In Locke’s value theory, the key to satisfaction is the discrepancy between those aspects of the job one has and those one wants; the greater the discrepancy, the less people are satisfied. Locke’s value theory is presented in Figure 2.2.

Source: Luthans (2002:519)

From Figure 2.2, it is evident that Locke’s value theory starts when an individual sets his/her values and value judgments. The emotions and desires are the way he/she experiences these values. In addition to values, intentions or goals play an important role as cognitive determinants of behaviours. The individual responds and performs according to these intentions or goals even if the goal is not attained. The results of the responses are consequences, feedback or reinforcement.

This theory was supported by an empirical study (Luthans 2002:519). A team of investigators used a questionnaire and measured how much of various job facets a diverse group of workers wanted and how much they felt they already had. Also measured were how satisfied the respondents were with each of the facets and how important each facet was to them. It was found that aspects of the job with which respondents experienced the greatest discrepancies were the ones with which they
were most dissatisfied while those with which they experienced the smallest discrepancies were the ones with which they were most satisfied (Luthans, 2002:519).

Locke’s value theory demonstrates that job satisfaction is a personal attitude, depending on what the individual values in his/her job. It also emphasises a link between attitude and behaviour.

2.4.3 McClelland’s Learned Needs Theory

David C McClelland suggested that we are not born with a specific set of needs but that we learn particular needs from our culture or society (Schultz, Bargraim, Potgieter, Viedge and Werner, 2003:59). McClelland’s theory considers three higher-order needs namely; the need for achievement, the need for affiliation and the need for power. If one of these needs is strong, it motivates a person to behave in a way that leads to the satisfaction of that need. A person will experience job satisfaction if the nature of the job allows the person to satisfy his/her specific needs.

2.4.4 Adam’s Equity Theory

Adam’s equity theory states that an employee assesses his or her inputs to a job; for example effort exerted, time spent, training received, against what he or she gets from the job; for example effort, pay, recognition and then compares the ratio of these inputs to outputs with another employee’s ratio of inputs and outputs (Schultz et al 2003:64). If the employee perceives the ratio of his or her inputs and outputs to be equal to the employee with whom he or she has made a comparison, the employee will assess this as fair and a state of equity is said to exist. If the employee feels that the ratios of inputs to outputs are unequal, the situation is assessed as unfair and a state of inequity is said to exist. The employee will perceive that he or she has either been under-rewarded or over-rewarded (Schultz et al, 2003:64). The choice of comparative colleague is important. It could be:
• Any other employee who holds a similar job (colleagues, friends, neighbours and professional associates).
• The system within the organisation where the employee works including its pay policies and the efficiency of its administration.
• The employee himself (the employee compares the ratio of his or her inputs and outputs to his or her experience in past jobs).

There are situations whereby employees compare themselves incorrectly. Examples are cases whereby some Chief Executive Officers (CEOs) compare their reward levels to those of star athletes and entertainers; for example Michael Jordan and Michael Jackson (Drucker, 2005:443). This situation would be like comparing apples to oranges. It would be much better to compare CEOs to Michael Jackson’s business manager because both the CEO and the business manager do administrative, leadership and coaching activities.

Adam’s equity theory is illustrated in Figure 2.3.

**Figure 2.3 Adam’s Equity Theory**

Source: Schultz et al (2003:64)

From Figure 2.3, it can be seen that the circle starts when employees perceive an inequality after comparing their inputs and outputs with their desired comparison. The
employee then experiences tension or discomfort and seeks to reduce it by changing his/her behaviour or attitude. Job satisfaction is a job-related attitude and the implication is that if a person experiences negative inequity, he/she will experience lower levels of job satisfaction. Behavioural changes could include lower productivity, absenteeism, labour turnover and a lack of organisational commitment.

In the next section, attention will be given to factors that affect job satisfaction.

2.4 FACTORS AFFECTING JOB SATISFACTION

Various authors mention or discuss factors that impact on the job satisfaction levels of employees.

George and Jones (1999:78) identify four main factors that affect the level of job satisfaction a person experiences:

- Personality, which refers to enduring patterns of feeling, thinking and behaving.
- Values which includes intrinsic and extrinsic work values.
- Factors in the work situation, including relationships with co-workers, supervisors and subordinates, working conditions, pay and job security.
- Social influences arising from co-workers, groups or culture.

Of these four factors, George and Jones (1999:86) identify factors within the work situation as being the greatest source of job satisfaction. George and Jones (1999:86) also mention the discrepancy model of job satisfaction. According to them, this model is based on a simple idea that employees compare their job to some ‘ideal job,’ to determine how satisfied they are with their jobs. This ‘ideal job’ could be what one thinks the job should be like, what one wants from a job, or what one’s former job was like. From this model, one can deduce that when employees’ expectations about their jobs are high and if these expectations are not met, employees will be dissatisfied. This model is therefore similar to Locke’s value theory discussed in section 2.3.2, which
postulates that employees have certain values and if these values are represented in their jobs, they experience job satisfaction.

Gibson, Ivancevich, Donnelly and Konopaske (2003:108) warn that no manager should conclude that personality is an unimportant factor in workplace behaviour, simply because it is formed outside the organisation. Gibson et al (2003:108) define personality as being “a relatively stable set of characteristics, tendencies and temperaments that have been significantly formed by inheritance and by social, cultural and environmental factors”. This set of variables determines the commonalities and differences in the behaviour of the individual. Figure 2.4 illustrates the various forces that impact on personality.

Figure 2.4 Forces influencing Personality

Source: Gibson et al (2003:109)

Figure 2.4 shows that four major forces, namely cultural forces, hereditary forces, family relationship forces, and social class and other group membership forces influence an
individual’s personality, which makes him or her unique in nature. Due to personality differences, people bring different perceptions, expectations and values into the workplace, and if their jobs are not aligned with these perceptions, expectations and values, they will experience less job satisfaction. Bergh and Theron (2006:475) mention that a person’s core evaluations, based on traits of self-esteem, neuroticism, locus of control and self-efficacy, influence the level of work satisfaction experienced. It is said that people with an internal locus of control and high levels of self-efficacy experience more job satisfaction and general life satisfaction, because they feel enabled to manipulate their environments and therefore possibly feel more intrinsically responsible for creating their own job satisfaction.

Luthans (2002:232) considers co-workers as an important factor for job satisfaction. Friendly, cooperative co-workers are a modest source of job satisfaction to individual employees. The work group serves as a source of support, comfort, advice, and assistance to the individual worker. According to Herzberg’s theory, which was discussed earlier, co-workers are a hygiene factor. Conflicts with co-workers result in dissatisfaction. However, if an employee has good relationships with co-workers, it will not necessarily result in satisfaction, but rather in a state of ‘no dissatisfaction’. This could explain why, according to Luthans (2002:232), cooperative co-workers are considered as a moderate rather than a strong source of job satisfaction.

According to Hilliard (1995:46), an employee has certain expectations that should be fulfilled. An employee expects to be treated justly without any form of victimisation or discrimination in terms of race, religious affiliation, gender, kinship or any other forms of extraneous factors. S/he should be able to maintain a reasonable quality of life. Again, s/he should be able to present his/her side of a story in an inquiry as well as join employee associations and form collective bargaining mechanisms in cases where s/he cannot achieve as an individual. There should be sufficient opportunities for recreation, family life and advancement in his/her career. This means the employee feels entitled to a fair deal (Hilliard, 1995:46).
In Mueller’s view (1987:8, 9, 51), no one argues against pay bearing an influence on job satisfaction or the right of people to protest (actively or passively) against deficiencies in working conditions or environment.

Rollinson, Broadfield, and Edwards (1998:137) also believe pay influences job satisfaction. Two things are important: whether the financial reward of a job is regarded as adequate and whether it is considered as equitable in comparison to what other people receive. Though most people need a certain minimum level of income to live on, the relationship between pay and satisfaction is very complex. Some employees view pay as a reflection of how much their efforts are recognised, which gives money as a reward an intrinsic quality. It also has an extrinsic quality in terms of how much cash in hand the employee has. Broadfield et al (1998:138) suggest that where employees are allowed to put together personalised benefits packages from a menu of different types of reward (flexible benefits), there is a significant increase in this aspect of job satisfaction.

Thomson (2002:82) also makes reference to Herzberg’s view of pay as a factor in job satisfaction. Herzberg identified the level of pay as one of the factors which could lead to dissatisfaction at work rather than one which contributed in any major way to job satisfaction and motivation. Yet in most organisations, financial incentives are the only reward provided by managers to induce increased performance. Performance-related pay systems range from simple bonuses or salary increases to more sophisticated pay systems like time rates, payment by results, measured day work or profit sharing. However, it is essential that the pay system is suited to the circumstances of the organisation and accepted by employees and their trade unions. Again, a pay system continually needs to be monitored and evaluated to ensure that it is fulfilling its objective.

According to Newstrom and Davis (1993:196), job satisfaction is one part of life satisfaction. Therefore, the nature of one’s environment off the job indirectly influences one’s feelings on the job and vice versa. This means that there is an overlap that occurs
in both directions between job satisfaction and life satisfaction, which makes it important for managers to monitor not only the job and immediate work environment but also their employees’ attitudes to other parts of life.

Supervision, in Luthans’ view (2002:232), is a moderately important source of job satisfaction. Two aspects of supervision that affect job satisfaction are:

- Employee-centeredness, which is measured by the degree to which a supervisor takes a personal interest in the employee’s welfare. This can be manifested in ways such as checking to see how well the subordinate is doing, providing advice and assistance to the individual and communicating with the worker on a personal as well as an official level.

- Participation or influence, whereby managers allow their subordinates to participate in decisions that affect their own jobs. In most cases, this approach leads to higher job satisfaction. A participative environment created by the supervisor has a more substantial effect on worker’s satisfaction than does participation in a specific decision.

Bergh and Theron (2006) mention that a meaningful job is an important factor in job satisfaction. A job should include a fair amount of variety, freedom, the use of one’s skills and abilities, and the receipt of feedback on one’s job. These authors state that a job should be moderately challenging, if it is too challenging it will cause frustration and feelings of failure, and if it is not challenging enough, a person will become bored.

Supervisors and co-workers serve as the two primary sources of satisfaction or frustration for an employee (Wanger and Hollenbeck, 1995:216). Where an employee is satisfied with a supervisor or co-worker because they help the employee attain some valued outcome, the attitude is referred to as functional attraction. When the attraction to others is because of similarities in values, attitudes, or philosophy, it is referred to as entity attraction. The greatest degree of satisfaction with supervisor and co-workers will be found where both kinds of attraction exist. Social support is the active provision of
sympathy and caring. Many researchers have suggested that social support from supervisors and co-workers can buffer employees from stress (Wanger and Hollenbeck, 1995:216).

In this respect, many organisations are now investigating the concept of ‘engagement’. According to Poisat (2006:19), the emotional construct of employee engagement refers to employees’ personal satisfaction and sense of inspiration and affirmation they get from their work and from being part of their organisation. Poisat (2006:19) describes emotional engagement as having ‘the will’ to contribute discretionary effort beyond the call of duty. Engaged employees experience meaning in their jobs, and as a result, are responsible, accountable and innovative, form strong relationships with co-workers and managers, and demonstrate organisational citizenship behaviour. Poisat (2006:20) further states that being cognitively engaged refers to being aware of the organisational mission and one’s role in the work organisation. An engaged employee understands the relationship between his/her task, role, the role that of the work unit and company objectives. Engagement is not possible if an employee is not satisfied with his/her job or the organisation.

From the above discussion, it is therefore evident that the following factors are perceived as important to job satisfaction:

- Personality and values.
- Factors in the work situation, including relationship with co-workers, supervisors and subordinates, working hours, pay and job security.
- The work itself and engagement with one’s task and the broader organisation.
- Social influences.

Job satisfaction or the lack there of has a broad impact on a person’s behaviour. The consequences of job satisfaction are discussed in the next section.
2.5 CONSEQUENCES OF JOB DISSATISFACTION

One reason for the interest in job satisfaction is the consequences that it has for the employee, his/her co-workers, the manager, group, team and organisation as a whole (George and Jones, 1999:88). In this section, the relation between job satisfaction and absenteeism, turnover, motivation, organisational citizenship behaviour and commitment, perceived stress and job performance will be explored.

2.5.1 Satisfaction and absenteeism

Greenberg and Baron (1997:186) classify absenteeism as a form of employee withdrawal. In comparison to labour turnover, which is considered as permanent withdrawal, absenteeism is considered as temporary withdrawal from the work situation. Research has shown that, the lower individuals' satisfaction with their jobs, the more likely they are to absent from work. There is a modestly negative relationship between job satisfaction and absenteeism. This is because absenteeism is a very complex issue and job dissatisfaction is one of many factors that could influence a person’s decision not to report to work. Greenberg and Baron (1997:186) pointed out that, whereas some people might still continue to work despite being dissatisfied with one or two factors influencing satisfaction, others might resort to absenteeism without showing any concern to the welfare of the organisation. Invariably, absenteeism is one the most important consequences of job dissatisfaction.

Davis and Newstrom (1993:201) highlight another form of absenteeism, called tardiness, which is a type of short-period absenteeism ranging from a few minutes to several hours for each event. This is another way employees physically withdraw from active involvement in the organisation. They explain that tardiness impedes timely completion of work and disrupts productive relationships with co-workers. Though there may be legitimate reasons for an occasional tardy arrival (sudden traffic jam), a pattern of tardiness is often a symptom of negative attitudes requiring managerial attention.
The most significant contributing factor in absenteeism is payment of absence, whether for sickness or lateness (Wickens, 1995:117). According to Wickens (1995:117), attendance is much more determined by commitment than it is by health. The reason why many people come to work when they do not feel 100 per cent health wise is because they have an interesting job, they feel their contribution counts and they do not want to let down their team and vice versa. When employees are not paid for absence, the attitude develops that, ‘if I am away for a day, I lose a day’s pay, the company looses a day’s work and that's a fair trade.’

The alternative, paying for absence, generates a totally different approach. It creates commitment, a sense of responsibility and an attitude of not wanting to let down the team. It does not mean that those showing chronic absenteeism should not be disciplined.

George and Jones (1999:90) also concur that absenteeism is very costly for organisations. In the United States, absenteeism costs companies approximately $40 billion annually. The more employees are satisfied with their jobs, the less likely they will absent themselves from their jobs. George and Jones (1999:90) provided a model of absenteeism, which proposes that employee attendance is a function not only of workers’ motivation to attend but also of their ability to attend. Table 2.1 illustrates the determinants of job satisfaction relating to absence from work.

<table>
<thead>
<tr>
<th>Motivation to attend work is affected by</th>
<th>Ability to attend work is affected by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job satisfaction</td>
<td>Illness and accidents</td>
</tr>
<tr>
<td>Organisation’s absence policy</td>
<td>Transportation problems</td>
</tr>
<tr>
<td>Other factors</td>
<td>Family responsibility</td>
</tr>
</tbody>
</table>

Source: George and Jones (1999:91)
From Table 2.1 it can be seen that job satisfaction is one of the factors that impact on absenteeism. It can therefore be expected that, in organisations where employees experience dissatisfaction with their jobs, absenteeism levels will increase.

2.5.2 Satisfaction and turnover

Greenberg and Baron (1997:186) discuss a second form of withdrawal called voluntary turnover. The lower the employees' levels of satisfaction with their jobs, the more likely they are to consider resigning and actually do so. As in the case of absenteeism, the relationship between job satisfaction and labour turnover is modest due to the fact that many other factors can also influence a turnover decision. These variables are described in Figure 2.5.

Source: Greenberg and Baron (1997:186)
In Figure 2.5, it is shown that the process of deciding whether to quit or stay in a job is dependant on an employee being satisfied and on the probability of getting another suitable job. When jobs are scarce, employees will rather stay in a job even if they are dissatisfied.

According to Kreitner and Kinicki (2001:228), turnover is important to managers because it both disrupts organisational continuity and is very expensive. The costs of turnover include the expenses of recruiting, selecting and training replacements as well as productivity losses caused by any operational disruptions and low morale (Wood, Chapman, Fromholtz, Morrison, Wallace, Zeffane, Schemerhorn, Hunt and Osborn, 2004:116). A meta-analysis of 78 studies involving 27 543 people demonstrated a moderate negative relationship between satisfaction and turnover.

Robbins (2003:81) also indicates that satisfaction is negatively correlated to turnover. Other important constraints determining the decision to leave an organisation are labour market conditions, length of tenure with present organisation and expectations about alternative job opportunities. The intention to leave is also dependant on the performance level of the employee. Robbins further more explains (2003:81) that another factor that plays a role in the turnover decision is a person’s general predisposition and a study quoted by Robbins has shown that people with a high predisposition to be happy or satisfied are more likely to quit than their opposites, if both are dissatisfied in their jobs.

2.5.3 Satisfaction and motivation

Studies have revealed that there is a significantly positive relationship between motivation and job satisfaction (Kreitner and Kinicki, 2001:226). Satisfaction with supervision also had a significant correlation with motivation and managers are therefore advised to consider how their behaviour affects employee satisfaction. This implies that managers can increase employees’ motivation through various attempts to increase employee job satisfaction.
2.5.4 Satisfaction and organisational citizenship behaviour

Kreitner and Kinicki, (2001:227) mention that, a significantly positive correlation exists between job satisfaction and organisational citizenship behaviour and that citizenship behaviour is more influenced by leadership and characteristics of the work environment than by an employee’s personality.

Organisational citizenship refers to employee behaviours that are beyond the normal call of duty and includes the following;

- Constructive statements about the department.
- Expression of personal interest in the work of others.
- Suggestions for improvement.
- Training new people.
- Respect for spirit as well as house keeping rules.
- Care for organisational property.
- Punctuality, and
- Attendance well beyond standard or enforceable levels.

(Kreitner and Kinicki, 2001:227).

Considering the positive outcomes of organisational citizenship behaviour, it is worthwhile that organisations do give attention to the job satisfaction levels of their employees.

2.5.5 Satisfaction and organisational commitment

Organisational commitment is defined as the extent to which an individual identifies with an organisation and is committed to its goals (Kreitner and Kinicki, 2001:227). Studies
have uncovered a significant and strong relationship between organisational commitment and satisfaction. In turn, higher commitment can facilitate higher productivity.

According to Davis and Newstrom (1993:198), organisational commitment is usually stronger among longer-term employees, those who have experienced personal success in the organisation, and those working within a committed employee group. Employees who are committed to the organisation will usually have good attendance records, are willing to adhere to company policies, and contribute to lower turnover rates.

2.5.6 Job satisfaction and perceived stress

Employees who are dissatisfied in their jobs experience higher levels of stress. At the same time, high stress levels in a job can also lead to dissatisfaction. This creates an ongoing link between job dissatisfaction and stress.

According to Ivancevich and Matteson (1999:262), stress is an adaptive response, moderated by individual differences, that is a consequence of any action, situation or event that places special demands on a person. If an employee is subjected to the unrelenting pressure of a job s/he finds no satisfaction in performing, s/he can suffer from a condition known as chronic stress (Ivancevich and Matteson, 1999:263).

Causes of stress can be grouped as follows:

- Work environment – examples are temperature and noise levels.
- Individual stressors – examples are role conflict and work load.
- Group and organisational stressors – examples are politics, culture, interpersonal relationships, downsizing and inadequate career development opportunities. (Ivancevich and Matteson, 1999:269).

Figure 2.6 illustrates the relationship between job satisfaction and stress.
From Figure 2.6, it is evident that primary appraisal is the first stage in a person’s assessment of the environment. The person judges whether some object in the environment is good or bad, beneficial or harmful, an opportunity or a threat. The second stage called secondary appraisal is a person’s assessment his or her capacity to cope with perceived threats or opportunities in the environment. This is followed by a fight or flight response in which the person confronts and overcomes a stressful demand or escapes it by leaving the scene (Wanger III and Hollenbeck, 1995:210). A benign reappraisal is a response to stress in which the person reassesses an apparently threatening environmental demand and modifies his or her original perception of it.

Kreitner and Kinicki (2001:228) also concur that stress can have a negative effect on organisational behaviour and individual health. Stress is positively related to absenteeism, turnover, coronary heart disease and viral infections. A study conducted on stress, as cited in Kreitner and Kinicki (2001:228), shows that perceived stress has a strong, negative relationship with job satisfaction and managers can reduce negative effects of stress by improving job satisfaction.
Increased health care costs arise mainly from stress-related illnesses. Work-related stress has a large impact on workers’ health and well-being (Wanger III and Hollenbeck, 1995:212). Although wages have risen over the past 30 years, the spiral costs of medical fees have increased the cost of patient insurance three times as much as wage increases. Besides paying for general health insurance, employers are increasingly finding themselves held liable for specific incidents of stress-related illness. Employers are responsible for work related injuries or conditions (Occupational Health and Safety Act, 1993). This can lead to a high cost of medical aid.

Under conditions of moderate challenge, most employees will experience pleasure and satisfaction. Research has shown a strong link between stress and mental disorders. Severe levels of stress can affect a person’s concentration on the job. Figure 2.7 illustrates the relationship between stress and performance.

![Figure 2.7: Inverted U-relationship between stress and performance](image)

It can be deduced from Figure 2.7 that performance is best at a moderate level of stress and worse at a high or very low levels of stress where an employee is either bored or anxious.

It can therefore be concluded that job dissatisfaction causes stress and that stress impacts on job performance.

2.5.7 Satisfaction and job performance

Davis and Newstrom (1993:198) do not believe that high satisfaction always lead to high performance. The satisfaction-performance relationship is more complex than the simple path of “satisfaction leads to performance.” According to Davis and Newstrom (1993:199), high performance contributes to high job satisfaction. The sequence is that better performance typically leads to higher economic, sociological and psychological rewards. When these rewards are seen as fair and equitable, then improved satisfaction develops, because employees feel that they are receiving rewards in proportion to their performance. Contrarily, if rewards are seen as inadequate for one’s level of performance, dissatisfaction tends to arise.

Kreitner and Kinicki (2001:228) agree there is a controversy about the relationship between satisfaction and job performance. According to these authors, a study conducted amongst 12 192 people showed a small positive relationship between satisfaction and performance. Though research has shown that job satisfaction is not theoretically expected to have a strong influence on behaviour (for example on performance indirectly and turnover), rather, satisfaction is hypothesised to affect performance through an employee’s intentions or effort. This relationship is depicted in the Figure 2.8.
From Figure 2.8, it can be seen that when an employee is satisfied with his/her inputs and the job context factors, it creates an environment for the motivational process to take place and this leads to motivated behaviours.

Performance is expected to be more strongly influenced by motivational processes and motivated behaviours. According to Kreitner and Kinicki (2001:229), a recent study found a significantly positive correlation between organisational performance and employee satisfaction for data collected from 298 schools and 13 808 teachers. In conclusion, managers can positively affect performance by increasing employee job satisfaction.
2.5.9 **Satisfaction and job involvement**

Job involvement refers to the extent to which an employee identifies psychologically with his or her job and considers his/her performance level as a reflection of self-worth (Schultz et al, 2003:46). This means that an employee with a high level of job involvement will have a strong sense of belonging in that specific job and will want to perform well. According to Robbins (2003:71), employees with high levels of job involvement strongly identify with and really care about the kind of work they do.

Finally, job satisfaction influences the following factors:

- Absenteeism.
- Turnover.
- Motivation and engagement.
- Organisational citizenship behaviour.
- Organisational commitment.
- Perceived stress.
- Job performance.
- Job involvement.

2.6 **MEASURING JOB SATISFACTION**

Milton maintains that (1981:159) it is important to measure job satisfaction to:

- Understand the sources of satisfaction and dissatisfaction.
- Understand the satisfaction-performance relationship.
- Learn what areas of the workplace workers are satisfied with or dissatisfied with, and
- Understand the relationship between dissatisfaction and training, absenteeism, turnover, and other possible consequences of dissatisfaction.

According to Carrell, Elbert, and Hatfield (1995:764), measuring job satisfaction involves an assessment of a number of discrete job elements due to the fact that many factors
contribute to job satisfaction. Milton (1981:159) suggests that the following factors should be measured:

- **Work** – including intrinsic interest, variety, opportunity for learning, difficulty, amount of work and chances of success.
- **Pay** – amount of pay, fairness or equity and method of payment.
- **Promotions** – opportunities for promotion, fairness and basis for promotion.
- **Recognition** – praise for accomplishment, credit for work done, criticism.
- **Benefits** – pension, medical, annual leave and paid vacations.
- **Working conditions** – hours, rest-breaks, equipment, temperature, ventilation, location and physical layout.
- **Supervision** – supervisory style and influence, technical supervision and administrative skill.
- **Co-workers** – competence, helpfulness and friendliness.
- **Company and management** – concern for employees, pay and policies.

There are several measures of job satisfaction that managers can use to determine the job satisfaction levels of their subordinates and that researchers can use in studies of job satisfaction (George and Jones, 1999:88). A manager who discovers that most workers are dissatisfied with the same few job facets and that as a result, overall levels of job satisfaction are low, can use this information to raise satisfaction levels.

Various techniques can be used to measure job satisfaction. These include questionnaires, critical incidence techniques, interviews and confrontation meetings. These techniques are discussed in more detail below.

### 2.6.1 Questionnaires

According to Leedy (2001:191), questionnaires serve as a commonplace instrument for observing data beyond the physical reach of an observer. This implies that the researcher may extract information from people without meeting them in person. Due to the impersonality associated with questionnaires, the language used in the
questionnaire must be simple and clear enough so as to avoid ambiguity (Leedy, 1997:192). In questionnaires, people answer questions allowing them to report their reactions to their jobs (Greenberg and Baron, 1997:180) and this process can be referred to as a survey (Greenberg and Baron, 1997:20). Various types of questionnaires can be used to measure job satisfaction namely:

- Job descriptive index (JDI)
- Minnesota satisfaction questionnaire (MSQ)
- Pay satisfaction questionnaire (PSQ)

### 2.6.1.4 Job Descriptive Index (JDI)

The Job descriptive index is a questionnaire in which people indicate whether or not each of several adjectives describes a particular aspect of their work (Greenberg and Baron, 1997:181). Questions on the JDI deal with five distinct aspects of the job: the work itself, pay, promotional opportunity, supervision and people (co-workers). According to Siegel and Lane (1987:427), respondents are required to indicate “Y” for yes, “N” for no, and “?” if they are unsure, on various statements about their jobs:

An example is given below:

Think of the opportunities for promotion that you have now. How well does each of the following words describe these opportunities? In the blank space beside each word, put Y for “Yes” if it describes your opportunities for promotion and N for “No” if it does not describe them.
Opportunities for promotion

- Promotion on ability
- Dead end job
- Unfair promotion policy
- Regular promotions

(Siegel and Lane, 1987:427)

2.6.1.5 Minnesota Satisfaction Questionnaire (MSQ)

The MSQ uses a different approach to the JDI. With the MSQ scale, employees rate the extent to which they are satisfied or dissatisfied with various aspects of their jobs (Greenberg and Baron, 1997:181). The MSQ rating scale uses a five-point continuation ranging from “very dissatisfied” through “neutral” to “very satisfied” (Siegel and Lane, 1987:426). It contains 100 items concerning work but there is also a form that consists of 20 items. The intrinsic and extrinsic components of job satisfaction are measured. Examples are shown in Table 2.2.
1. The way I am noticed when I do a good job
2. The recognition I get for the work I do
3. My pay and the amount of work I do
4. The personal relationship between my boss and his/her employees
5. The way my boss handles employees


### 2.6.1.6 Pay Satisfaction Questionnaire (PSQ)

According to Greenberg and Baron (1997:181), the PSQ, as the name suggests, is primarily concerned with attitudes towards various aspects of pay. It provides various valid measures of critical aspects of satisfaction such as pay level, pay increases, fringe benefits and the structure and administration of the pay systems.

An important advantage of ratings scales (Table 2.2 and others) is that they can be completed quickly and efficiently by large numbers of people (Greenberg and Baron, 1997:181). A second benefit is that when the same questionnaire has been administered to many thousands of individuals, average scores for people in many kinds of jobs and many types of organisations are available. This makes it possible to compare the scores of people in a given company with these averages and obtain measures of relative satisfaction.
For the purposes of this study, the researcher has used a questionnaire which was developed based on the theoretical findings of this study. Aspects of the Minnesota satisfaction questionnaire such as recognition, pay, workload and supervision were incorporated in the questionnaire.

2.6.2 Critical Incidents Technique (CIT)

The CIT is a procedure for measuring job satisfaction whereby individuals describe events relating to their work that they have found especially satisfying or dissatisfying (Greenberg and Baron, 1997:181). Though CIT is useful in providing multiple points of view on a single job, it is limited to jobs performed by a dozen or more people which limits its use to jobs that are routine (Carrel et al, 1995:184). The researcher chose not to use the critical incidence technique for this study because it is time consuming to administer, respondents will be influenced by more recent events, it is an unstructured approach and therefore makes analysis of responses much more complicated.

2.6.3 Interviews and Confrontation Meetings

In this type of procedure, job satisfaction is measured by carefully interviewing employees in face-to-face sessions (Greenberg and Baron, 1997:181). By carefully posing questions to employees and systematically recording their answers, causes of various work related attitudes are often deeply explored. However, when interviews are designed to have employees ‘lay it on the line’ and discuss their major complaints and concerns, they are known as confrontation meetings. Siegel and Lane (1987:429) explain that interviews are not frequently used due to the high cost and generation of subjective information that is difficult to interpret.

Having examined the above ways for measuring job satisfaction, and considering their advantages and disadvantages, and especially the cost and time required to administer each technique, the researcher decided to use a questionnaire as a data gathering tool for measuring the job satisfaction of doctors in this study.
2.7 STRATEGIES FOR IMPROVING EMPLOYEE JOB SATISFACTION

Based on the discussion of the negative consequences of dissatisfaction above, it is wise for managers to consider ways of improving employee satisfaction. Robbins (2003:83) suggests that it is important for managers to be concerned about their employee satisfaction levels for the following reasons:

- There is clear evidence that dissatisfied employees are absent more often from work and are more likely to resign from their jobs.
- It has been demonstrated that satisfied employees have better health and live longer.
- Satisfaction on the job carries over to the employee’s life outside the organisation.

Managers can address job dissatisfaction with a passive or active approach (Siegel and Lane, 1987:437). The passive approach entails ignoring the issue entirely until such a time that employees file grievances. With an active approach, the organisation pursues employee job satisfaction as a goal and this approach seems to be more beneficial (Siegel and Lane, 1987:437).

The following techniques can be used in an active approach.

2.7.1 Pay people fairly

Employees who believe that their organisations’ pay systems are inherently unfair tend to be dissatisfied with their jobs (Greenberg and Baron, 1997:188). This also applies to fringe benefits and when employees are given the opportunity to select the fringe benefits they desire, their job satisfaction tends to increase.
2.7.2 Management philosophy

According to Gerber (2004:20), the origin of a management philosophy lies in the assumptions that people make in respect of others, and the way in which they perceive and interact with others. Irrespective of whether they are aware of it or not, manager’s social behaviour is based on the way in which they believe others behave. It is important that the prevailing management philosophy and its effect on the behaviour of employees be determined and changed if necessary.

2.7.3 Improving the quality of supervision

It is Greenberg and Baron’s (1997:188) opinion that satisfaction tends to be highest among those who believe that their supervisors are competent, treat them with respect and have their best interests in mind. Thus, job satisfaction is enhanced when employees believe that they have open lines of communication with their superiors. There is no doubt that managerial leadership and supervision have an important impact on the motivation, commitment, adaptability and satisfaction of employees (Gerber 2004:20).

2.7.4 Realistic job preview

Siegel and Lane (1987:437) make the point that a realistic job preview involves an organisation giving its prospective employees as accurate an appraisal of their job as possible before they are hired. If done, people will be prevented from applying or accepting jobs for which they are not well suited because of their genetic make up or perhaps personality. This reduces unrealistic job expectations and future job dissatisfaction can be avoided.
2.7.4 Personal approach

Managers can have discussion sessions with each employee to discuss reasonable ways of improving the employee’s satisfaction. However, this has to be done in such a way as to put to rest the employee’s concern for issues like job security, thereby creating an environment for the employee to open up. It takes a well trained supervisor to be able effectively to conduct this type of session (Siegel and Lane, 1987:438).

2.7.5 Employee attitude surveys

Organisations conduct job satisfaction surveys through their human resource departments to analyse employee attitudes on important topics (Greenberg and Baron, 1997:184). If these surveys are well structured with an effective action plan, employees feel a sense of belonging and care from the organisation.

2.7.6 Investigate Hygiene Factors in Work Place

Based on theory from Herzberg’s two factor theory as discussed in Section 2.3.1, managers can investigate hygiene factors in the workplace to determine if employees are dissatisfied and if so, plan strategies that will eliminate the dissatisfaction. Hygiene factors; for example working conditions and company policy do not motivate employees, but are a stepping stone through which motivators can be introduced.

2.7.7 Introduce Motivators

Once hygiene factors have been dealt with, managers should then pay attention to motivators such as a challenging task, responsibility, feedback, and employee career path and growth. These have to be well structured to make sure that the aim is not defeated. The motivators, as discussed in Section 2.3.1, are the factors that can cause satisfaction but their absence do not necessarily mean employees are dissatisfied.
2.7.8 Mentally challenging work

Robbins (2001:22) believes that employees tend to prefer jobs that give them opportunities to use their skills and abilities and offer a variety of tasks, freedom, and feedback on how well they are doing. Herzberg’s two-factor theory also mentions mentally challenging work as one of the factors that affect job satisfaction. Jobs that have too little challenge create boredom but too much challenge creates frustration, stress and feelings of failure.

2.7.9 Promotion

Luthans (2002:231) contends that, promotional opportunities have varying effects on job satisfaction. This is because promotions come in different forms, with a variety of accompanying results. For example, individuals who are promoted on the basis of seniority often experience job satisfaction, but not as much as those who are promoted on the basis of performance. Similarly, a promotion with a ten per cent salary raise is typically not as satisfying as one with a twenty per cent salary raise.

2.8 CONCLUSION

Chapter two explored job satisfaction – its importance, factors affecting it, the consequences of dissatisfaction and possible ways of improving it. From the literature, the controversy surrounding the relationship between satisfaction and performance was resolved. It was evident that satisfaction leads to higher performance and hence managers should endeavor to increase their employees’ levels of satisfaction. Apart from increased performance, managers stand to gain from increased level of organisational commitment, motivation and low levels of turnover and absenteeism. Ways of improving satisfaction amongst others included fair pay, quality of supervision, attitude surveys, introducing motivators and so on.
In the next chapter the research methodology followed in this study will be discussed in detail.
CHAPTER 3

RESEARCH METHODOLOGY

3.1 INTRODUCTION

In Chapter two, a literature study of job satisfaction was presented. Job satisfaction was defined, its consequences explored and factors that contribute to job satisfaction were identified and discussed. Various techniques that could be used to assess the job satisfaction of employees were investigated. The objective of this study was to identify the level of job satisfaction doctors in the public sector experienced. The purpose of this chapter is to describe the research methodology that was used during this study.

3.4 RESEARCH DESIGN

Research design refers to the overall approach that is followed in a study to address the research question. The research question for this study emerges from the main problem identified, namely:

**What level of job satisfaction do doctors at PEHC experience in their jobs?**

To address this question, a literature study was conducted to define job satisfaction, and identify the factors that contribute to job satisfaction. Attention was also given to the consequences of job satisfaction and the techniques that could be used to measure job satisfaction.

The theoretical study was used as a basis to develop a questionnaire for the empirical study. The questionnaire focused on factors that contributed to job satisfaction, and specifically job context and job content factors. The questionnaire was administered to 43 doctors employed at the Dora Nginza hospital in Port Elizabeth. The results were
quantified and analysed and form the bases on which recommendations were made for the improvement of the job satisfaction levels of doctors in the public sector.

3.5 THE EMPIRICAL STUDY

The empirical study was conducted by means of a survey. In this section, the population, the questionnaire, the pilot study, the survey and the research responses are discussed in detail.

3.5.1 Population and sampling

When a population of interest is very large, a researcher will usually not study the entire population. Instead, the researcher will select a subset or sample of that population (Leedy and Ormrod, 2005:198). In such a situation, cluster sampling becomes the best technique for sampling the population. In this study, the population included all permanently employed doctors at the PE Hospitals Complex.

3.5.1.1 Sampling technique used

According to Leedy and Ormrod (2005:203), it might not be feasible to identify each element in a population if the population of interest is spread over a larger area. However, the researcher included all permanently employed doctors at the Dora Nginza Hospital in Port Elizabeth and a generalization was made on PE Hospitals Complex.

3.5.2 Method of data collection

Several methods of collecting data exist, namely questionnaires, interviews, observation, records and experiments (Treece and Treece, 1986:275). The questionnaire is the most common research instrument and comprises a series of questions that are filled in by all the participants in a sample (Treece and Treece, 1986:277). The questionnaire method was chosen for this research because it was less
expensive and the respondents were able to answer more objectively since questionnaires allow anonymity.

3.5.3 Questionnaire construction

The information presented in Chapter two was used to construct a questionnaire to determine the level of job satisfaction experienced by doctors in the public sector. Guidelines for questionnaire construction, as illustrated in Leedy and Ormrod (2001:202) were followed in constructing the questionnaire. These include:

- Keep it short.
- Use simple, clear, unambiguous language.
- Word your questions in ways that do not give clues about preferred or more desirable responses.
- Keep the respondent’s task simple.
- Conduct a pilot test.

The resultant questionnaire is attached as appendix A. The questionnaire consists of four sections. These sections are indicated below.

Section A: Demographic information
Section B: Personality job fit
Section C: Job content
Section D: Job context

Section A required of the respondents to provide information such as gender, age and grade level. Each question provided limited answer options from which the respondent had to select the correct answer.

Sections B, C, and D were develop on a Likert-type scale where employees had to indicate the extent to which they agreed with each item. The Likert-type scale varied from “strongly agree”, “agree” to “uncertain”, “disagree” and “strongly disagree”. All the
items in the questionnaire were formulated in a positive manner. This section allowed for a quantitative analysis of the responses. According to Treece and Treece (1982:230), close-ended questions are questions in which the respondents' answers are limited to the choices offered to them. The questions will be discussed in the next section.

3.3.3.1 Demographic Information

Demographic information is mostly used to describe the characteristics of respondents in a survey. However, it can also provide further information about how the dependent variable (job satisfaction) is experienced differently by different segments of respondents.

Gender: The first question in Section A required of the respondents to indicate their gender. This was to determine how many male and female doctors were represented in the hospital and whether the respondents were representative of both genders.

Age: Respondents had to indicate in which age bracket they fell. This information could indicate the years of experience doctors had, and whether mostly young or older people are in employment. It could also be used to determine whether one age group was more satisfied or dissatisfied with their jobs.

Race: This information could provide clues in terms of whether all racial groups were adequately represented by the sample, and whether dissatisfaction was limited to one or more racial groups.

Grade level: Grade level was indicated as between 9 and 11 and 12 and 14. After their internship and community service, doctors are employed on grade 9, while the highest level for a doctor working in a hospital is grade level 14. According to information from the national department of health, as part of a recruitment and retention strategy for
doctors, the government has decided to employ doctors on level 10. However, this is yet to be implemented at government hospitals in Port Elizabeth.

Years of service in public sector: The longer in service, the better a doctor would be able to judge previous and current job experiences and will be better able to give an indication of factors that could result in dissatisfaction. S/he would be able to understand the system better. This was why this question was posed to respondents.

3.3.3.3 Section B: Personality job fit

As pointed out by George and Jones (1999:86) and Gibson et al (2003:108), personality is an important factor affecting job satisfaction. Three questions were posed to respondents in this section and responses were given on a Likert-type scale as discussed above.

The questions referred to a job-personality fit, having a suitable personality to cope with job demands and personal identification with the job.

3.3.3.3 Job Content

Job content essentially refers to motivation factors described in Herzberg’s two-factor theory which lead to satisfaction. When they are not present, employees do not experience dissatisfaction and lack of motivation. Ten questions were posed in this section with the same answer options as in Section B.

The questions related to job enjoyment, job expectations, recognition, opportunities for promotion, workload, personal and professional growth, feedback on performance, willingness to continue with present employment and job engagement.
3.3.4  Job context factors

In Herzberg’s two-factor theory discussed in Section 2.3.1, hygiene factors refer to job context factors. These factors cause dissatisfaction when absent. However, according to Herzberg, if they are present, they bring an employee to a zero state of motivation, where the employee is neither dissatisfied nor satisfied.

In this section, 23 questions were constructed with answer options based on a Likert-type scale, as in Sections B and C. The questions in this section referred to equipment and resources, balancing demands of job and personal life, general working conditions, rotation, staff level, aspects of supervision and supervisor, safety of work environment, co-workers, appraisal, remuneration, comparison of pay and amount of effort put in, salary increases, promotion system, training programmes, current position, support staff and doctors' buy-in on management decisions.

An open-ended question was introduced at the end of the questionnaire for respondents to identify the three most important issues that needed to be addressed and ways of addressing them. This section required a qualitative approach in its analysis.

3.3.4  Validity and reliability of the questionnaire

Leedy and Ormrod (2001:31) define the validity of a measurement instrument as the extent to which the instrument measures what it is supposed to measure. A test may be designed to measure a certain characteristic, but that does not mean it does precisely that. As an example, they consider a paper-pencil test of personality traits. With a series of check marks, the person indicates his or her most representative characteristics or behaviours in given situations; the person’s response on the test is presumed to reveal relatively stable personality traits. The question that validity asks is: does such a test, in fact, measure the person’s personality, or does it measure something else? The answer depends, at least in part, on the extent to which the person is, or can be, truthful in responding (Leedy and Ormrod, 2001:31)
They further explain that (2001:31) reliability is the consistency with which a measuring instrument yields a certain result when the entity being measured has not changed. Something can only be measured accurately when it can be measured consistently. Yet measuring something consistently does not necessarily mean measuring it accurately. In other words, reliability is a necessary but insufficient condition of validity.

To achieve validity, the development of the questionnaire used in this study was based on the theoretical information revealed in the literature study. During the development of the questionnaire, an expert in the field of organisational behaviour was requested to scrutinise the content and structure of the questions to make sure that the questionnaire addressed the main aim of this research. In this manner, face, content and construct validity was achieved.

### 3.3.4 Questionnaire covering letter

Guidelines for the questionnaire covering letter, as suggested by Leedy and Ormrod (2005:192), were followed in writing the cover letter. However, some of the guidelines relating to the distribution method used by the researcher are listed below.

- Consider the timing.
- Motivate potential respondents.
- Offer results of your study.

The cover letter is attached as Appendix B.

### 3.3.9 Pilot study

A researcher may sometimes need to do a brief exploratory investigation called a pilot study to try out particular procedures, measurement instruments or method of analysis. According to Leedy and Ormrod (2001:116), a pilot study is an excellent way to determine the feasibility of the study. Although conducting a pilot study may take some time initially, it may ultimately save the researcher time by letting the researcher know
which approaches will and will not be effective in helping solve the overall research problem.

The questionnaire used in this study was administered to four people from the sample group who served as a pilot group for testing the questionnaire. The purpose of testing the questionnaire with a pilot sample was to determine whether the questions were clear to respondents and could be answered within a reasonable time limit. The questionnaire complied with above requirements but a suggestion was made with regards to question five in Section A. The questionnaire was adjusted to incorporate the suggestion.

3.3.10 Administering the questionnaire

The population for this study consisted of all permanently employed doctors at the Dora Nginza hospital. The researcher approached the medical superintendent, who gave permission for the study to be conducted (approval letter is marked Appendix C). Subsequently, the researcher met with four heads of the clinical departments at the Dora Nginza hospital to discuss the study with them. The questionnaire and a covering letter were then administered to 59 doctors at the Dora Nginza hospital. The questionnaire was administered anonymously and respondents handed back their completed responses to a central point where the researcher collected them. Apart from two doctors, who declined to take part in the survey, each doctor at the Dora Nginza hospital received a copy of the questionnaire.

3.3.11 Response rate

The covering letter and questionnaire were handed out to 59 doctors to complete. Forty three questionnaires were returned. This represents a response rate of 73 per cent, which can be considered as adequate for the purpose of the study.
### Table 3.1: The number of responses received

<table>
<thead>
<tr>
<th>NO OF QUESTIONNAIRES HANDED OUT</th>
<th>NO OF QUESTIONNAIRES RETURNED</th>
<th>PER CENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>59</td>
<td>43</td>
<td>73</td>
</tr>
</tbody>
</table>

#### 3.4 CONCLUSION

In this chapter, the research methodology used in this study was described. The purpose of the empirical study was to probe the job satisfaction of doctors in a public hospital. A survey, with a questionnaire as the instrument for data collection in this study, was undertaken. The development of the questionnaire was based on the information gathered in the literature study and on scientific guidelines.

In the next chapter, the results of the study are presented and interpreted.
CHAPTER 4

ANALYSIS AND INTERPRETATION OF RESULTS

4.1 INTRODUCTION

In Chapter three, the research methodology used for this study was described and discussed. The purpose of the empirical study was to assess the job satisfaction levels of doctors at the Dora Nginza hospital in Port Elizabeth. For the empirical study, a survey was conducted with a questionnaire as data collecting tool. The questionnaire is attached as Appendix A.

In this chapter, the results from the empirical study are presented and analysed. Data has to be presented as evidence for the conclusions to be drawn (Leedy and Ormrod, 2001:290). Data can be presented in a number of ways namely; charts, tables, graphs and statistical summaries and have to be in a visual form to demonstrate whether the hypothesis was accepted or rejected (Treece and Treece, 1982:307). The objective of this research was to determine the satisfaction level of doctors in public sector hospitals in Port Elizabeth. The data collected for this purpose will be presented in this section.

According to Dawis, England and Lofquist (1967) as quoted by Xiphu (2003:64), when using the MSQ, a percentage score of 75 or more indicates a high level of satisfaction and a percentage score of 25 or below indicates a low level of satisfaction. Since most aspects of the questionnaire used in this study were based on the MSQ, the same principle was applied in the analysis of the results.

Altogether 59 questionnaires were distributed, 43 responses were received, which represented a response rate of 73 per cent. This was a sufficient return for the purpose of this research.
The presentation of the results is structured in the same manner as the questionnaire, and focuses firstly on the demographic information, and then on factors related to job satisfaction. In some cases, results have been visually presented by means of bar charts. In other cases, the reader is referred to bar charts presented as Appendix E.

In the next paragraph, the results from Section A of the questionnaire are presented and analysed.

4.2 ANALYSIS OF DEMOGRAPHIC INFORMATION

The aim of Section A was to collect demographic information of the respondents in order to be able to describe the characteristics of the participants in the study. Questions in this section relate to gender, age, race, grade level and years in service.

4.2.1 Gender

Question one of Section A required of the respondents to indicate their gender. Of the 43 respondents, 12 respondents were female, while 31 respondents were male. This translates into 27.9 per cent female respondents and 72.1 per cent male respondents. The results are shown in Table 4.1 and Figure 4.1

<table>
<thead>
<tr>
<th>Gender</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>31</td>
</tr>
<tr>
<td></td>
<td>(72.1%)</td>
</tr>
<tr>
<td>Female</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>(27.9%)</td>
</tr>
</tbody>
</table>
It is evident that most of the respondents were male but that females were also fairly well represented.

### 4.3.4 Age

Question two of Section A required of the respondents to indicate in which age bracket they fell. Fourteen respondents indicated that they fell in the age bracket of between 20 to 30 years (32.6%), fourteen between 31 to 40 years (32.6%), while eight respondents were between 41 to 50 years (18.6%) and seven above 50 years (16.3%). The results are shown in Table 4.2 and Figure 4.2.

<table>
<thead>
<tr>
<th>Age</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 – 30yrs</td>
<td>14 (32.6%)</td>
</tr>
<tr>
<td>31 – 40yrs</td>
<td>14 (32.6%)</td>
</tr>
<tr>
<td>41 – 50yrs</td>
<td>8 (18.6%)</td>
</tr>
<tr>
<td>Above 50yrs</td>
<td>7 (16.3%)</td>
</tr>
</tbody>
</table>
It is evident that majority of respondents (65.2%) were between 20 and 40 years, therefore in the young adulthood stage. Age groups above 40 years were fairly well represented (34.9%).

4.3.5 Race

Question three of Section A required of the respondents to indicate their race. The results are shown in Table 4.3 and Figure 4.3.

Table 4.3: Responses with regard to race

<table>
<thead>
<tr>
<th>Race</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>6 (14%)</td>
</tr>
<tr>
<td>Black</td>
<td>16 (37.2%)</td>
</tr>
<tr>
<td>Coloured</td>
<td>7 (16.3%)</td>
</tr>
<tr>
<td>White</td>
<td>14 (32.6%)</td>
</tr>
</tbody>
</table>
It is evident from the results that most doctors were either Black (37.2%) or White (32.6%). Coloureds (16.3%) and Asians (14%) were also fairly represented.

### 4.3.6 Grade level

Question four required of the respondents to indicate their grade level. The results are shown in Table 4.4 and Figure 4.4.

<table>
<thead>
<tr>
<th>Grade level</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 9 - 11</td>
<td>34 (79.1%)</td>
</tr>
<tr>
<td>Level 12 - 14</td>
<td>9 (20.9%)</td>
</tr>
</tbody>
</table>
From Table 4.4 and Figure 4.4, it is evident that the majority of respondents were on grade level nine to 11 (79.1%). Nine respondents indicated that they fell in Grade 12 to 14 (20.9%). Many of these respondents are in management or supervisory positions, hence the lower representation.

### 4.3.7 Years of service in public sector

Question five required of the respondents to indicate their years of service. Six respondents were newly appointed (0-1 year) (14%), 19 had between two and five years of service (44.2%), six between six and ten years of service (14%), and 12 more then ten years of service (27.9%). The results are presented in Table 4.5 and Figure 4.5 below.
It is evident from the results that the majority of respondents (44.2%) had been employed between two and five years.

In the next section, a quantitative analysis of the responses from Section B and C of the questionnaire is presented.
4.4 QUANTITATIVE ANALYSIS OF RESULTS

Section B of the questionnaire focused on personality-job fit, Section C on job content factors and Section D on job context factors that contribute to job satisfaction. The results obtained to these sections are presented below.

4.3.1 Section B: Personality job fit

Gibson et al (2003:108) and George and Jones (1999:86) indicated that a fit between a person and his/her job is important to job satisfaction. If a person has a personality that is congruent with the requirements of the job, the person will experience job identity and higher job satisfaction. Robbins (2001:69) state that, employees who experience job identity, psychologically identify with their jobs and want to perform well. Job identity is also a prerequisite for job engagement. Job involvement results in lower levels of resignation and absenteeism. In Section B, respondents had to indicate, using a Likert-type scale, the extent to which they agreed with various statements. The results of personality job fit are presented in Table 4.6

<table>
<thead>
<tr>
<th>Personality Job Fit</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Uncertain</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I believe there is a good fit between my job and my personality.</td>
<td>18 (41.9%)</td>
<td>23 (53.5%)</td>
<td>1 (4.6%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>2. I believe I have the necessary personality to cope with my job.</td>
<td>21 (48.8%)</td>
<td>21 (48.8%)</td>
<td>0 (0%)</td>
<td>1 (2.4%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>3. It is very important to me personally that I do my job well.</td>
<td>34 (79.1%)</td>
<td>9 (20.9%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
</tbody>
</table>

In this section, the responses were strongly biased towards strongly agree and agree. It was evident that the majority of respondents (97.7%) felt that there was a good fit between their personality and their job. Only one respondent disagreed that he/she had the necessary personality to cope with the job. This could indicate that the selection...
and recruitment practice was sound in this organisation and those job applicants, who were suited to the job, were selected. The results to question one in Section B (job-personality fit) are graphically presented in Figure 4.6.

Further analysis revealed an aggregate mean score of 4.5 for all the questions in Section B. This is high, given the fact that the maximum possible score is 5 for each statement. The high mean score indicates that the respondents strongly felt that they had personalities well-suited to their jobs.

4.3.2 Section C: Job Content

Section C addressed job content factors that contribute to job satisfaction. These include factors such as job enjoyment, job expectation, recognition, promotion opportunities, work load, growth, and job engagement. According to Herzberg, these factors are essential for an employee to be satisfied with his /her job and to be motivated (Kreitner and Kinicki, 2001:188). Robbins (2001:22) also stresses the importance of a meaningful, intrinsically rewarding and challenging job. The results of Section C are shown in Table 4.7.
The aggregate mean score for responses to Section C was 3.3. This is an indication that satisfaction with job content factors was average and that responses varied between positive and negative; that is, there was no distinctive trend.

### 4.3.2.1 Positive responses to Section C

Questions one (job enjoyment – 88.4%), two (clear job expectations – 86.1%), five (comfortable workload – 53.5%), six (personal growth – 62.8%), seven (professional growth – 79.1%), nine (sufficient feedback – 58.2%) and 10 (job engagement – 67.4%) recorded more positive responses, with most respondents strongly agreeing or agreeing.
with the statements. Though it could be concluded that the majority of the respondents were satisfied with these job content factors, one should not neglect the fact that there were also negative response which should receive attention especially question four (promotional opportunities) and eight (feedback). These indicate issues that could be improved or addressed.

4.3.2.2 Uncertain responses to Section C

The responses to question three were very varied, with 15 (34.9%) of the respondents indicating that they were uncertain about whether they received recognition for their efforts. A further 11 (25.6%) disagreed that they received recognition, while 5 (11.6%) strongly disagreed that they received recognition. Eleven respondents (25.6%) agreed that they received recognition, while only one respondent (2.3%) strongly agreed with this statement.

4.3.2.3 Negative responses to Section C

Questions four (promotional opportunities) and eight (feedback) received more responses towards ‘disagree’ and ‘strongly disagree’. Twelve (29.3%) respondents felt uncertain about whether they were satisfied with promotional opportunities, while 17 (41.5%) and six (14.6%) disagreed and strongly disagreed that they were satisfied with promotional opportunities.

In terms of responses given to ‘feedback on performance’ (question eight), more respondents indicated that they were uncertain (31%), disagreed (38.1%) and strongly disagreed (14.3%) with sufficient feedback on performance, than respondents who agreed (11.9%) or strongly agreed (4.8%) on this statement. The responses therefore indicate that more respondents believed they did not receive sufficient feedback on their performance.
4.3.2.4 Correlation analysis

The purpose of correlation is to determine whether two or more sets of data relate to each other. The group differences approach compares scores between two different groups. This method generally compares groups by their mean scores (Struwig & Steed, 2001:141). According to Hannagan (1997:166), correlation coefficient denoted by \( r \) can only lie between -1 and +1. Interpretations for values of \( r \) are as follows:

- ±0.9 indicates a strong positive or negative correlation
- ±0.1 indicates a weak correlation and is therefore insignificant.

For purpose of this study, correlations were determined between gender, age, race, years of service, and scores on questions three (recognition), four (promotional opportunities), six (personal growth), seven (professional growth) and nine (planning to continue current employment).

a) Correlation between gender and selected test scores

Care should be taken when interpreting correlation, especially when only a few variables are involved such as male and female. The correlation coefficients for these values are shown in Table 4.8.
Table 4.8: Correlation between gender and selected text scores

<table>
<thead>
<tr>
<th>Gender</th>
<th>Question 3</th>
<th>Question 4</th>
<th>Question 6</th>
<th>Question 7</th>
<th>Question 9</th>
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Correlation coeff. $r = \begin{bmatrix} -0.1651 & 0.0392 & 0.1139 & -0.0709 & 0.0118 \end{bmatrix}$
From the results in Table 4.8, it is evident that, in this study, no significant correlation was found between gender and job facets of recognition, promotion, personal growth, professional growth and willingness to continue with present employment.

b) Correlation between age and selected test scores

The correlation coefficients of the comparison of age are shown on Table 4.9.
### Table 4.9: Correlation with Age and selected test scores

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**Correlation coeff.**

\[ r = \begin{bmatrix} -0.0901 & -0.0901 & -0.1131 & -0.1519 & 0.1044 \end{bmatrix} \]
A previous study conducted in a public hospital in South Africa has shown that senior or older doctors showed lower levels of job satisfaction than junior or younger doctors (Thomas & Valli, 2006:1164). From the results in Table 4.9, it is evident that, in this study, no significant correlation was found between age and job facets of recognition, promotion, personal growth, professional growth and willingness to continue with present employment.

c) Correlation between race and selected text scores

The correlation coefficients for the comparison between race and selected test scores are shown on Table 4.10.
Table 4.10: Correlation between race and selected test scores

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Correlation coeff. \( r = 0.0119 \quad 0.0662 \quad 0.1083 \quad 0.1187 \quad 0.0102 \)
From Table 4.10, it is evident that no correlation was found between race and job facets of recognition, promotion, personal growth, professional growth and willingness to continue with present employment.

d) Correlation between years of service and selected test scores

Table 4.11 presents a correlation comparison between years of service and selected test scores.
**Table 4.11: Correlation with Years of service and selected test scores**

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</tbody>
</table>

**Key**

- **Years of service**
  - 0 – 1yr – 1
  - 2 – 5yrs – 2
  - 6 – 10yrs – 3
  - More than 10yrs – 4

**Correlation coeff.**

\[ r = \begin{bmatrix} -0.0776 & -0.0330 & 0.1166 & 0.0147 & 0.1581 \end{bmatrix} \]
From Table 4.11, it is evident that no correlation was found between years of service in public sector and job facets of recognition, promotion, personal growth, professional growth and willingness to continue with present employment.

In the next section, a quantitative analysis of responses related to job context factors is presented.

4.3.3 Section D: Job context factors

Section D dealt with job context factors including equipment and resources, ability to manage job and personal life, working conditions, supervision, pay and co-workers. Herzberg indicated that job content factors have the potential to make employees dissatisfied if these factors are not adequately met in the workplace. However, if these factors are adequately met, they do not necessarily increase motivational levels (George and Jones, 1999:84). Other authors, such as Robbins (2001:76), Greenberg and Baron (1997:183), and Ivancevich and Matteson (1999:262) indicate working conditions, equitable remuneration, relationship with the supervisor and relationship with co-workers as important facets of job satisfaction. The results to this section are presented in Table 4.12.
### Table 4.12: Responses to Section D: Job Context factors

<table>
<thead>
<tr>
<th>Job Content</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Uncertain</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I have the necessary equipment and resources to do my job well.</td>
<td>2 (4.7%)</td>
<td>12 (27.9%)</td>
<td>6 (14.0%)</td>
<td>13 (30.2%)</td>
<td>10 (23.3%)</td>
</tr>
<tr>
<td>2. I manage to balance the demands of my job and personal life well.</td>
<td>4 (9.3%)</td>
<td>21 (48.8%)</td>
<td>9 (20.9%)</td>
<td>5 (11.6%)</td>
<td>4</td>
</tr>
<tr>
<td>3. I am satisfied with the general working conditions.</td>
<td>0 (0.0%)</td>
<td>11 (25.6%)</td>
<td>8 (18.6%)</td>
<td>15 (34.9%)</td>
<td>9 (20.9%)</td>
</tr>
<tr>
<td>4. Rotations of doctors to other departments are fairly conducted.</td>
<td>0 (0.0%)</td>
<td>21 (48.8%)</td>
<td>12 (27.9%)</td>
<td>7 (16.3%)</td>
<td>3</td>
</tr>
<tr>
<td>5. I am able to direct my problems to a higher authority if the need arises.</td>
<td>1 (2.3%)</td>
<td>26 (60.5%)</td>
<td>6 (14.0%)</td>
<td>8 (18.6%)</td>
<td>1</td>
</tr>
<tr>
<td>6. My department is well staffed to achieve its goals.</td>
<td>0 (0.0%)</td>
<td>12 (27.9%)</td>
<td>5 (11.6%)</td>
<td>17 (39.5%)</td>
<td>9 (20.9%)</td>
</tr>
<tr>
<td>7. My supervisor is approachable.</td>
<td>14 (32.6%)</td>
<td>28 (65.1%)</td>
<td>1 (2.3%)</td>
<td>0 (0.0%)</td>
<td></td>
</tr>
<tr>
<td>8. My supervisor keeps me updated on issues that concern me.</td>
<td>7 (16.3%)</td>
<td>26 (60.5%)</td>
<td>8 (18.6%)</td>
<td>2 (4.7%)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>9. My supervisor has a good understanding how I feel about my job.</td>
<td>5 (11.6%)</td>
<td>23 (53.5%)</td>
<td>6 (14.0%)</td>
<td>5 (11.6%)</td>
<td>2</td>
</tr>
<tr>
<td>10. I have good rapport with my supervisor.</td>
<td>8 (18.6%)</td>
<td>30 (69.8%)</td>
<td>2 (4.7%)</td>
<td>1 (2.3%)</td>
<td>2</td>
</tr>
<tr>
<td>11. My work environment is physically safe.</td>
<td>0 (0.0%)</td>
<td>10 (23.3%)</td>
<td>10 (23.3%)</td>
<td>17 (39.5%)</td>
<td>6 (14.0%)</td>
</tr>
<tr>
<td>12. My supervisor is a competent leader.</td>
<td>5 (11.6%)</td>
<td>24 (55.8%)</td>
<td>11 (25.6%)</td>
<td>2 (4.7%)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>13. My supervisor is able to provide me with professional advice related to my job.</td>
<td>6 (14.0%)</td>
<td>30 (69.8%)</td>
<td>3 (7.0%)</td>
<td>3 (7.0%)</td>
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<tr>
<td>14. I have a constructive relationship with my co-workers.</td>
<td>5 (11.6%)</td>
<td>32 (74.4%)</td>
<td>4 (9.3%)</td>
<td>2 (4.7%)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>15. My supervisor appraises me fairly.</td>
<td>2 (4.7%)</td>
<td>21 (48.8%)</td>
<td>12 (27.9%)</td>
<td>4 (9.3%)</td>
<td>1</td>
</tr>
<tr>
<td>16. My remuneration compares favorably with those of other doctors who work in government hospitals.</td>
<td>2 (4.7%)</td>
<td>16 (37.2%)</td>
<td>11 (25.6%)</td>
<td>11 (25.6%)</td>
<td>3 (7.0%)</td>
</tr>
</tbody>
</table>
The aggregate mean score obtained to this section was 3.1. This is slightly lower than the mean score of 3.3 that was obtained for responses to Section C (job content factors). This means that doctors have lower levels of satisfaction in job content factors compared to personality job fit and job context factors.

4.3.3.1 Positive responses to Section D

Questions two (general working conditions), four (rotation to other departments), five (ability to direct problems to higher authority), seven (approachable supervisor), eight (update by supervisor on issues), nine (ability of supervisor to understanding job feelings), 10 (rapport with supervisor), 12 (supervisor’s leadership competence), 13 (professional advice from supervisor), 14 (relationship with co-workers), 15 (fail appraisal), 16 (comparison of remuneration), 21 (position/grade level) and 22 (effective support staff) recorded more positive responses (strongly agree and agree). Furthermore, questions seven, eight, 10, 13, 14 recorded positive responses of more than 75 per cent and indicates high levels of satisfaction in those job facets. In the case
of questions two, four, five, nine, 16, 21 and 22, though positive responses were more in number, there were considerable uncertain and negative responses. In conclusion, the majority of respondents were satisfied with job facets relating to questions two, four, five, seven, eight, nine, 10, 12, 13, 14, 15, 16, 21 and 22.

4.3.3.2 Uncertain responses to Section D

Questions 18 and 20 were biased towards uncertain responses. However, there were fair representations of both positive and negative responses in both questions. It indicates that a reasonable number of respondents were unclear about salary increases being on par with those of other provinces (question 18) and whether they were satisfied with current training programmes (question 20).

4.3.3.3 Negative responses to Section D

Questions one, three, six, 11, 17, 18, 19, 20 and 23 recorded more on negative responses (disagree and strongly disagree). There were low levels of satisfaction for questions 19 and 23 (percentage score less than 25). Though questions one, three, six, 11, 17, 18 and 20 recorded more on negative responses, there were also considerable uncertain and positive responses. It can be concluded that the majority of respondents were dissatisfied with job facets relating to questions one, three, six, 11, 17, 18, 19, 20 and 23.

4.4 Conclusion

The aim of this study was to determine the satisfaction levels of doctors in government hospitals in Port Elizabeth. In this chapter, the empirical results obtained from the study were presented and analysed.

In Chapter five, final conclusions are drawn and recommendations made for the improvement of the job satisfaction levels of doctors in public hospitals.
CHAPTER FIVE

CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

In Chapter four, data obtained from the empirical survey were presented and analysed. The empirical study probed the extent to which selected factors impacted on the job satisfaction levels of doctors in Port Elizabeth Hospitals Complex.

The aim of this chapter is to present the final conclusions drawn from the results of the empirical survey. Recommendations for the improvement of the job satisfaction levels of doctors in the public sector are also made.

5.2 CONCLUSIONS DRAWN FROM STUDY

The aim of this study was:

- To provide an overview of relevant literature concerning job satisfaction and the main factors that contributes to job satisfaction.
- To determine, by means of an empirical survey, the extent to which doctors in the public sector agreed or disagreed that these factors were affecting their job satisfaction levels.
- To make recommendations on how the job satisfaction levels of doctors in public sector hospitals could be increased.

For the empirical study a survey, with a questionnaire as data collecting tool was conducted among 59 permanently employed doctors at the Dora Nginza Hospital in Port Elizabeth. The questionnaire focused on biographical information, personality-job fit, job content factors and job context factors. For Sections B, C and D of the questionnaire, the response options were structured according to a Likert-type scale. Respondents had to indicate the extent to which they agreed with each statement in the
questionnaire. The responses obtained from the survey were presented and analysed in Chapter four.

To determine the overall job satisfaction level of the respondents, the total mean was calculated as a percentage of the total score. A total mean of 118.02 was recorded for doctors which translated into a job satisfaction level of 65.6 per cent if it was divided by a perfect score of 180 if all respondents strongly agreed with all 36 statements, and expressed as a percentage. Since the percentage is above 50 per cent, this would be regarded as satisfactory in an MSQ rating (Dawis et al, 1967) as quoted by Xiphu (2003:64). The sample used in this study can be accepted as representative of doctors in public sector hospitals in Port Elizabeth. It can be therefore concluded that doctors in public sector hospitals in Port Elizabeth are relatively satisfied with their jobs. However, the results showed that there were areas in which the job satisfaction levels of doctors could be improved.

The theoretical study revealed that the main factors that affect job satisfaction are personality job fit, job content factors and job context factors. The development of the questionnaire was based on these factors and the conclusions and recommendations are also structured accordingly. The conclusions drawn from these job facets are presented below.

5.2.1 Personality job fit

The doctors who participated in this study revealed that they believed that there was a good match (mean score of 4.5) between their personalities and their jobs. This could reflect an adequate selection process by academic institutions that prepared doctors for their careers, as well as adequate recruitment and selection processes used by hospitals. Any dissatisfaction experienced by doctors can therefore not be attributed to the fact that they are not suitable for the careers they have chosen, or for the positions in which they have been placed.
5.2.2 Job content factors

Job content refers to factors directly related to the job a person is doing, such as whether the job is interesting, challenging, provides recognition, provides opportunities for growth and development and is meaningful. For this section, the respondents obtained a mean score of 3.3, which would indicate that their job satisfaction with job content factors was average and that there were areas for improvement.

The respondents reported satisfaction in terms of job enjoyment, clear work expectations, workload, personal and professional growth and job engagement. However, it should be noted that the level of satisfaction was merely average, and not high.

Areas with which the respondents were dissatisfied included opportunities for promotion and feedback on performance. The majority of doctors indicated that they were not satisfied with their opportunities for promotion and did not receive sufficient feedback on their performance. These are areas that need to be addressed by the management of public hospitals.

5.2.6 Job context factors

Job context factors refer to factors that are not directly related to the job a person is doing, but that are indirectly related to the job. According to Herzberg, job context factors do not motivate employees, but prevent dissatisfaction. Job context factors include remuneration, equipment and facilities, relationship with manager and co-workers, company policies and physical work environment. The mean score obtained for this section was 3.1. This indicates an average level of satisfaction with job context factors. If this score is compared with the Likert-type rating scale used for analysing the responses obtained, it shows that most responses varied between uncertain and disagree to strongly disagree. The following results are highlighted:
The majority of doctors did not believe they had the necessary equipment and resources to carry out their job.

The majority of doctors were not satisfied with general working conditions.

The majority of doctors felt that the hospital was not well-staffed.

The majority of doctors did not believe their working environment was physically safe.

The majority of doctors did not believe their pay compared favorably with the amount of effort they put in.

The majority of doctors did not believe salary increases were on par with those of other provinces.

The majority of doctors were not satisfied with the current promotion system in place. According to the superintendent of the hospital, at this stage, positions were internally advertised from time to time to ‘promote those in the system’. For example, a doctor on level 11 would be encouraged to apply for a level 12 position when an opening was advertised. However, in strict terms, if the doctor got the level 12 position, it would be considered as a new appointment. In addition, as was mentioned in section 3.3.3.1, the government has recommended that doctors who already had done their community service should be appointed on level ten instead of on level nine as before. At the hospitals in Port Elizabeth, these community doctors were still appointed on level nine. As a result, hospitals in other provinces attracted more newly qualified doctors than those in Port Elizabeth.

The majority of doctors were not satisfied with the current training programmes offered.

The majority of doctors felt that management did not seek their opinion on matters concerning the effective delivery of service to patients.

It could therefore be concluded that though the doctors showed an average satisfaction with job content factors, they were in fact quite dissatisfied with job context factors. It can be concluded that dissatisfaction with job context factors hindered doctors in engaging with their jobs.
5.3 Unstructured input from doctors

The last part of the questionnaire required of the respondents to suggest the three most important things they felt the management should address to improve doctors’ satisfaction and to indicate ways in which these factors could be addressed. Suggestions received have been grouped into four main issues, which are addressed below.

5.3.1 Facilities

This topped the list of suggestions as 24 doctors suggested the following:

- The consulting room should be well equipped and furnished.
- The information system should be upgraded and computerised for easy extraction of information.
- Equipment – all medical equipment necessary for doctors to carry out their jobs efficiently should be provided.
- Library.
- Catering facilities (food) for doctors especially during after-hours, even if they had to pay for it.
- The provision of a rest room, especially for doctors on night duty.
- Tea / TV room – well furnished with microwave and so on.
- Sporting facilities – golf, cricket, tennis, or football for doctors to socialise.

It can be seen that many of the above factors, such as an updated information system and the provision of adequate medical equipment, could impact on the job performance of doctors.

5.3.2 Staff

Eighteen doctors suggested that the staff level should be increased and that retention strategies should also be put in place to make sure doctors did not leave the public
service. This suggestion is congruent with the response received to statement six of Section B which also dealt with staffing levels.

5.3.3 Salaries / incentives

Fifteen doctors suggested that salaries should be increased to be on par with those of doctors in other provinces. The issue of extra hours of work outside overtime duty was highlighted. It was suggested that when doctors did extra hours due to a colleague not showing up for work for whatever reason, the doctor working extra should be compensated adequately in cash or other incentives.

5.3.4 Promotion

Eleven doctors made suggestions on promotions. The main issue highlighted was the criteria for promotion. Doctors wanted promotion not to be based only on length of service but on the following:

- Quality of service.
- Cost-savings – where a doctor was able to invent / implement ideas aimed at cutting operational costs.
- Patient satisfaction level – how satisfied patients are with a particular doctor and can be determined by means of surveys amongst patients after consultation.

Another issue grouped under promotion was doctors’ career / growth paths. Suggestions were made for every doctor employed to have a defined career / growth path.

Other issues mentioned though not as prominent as those above were:

- Training programmes – continuous training programmes both for professional and management expertise.
- Buy-in – involve doctors in decision-making.
- Communication – especially switchboard
- Support staff – should be well trained
• Security – improve security within the hospital to make sure both doctors and patients were safe.
• Rotation – should be fairly conducted.
• Staff wellness – should be addressed.
• Information – should update doctors especially on other provinces. This suggestion could be linked to the suggestion in terms of an updated information technology system.

The above issues raised by the doctors should also be considered by the management of the hospital, to make sure they are incorporated into the strategies for increasing the overall job satisfaction of doctors.

5.4 Recommendations

The researcher recommends that the management of public sector hospitals in Port Elizabeth consider the satisfaction level of doctors in their employment. It was mentioned in the literature review that job satisfaction is important because of its potential to affect a wide range of behaviours in organisations and contribute to employees' level of well-being.

The following recommendations are made:

5.4.3 Personality job fit

The results showed that doctors felt that there was a good fit between their personalities and their jobs. It is therefore recommended that this positive aspect, which really forms the basis of job engagement and organisational citizenship behaviour, is capitalised on by the management of public hospitals to achieve high levels of performance and service delivery. To capitalise on this positive factor, attention should be given to both job content and job context factors.
5.4.4 Job content

The results showed that doctors were not satisfied with aspects of promotion and feedback on performance. It is recommended that proper performance management systems be put in place to address issues relating to feedback on performance. Promotion criteria should also be investigated.

5.4.5 Job context

It is recommended that a proper performance management system should be put in place to help identify training and development needs. An adequate budget for facilities and remunerations should be made available. Forums can be used for sharing ideas for improving service delivery.

5.4.6 Other recommendations

The recommendations below are based on the suggestions or input provided by doctors at the end of the questionnaire.

- It is suggested that the establishment of a proper information technology system is investigated so that access to information, especially on patients, general statistics and other provinces can be readily available.
- It is suggested that plans and budget be made for providing adequate equipment and facilities for improving service.

This implies that job satisfaction surveys should be conducted regularly to determine their employees’ satisfaction level. This is also recommended for other employees of Port Elizabeth Hospitals Complex.
5.6 Conclusion

In this chapter, conclusions were drawn from the study. It was concluded that majority of doctors were satisfied with their jobs. In the area of personality job fit, doctors believed that there was a good fit between their jobs and personalities. However, the areas of job content and job context need attention.

Recommendations were made based on theoretical findings and unstructured input from doctors aimed at improving the job satisfaction level of doctors in Port Elizabeth Hospitals Complex.
Reference List


Cull, P. 2006. Benefits backlog eating up health staff budget. THE HERALD p.9

Cull, P. 2006. Service levels at PE hospital addressed. THE HERALD p.9


(Accessed: 25 August 2006)


APPENDIX A

QUESTIONNAIRE - JOB SATISFACTION

Please provide the correct information by placing an X in the appropriate block.

Section A: Demographic Information

1. Gender

   Male

   Female

2. Age

   20 – 30yrs
   31 – 40yrs
   41 – 50yrs
   Above 50yrs

3. Race

   Asian
   Black
   Coloured
   White

4. Grade level

   Level 9 – 11
   Level 12 – 14

5. Years of service in public sector

   0 – 1yrs
   2 – 5yrs
   6 – 10yrs
   More than 10yrs
Please indicate the extent to which you agree with each statement by placing an $\times$ in the appropriate block.

**Section B: Personality Job Fit**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Uncertain</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I believe there is a good fit between my job and my personality.</td>
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<tr>
<td>2. I believe I have the necessary personality to cope with my job.</td>
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<tr>
<td>3. It is very important to me personally that I do my job well.</td>
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</tr>
</tbody>
</table>

**Section C: Job Content**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Uncertain</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I enjoy the job I am doing.</td>
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<td>2. I am clear on what is expected of me.</td>
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<td>3. I receive recognition for my efforts.</td>
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<td>4. I am satisfied with the opportunities I have for promotion.</td>
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<td>5. I am comfortable with my work load.</td>
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<tr>
<td>6. My job enables me to grow personally.</td>
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<tr>
<td>7. My job enables me to grow professionally.</td>
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<tr>
<td>8. I receive sufficient feedback on my performance.</td>
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<tr>
<td>9. I am planning to continue with my current employment for the near future.</td>
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<td>10. I feel physically, emotionally and mentally engaged in my job.</td>
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**Section D: Job Context**

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<tr>
<td>1. I have the necessary equipment and resources to do my job well.</td>
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<td>2. I manage to balance the demands of my job and personal life well.</td>
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<td>3. I am satisfied with the general working conditions.</td>
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<td>4. Rotations of doctors to other departments are fairly conducted.</td>
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<td>5. I am able to direct my problems to a higher authority if the need arises.</td>
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<td>6. My department is well staffed to achieve its goals.</td>
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### Section D contd.

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<td>7. My supervisor is approachable.</td>
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<td>8. My supervisor keeps me updated on issues that concern me.</td>
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<td>9. My supervisor has a good understanding how I feel about my job.</td>
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<td>10. I have good rapport with my supervisor.</td>
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<td>11. My work environment is physically safe.</td>
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<td>12. My supervisor is a competent leader.</td>
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<td>13. My supervisor is able to provide me with professional advice related to my job.</td>
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<td>14. I have a constructive relationship with my co-workers.</td>
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<td>15. My supervisor appraises me fairly.</td>
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<td>16. My remuneration compares favorably with those of other doctors who work in public hospitals.</td>
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<td>17. My pay is fair compared to the amount of effort I put in.</td>
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<td>18. Salary increases are on par with those of other provinces.</td>
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<td>19. I am satisfied with the current promotion system.</td>
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<td>20. I am satisfied with current training programmes in place</td>
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<td>21. I am satisfied with my current position / grade.</td>
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<td>22. The support staff enables me to do my job effectively.</td>
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<td>23. Management seeks my opinion on matters concerning the effective delivery of service to patients.</td>
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Suggest three important things you feel management should address in order to improve job satisfaction levels of doctors and ways of addressing them. (Please print in capitals)

a) ……………………………………………………………………………………………………………………………
b) ……………………………………………………………………………………………………………………………
c) ……………………………………………………………………………………………………………………………

Thank you for taking the time to complete the questionnaire.
Dear prospective participant,

RE: JOB SATISFACTION AS EXPERIENCED BY DOCTORS IN PUBLIC SECTOR HOSPITALS IN PORT ELIZABETH

The Senior Medical Superintendent of Dora Nginza Hospital, Dr. Vehbi, has given approval for me to carry out the above survey (copy attached).

I am therefore appealing to you to participate in this survey by completing the attached questionnaire.

Please note that participation is voluntary and you are free to withdraw from the survey at any time.

You will have access to the results and your response shall be dealt with in strict confidence.

Feel free to contact me or the MBA unit if you have any queries.

Yours truly,

J F Nworgu
(0735101991)
AUTHORISATION TO DO ACADEMIC RESEARCH/PROJECTS AT DORA NGINZA HOSPITAL.

This is to certify that Mr. J. F. Ngorgu (identity/student no.: 20432782), has been given permission to do academic research/project of a non-clinical nature at Dora Nglinza hospital.

The duration that the above mentioned will be present in the hospital is from 17/02/2006 and during such time, he will be in the accompaniment of an official employee of Dora Nglinza hospital at all times and agrees to abide by all hospital rules and regulations regarding conduct, patient privacy and confidentiality and access to sensitive information. Further, he agrees to present the completed academic work to the superintendent of Dora Nglinza hospital before submitting it for evaluation and gives assurances that this information will not be given to the media or used in any way to negatively impact on this hospital.

The above mentioned person also fully indemnifies the hospital from any responsibility should any untoward event or accident befall him/her while on the premises of Dora Nginza hospital.

Signed this ___________ day of ___________________ 2006.

Signed: ___________________ Witnessed: ___________________
## RESULTS WITH MEAN

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**Total Mean** 118.02

**Final Mean** 3.28
Appendix E

Section B: Question 1
(Fit between job & personality)

- 18 Strongly Agree
- 23 Agree
- 1 Uncertain
- 0 Disagree
- 0 Strongly disagree

No of respondents

Section B: Question 2
(Personality to cope with job)

- 21 Strongly Agree
- 21 Agree
- 0 Uncertain
- 1 Disagree
- 0 Strongly disagree

No of respondents

Section B: Question 3
(Importance of doing job well)

- 34 Strongly Agree
- 9 Agree
- 0 Uncertain
- 0 Disagree
- 0 Strongly disagree

No of respondents
Section C: Question 1
(Job enjoyment)

Section C: Question 2
(Clear expectation)

Section C: Question 3
(Rrecognition)
**Section C: Question 7**
(Job growth - professional)

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**Section C: Question 8**
(Feedback on performance)

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**Section C: Question 9**
(Willingness to continue with present employment)

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Section D: Question 6
(Staff level)

- **Strongly Agree**: 0
- **Agree**: 12
- **Uncertain**: 5
- **Disagree**: 17
- **Strongly disagree**: 9

Section D: Question 7
(Approachable supervisor)

- **Strongly Agree**: 14
- **Agree**: 28
- **Uncertain**: 1
- **Disagree**: 0
- **Strongly disagree**: 0

Section D: Question 8
(Supervisor updating me on issues)

- **Strongly Agree**: 7
- **Agree**: 26
- **Uncertain**: 8
- **Disagree**: 2
- **Strongly disagree**: 0
Section D: Question 12
(Supervisor's leadership competence)

No of respondents

Strongly Agree | Agree | Uncertain | Disagree | Strongly disagree
--- | --- | --- | --- | ---
6 | 24 | 11 | 2 | 0

Section D: Question 13
(Supervisor being able to provide professional advice)

No of respondents

Strongly Agree | Agree | Uncertain | Disagree | Strongly disagree
--- | --- | --- | --- | ---
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Section D: Question 14
(Constructive relationship with co-workers)

No of respondents

Strongly Agree | Agree | Uncertain | Disagree | Strongly disagree
--- | --- | --- | --- | ---
5 | 32 | 4 | 2 | 0