JOB SATISFACTION AMONGST DOCTORS WORKING AT RURAL HOSPITALS OF WATERBERG DISTRICT IN THE LIMPOPO PROVINCE

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DECLARATION

I hereby declare that this research report is a product of my own original work which I did independently. Those who have assisted me by providing expert advice such as my supervisor Ms F.M. Rangongo, the language editor, Prof Cloete are given credit for the success of this report. Not forgetting the work of other authors that have been cited is acknowledged.

This report is prepared and submitted for my Masters of Business Administration degree.

Signed by:

Student_____ Date _____

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ABSRACT

If medical doctors are expected to function effectively and efficiently to provide the highest quality of care to the largest number of patients in rural hospitals, it is imperative that they derive job satisfaction from their work and thus perform well. The present study aimed to investigate whether the doctors in the target population have job satisfaction. The doctors were selected from the rural hospitals of the Waterberg District of the Limpopo Province. An exploratory qualitative research design was used, which included a self administered questionnaire enquiring about the demographic and work situation variables. Content analysis was used to analyse qualitative data. The main findings that emerged from the study were that the respondents were dissatisfied with their work environment. The most common theme that emerged was related to the bad working conditions, lack of support from management, lack of proper equipment, and the salary or incentives in proportion to the workload. These findings highlighted the issues that can be addressed by the employing organisation.

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CHAPTER ONE

1.1. INTRODUCTION

This chapter provides an outline of the study by giving a brief description of the background to the problem. The research question, objectives and significance of the study are also explained. Finally, the delimitations of the study as well as the proposed layout are outlined.

This study concerns job satisfaction of doctors working at the selected rural hospitals. Job satisfaction is perhaps one of the single most broadly researched topics in the field of organisational psychology. The key reason for this popularity possibly lies in the belief that the concept of job satisfaction can assist in the understanding of the relationship between employees and their occupations. Given the nature of the doctors' occupation, it could be argued that a clear understanding of the different factors, other than the normal performance of duties, could have an influence on their job satisfaction levels.

1.2. BACKGROUND INFORMATION

At all levels of government as well as in the private sectors there is currently an increasingly concern with promoting job satisfaction among employees. This concern partly emanates from the widespread perception that government employees are not satisfied with their jobs and this dissatisfaction results in lower productivity and a higher turnover rate (Jayaratne, 1993 cited in Durst and Desantis, 1997: 18).

The concept job satisfaction is explained by two social theories (Cronje' and Smith 2004: 309): *the bottom-up theory and the top-down theory*. The bottom-up theory states that individuals have needs and that they will be happy if their needs are satisfied. The sum of

the positive and the negative effects is used to determine happiness. In contrast, the top-down theory states that there is "a global propensity to experience things in a positive way." In other words, all individuals have a desire to be happy and this attitude have a major influence on their lives. Thus, feelings about job satisfaction are generated in one of the two ways: from the bottom-up by adding positive effects and subtracting negative ones, or from the top-down by the diffusion of one's desire to be happy.

Another important component of job satisfaction is the worker's attitude towards the job. The intrinsic rewards of a job, such as a sense of control over one's job, and a feeling of accomplishments, are important determinants of job satisfaction. The content of a job is a major source of job satisfaction. Important constituents of a satisfying job include challenging and interesting work, which is not boring and provides status (Luthans, 1998: 145 cited Durst and Desantis, 1997).

More complex jobs are mentally more challenging, and when workers have various autonomous tasks in their jobs, they tend to have more of a sense of control. Previous studies have shown that job satisfaction is positively related to the performance of more complex and autonomous tasks (Blau 1999: 45). This is supported by studies done by Hackman and Laweler (1991: 25-29), which maintain that workers who perform tasks that have a greater degree of skill variety, job significance, autonomy, and feedback are more satisfied than workers who perform routine jobs with little variation.

Several studies take a social approach to job satisfaction, examining the influence of supervision, management and colleague social support. An individual level of job satisfaction might be influenced by personal characteristics and the characteristics of a group to which one belongs (Blau and Scott, 1962 cited in Chen and Devaney, 2003: 23). The social context of the job will likely have a significant impact on the workers' attitude and behaviour (Marks, 1994: 44).The relationship between a colleague and supervisor is

important. Studies have shown that the better the relationship, the greater the level of job satisfaction (Kalleberg and Griffin, 1991: 13).

Thus, employers have a major role to play in identifying these factors that determine employees' job satisfaction so that appropriate personnel policy decisions can be followed with an effort to retain and attract quality employees.

1.3. PROBLEM STATEMENT

The rural hospitals in the Waterberg District were chosen because managers in these hospitals experience a high and rapid turnover of doctors and other medical professionals. As a result there is always a shortage of doctors in rural hospitals. This is not only a provincial crisis but affects other parts of the country as well. Government has, therefore, developed a policy on community service in the health profession to solve this problem of a shortage of staff. The health policy on community service by health professionals was constituted whereby all newly qualified health professionals must serve government for a period of one year before they can work independently (National Health Policy Act No 61 of 2003). These rural hospitals thus work with new doctors every year, who are also newly qualified and, therefore, inexperienced.

The plan seems to be working as there is an annual inflow of community doctors and other health professionals in most of the hospitals in the Limpopo Province. However, these doctors mostly do not continue working at these hospitals after completion of their community service, especially at rural hospitals. This also puts a burden on managers who have to manage newly appointed doctors year after year. Furthermore, much research has been conducted on the job satisfaction of other professionals such as nurses and social workers but very little on doctors working in rural hospitals (National Health Policy Act of No 61 2003).

There are numerous challenges in the workplace that could lead to job dissatisfaction in the working environment. For instance, the ever increasing workload due to a shortage of staff in this case, the lack of recognition from management, poor accommodation and unfavourable working conditions can impact negatively on the job satisfaction of the professionals. If doctors working in rural hospitals are less satisfied with their jobs, it could impact negatively on the quality of service rendered to patient care.

The focus of this study was, therefore, to investigate the factors that contribute to the job satisfaction or lack of it, amongst doctors working at rural hospitals of the Waterberg District in the Limpopo Province. This will enable the researcher to make recommendations in this regard to the management of these hospitals.

1.4. RESEARCH QUESTION

According to De Vos (1998: 115), research questions are posed about the nature of real situations. Since the design of the study is exploratory in nature a research question instead of an hypothesis will be used. With this design, little is known about the topic since it is an initiating study.

The research question is: Is there job satisfaction amongst doctors working at selected rural hospitals of the Waterberg District in the Limpopo Province?

1.5. PURPOSE OF THE STUDY

- To investigate whether the doctors working at the selected rural hospitals have job satisfaction.
- To formulate recommendations for the managers of rural hospitals with regard to possible factors that contribute to the job satisfaction of these respondents.

1.6. SIGNIFICANCE OF THE STUDY

The proposed study will benefit managers in the health sector of the Waterberg District in the Limpopo Province to establish factors that they may use to attract and retain experts in the medical profession. This is a province that has insufficient doctors, especially in the rural hospitals. Of note is also the fact that most of these specialist medical officers are from this province but yet have relocated to other provinces and are still working in the public sector. It will be important for managers to make major contributions to job satisfaction at their own institutions for better service delivery for the communities out there.

On a broader level, the study will help policy makers who are responsible for factors such as remuneration packages as well as additional perks to attract doctors to rural hospitals, and those who can create suitable working conditions. If recommendations are made from the study and are followed, the study envisages having satisfied doctors, who will stay and work longer in the rural hospitals of the Limpopo Province.

1.7. RESEARCH DESIGN

This study used the exploratory, qualitative study research design. A self-administered questionnaire was handed to the subjects, to answer at their own pace and in their own time. The participants who managed to complete the questionnaire quickly, the questionnaires were collected immediately afterwards. The rest of the questionnaires were personally collected after two weeks.

1.8. ETHICAL CONSIDERATION

Permission was sought from the clinical managers of the two rural hospitals in the Waterberg District for voluntary participating doctors. The participants were made aware

that they could withdraw should they wish to. Confidentiality of information was ensured in that doctors did not provide their names during the filling in of the questionnaire. A summary of the results will be made available to all the Chief Executive Officers of the participating hospitals so that doctors can access them.

1.9. LIMITATIONS OF THE STUDY

The limitations of this study are that it was conducted on a purposive sampling in a specific district of the Limpopo Province. The sample was also small as the study focused on two small rural hospitals. As a result, it will be difficult to generalise the results of the study to the Province as a whole.

1.10. DEFINITION OF CONCEPTS

1.10.1. Job satisfaction refers to 'an individual's positive emotional reactions to a particular job. It is an affective reaction to a job that results from the person's comparison of actual outcomes with those that are desired, anticipated or deserved' (Oshagbemi, 1999: 12)

1.10.2. Rural hospital refers to those hospitals situated 50 kilometres and above away from the nearest town in the Waterberg area.

1.10.3. Doctor will refer to anyone who had completed a recognised Bachelors degree in Medicine, who is registered by the health Professional Council of South Africa, and is currently employed in the targeted hospitals. Doctor, medical doctor and medical officer will be used interchangeably in this study.

1.11. LAYOUT OF THE STUDY

This study is divided into five chapters. The chapters are arranged as follows:

1.11.1. Chapter One

This chapter gives an outline overview of the job satisfaction amongst doctors working at rural hospitals in the Waterberg District of the Limpopo Province. It covers the background of the study, the statement of the problem, the research question and objectives, and concludes by explaining the significance and limitations of the study as well as the research design.

1.11.2. Chapter Two

This chapter examines at the literature review related to the research topic. The theoretical perspective and previous research findings related to general job satisfaction amongst employees in different work set-ups are discussed and analysed in this chapter.

1.11.3. Chapter Three

The exploratory, qualitative study research design that was used in this study will be discussed in which a self-administered questionnaire was handed to the respondents to answer at their own pace and their time.

1.11.4. Chapter Four

This chapter discusses the results of the study.

1.11.5. Chapter Five

This chapter concludes the findings of the research results and supplies the recommendations for future research.

1.11.6. All the attached research documents are provided in the section titled Annexures, namely:

- Questionnaires annexure A.
- Consent Letter Appendix B

1.12. SUMMARY

It could, therefore, be concluded that the measuring of job satisfaction is an important task, both from a humanitarian and economical perspective. However, one can also argue that, because doctor related jobs are categorized as a safety related occupation, it is of great importance to understand which factors, other than normal performance of duties, could have an influence on the satisfaction level of doctors.

Taking all of the above into consideration, the purpose of this study was to 1) investigate whether the doctors working at the selected job rural hospitals have job satisfaction and 2) formulate recommendations for managers of rural hospitals with regard to possible factors that contribute to the doctors' job satisfaction.

CHAPTER TWO

LITERATURE REVIEW

2.1. INTRODUCTION

General job satisfaction is an important part of a system of interrelated satisfactions, analogous to a river with small tributaries converging into ever-larger branches and eventually into a lake or sea. Satisfaction with specific aspects of a job situation causes satisfaction with facets of the job, with the job in general, and eventually with life. In this analogy the specific leads to the general (Spector, 1997: 5).

As the world changes rapidly in all spheres, namely, economically, technologically, politically, and culturally, all these have profound effects on the work environment. Changes such as more intense competition in the corporate world, technological advances, a more culturally diverse work force, and family lives' involvement are some of the factors influencing job satisfaction levels of employees (Callann and Greenhause, 1994: 18).

Job satisfaction is of universal importance to any workforce. Organisations have remarkable effects on their employees. For example, negative feelings can lead to negative behaviours and can affect physical and psychological well-being while organizations that maximize job satisfaction are more likely to have cooperative and willing employees (Testa, 1999: 134). It is, therefore, of vital importance to address work- related needs if employers and employees are to maintain good physical and psychological well being.

Areas of job dissatisfaction demand further investigation in order to prevent the increasing turnover apparent within the helping professions in the health sector (Chen and Devaney, 2003: 56). Organisations can also assist in enhancing job satisfaction by designing and implementing specific intervention programmes, such as mentoring systems for new staff members, flexi time for mothers of young children and team building exercises for all employees.

Job satisfaction plays a central role in the study of behaviour at work. For the employer knowledge of the determinants, the consequences and other correlates of job satisfaction is important. Effective management demands a concern with questions such as: What affect job satisfaction? What interventions are possible and effective? What are the results of changes in job satisfaction? What are the effects of job satisfaction on productivity, turnover and absenteeism? (Gruneberg, 1997: 44).

Therefore, this literature study will focus on first understanding what job satisfaction is, what factors influence it and the consequences of job satisfaction.

2.2. DEFINING JOB SATISFACTION

Before defining the job satisfaction concept, it is necessary to comprehend the meaning of a job. There are several ways of viewing a job (Callan and Greenhaus, 1994: 34):

- One is the obvious activities of shuffling papers, flying an airplane or performing a medical operation.
- The other can be explained as an employee's need to interact with bosses, colleagues, following the rules and policies of the organization, meeting performance standards and living with working conditions that are not practical.

The other important theme to be considered when looking at job satisfaction is the attitude of the employees. Employees' attitudes usually reflect positive or negative assessment that employees hold about aspects of their work environment (Kadushin and Kulys, 1995: 174-186). In addition, when discussing jobs another theme emerges, namely careers. Gruneberg (1997: 5) explained that "an employee's pursuit of closely related jobs, that is teachers, principal; head of department of schools is thought to represent a career. Whereas a sequence of unrelated jobs, that is a teacher, politician, a doctor and an accountant violate a consistency of job content and would not represent a career". One could assume that the possibility to enhance a career path has an influence on the job satisfaction level of employees.

Since seems to be a clear understanding of the definition of a job, satisfaction will be analysed. According to the Oxford Advanced Learner's Dictionary (2005:1296), satisfy can be explained as to make somebody pleased by doing or giving them what they want while satisfaction also is the good feeling that you have when you have achieved something that you wanted to happen does happen. Thus, for one to be satisfied means one must be in an environment where one achieves set goals or meets desired expectations.

When combining the two words, job satisfaction can be defined as an individual's positive emotional reactions to a particular job. It is an effective reaction to a job that results from the person's comparison of actual outcomes with those that are desired, anticipated or deserved (Oshagbemi 1999: 26).

The job satisfaction level of an employee in relation to his/her job cannot be understood by positing a single causative event such as working long hours, or having a lousy boss or an unpleasant work environment. Thus, to completely understand the impact of various factors, it will be necessary to look at the more complex factors, especially those that overlap at the same time.

2.3. FACTORS THAT CONSTITUTE JOB SATISFACTION

Generally, work is an essential part of most people's lives and understanding of the factors which influence job satisfaction is relevant to the improvement of the well-being of employees' lives (Peterson and Gonzalez, 2000: 61). In a study conducted by Berger (1990: 33) it was found that employees are likely to have seven job changes in a life time, with job satisfaction usually related to these movements. As a result of the study it was concluded that job satisfaction could not be a single term that has been explained in many ways, with two main areas:

- Overall satisfaction with the whole job situation, and
- Aspects of satisfaction with certain facets of the job.

This leads to the conclusion that an employee can be dissatisfied with some parts of the job, for example, salary, working conditions or autonomy, but have an overall feeling of satisfaction with a particular part of his job and, therefore, prefers to stay in a certain job (Perterson and Gonzalez, 2000: 61).

The work environment is also an important predictor of satisfaction. Carpenter (1999: 69-83) mentions that the overall level of satisfaction and wellbeing is the highest for health care practitioners who work in a private practice setting. Private practitioners find the authority to make decisions and the flexibility of the work very satisfying compared to their counterparts working in public settings. In contrast, according to Pezzei and Oratio (1991: 139-146), 62% to 85% of American Speech Therapists who were surveyed expressed a high degree of satisfaction with their chosen profession regardless of the type of employment facility in which they were practicing.

In the human service professions, people work with others in emotionally demanding situations over long periods of time. The professionals are exposed to their clients'

psychological, social and physical problems and are expected to be both skilled and personally concerned.

Some of the significant changes observed in the work force that could have an impact on job satisfaction level are:

High expectations

The desire for interesting and meaningful work has been matched by the belief that the attainment of these desires is possible or even likely. To want something in life is one thing but expecting it is another. Studies have suggested that new employees usually have inflated unrealistic expectations about work (Carpenter 1999: 69-83). High expectations can result in anger, disappointment and dissatisfaction if the work experience does not live into expectations.

Autonomy

According to Spector (1997: 121), one of the important values held by the employee is the achievement of freedom and autonomy in the work environment. Having substantial freedom to select work projects, the area of interest especially with doctors as their scope of practice is broad and to set work schedules are important to a large number of employees in the current world. Attaining high quality job performance on challenging, autonomous work may be more important than receiving a promotion (van Schalkwyk, 2001: 132).

Weakening of sex role boundaries

The arbitrary divisions of labour between male and female participation in work roles have become less rigid in recent years (Markiewicz, Devine and Kausilas, 2000: 87). More women are entering professional jobs at increasing rates and have also made

progress in gaining access to some male dominated blue collar occupations. As occupational sex stereotyping continues to weaken, women and men will perceive a much broader range of career options, thereby increasing the chances of doing what they aspired.

Diversity of job orientation

The discussion of the existing work force does not imply that all employees hold the same values and perceive the same type of qualities as important. In fact, there is a considerable diversity among employees' satisfaction orientations (Callan and Greenhause, 1994:13). De Vos (1998: 43) found that while certain employees value freedom above all else, others primarily value the intrinsic excitement of the job, and while others prioritise security and balance in their lives. Although the influence of diverse external factors will be examined later in this study, it should be realized that in order to have job satisfaction, distinctive job values and job attitudes need to be evaluated before making a judgment.

Attitudes as part of job satisfaction

Attitudes can be seen as a learned and continuing tendency to respond in a specific way, that is, favourable or unfavourable to employees or the organization (Robbins, Odendaal and Roodt (2007: 65-82). One of the most controversial issues in the field of organizational psychology concerns the relationship between job attitudes and employee performance.

One of the trickiest questions asked in the field of human resource is "Do positive attitudes lead to good performance or does good performance lead to positive attitudes?"(Walton, 1999: 13).

Measures of job satisfaction are based on the techniques of attitude scale construction and psychologists have long defined attitudes in terms of constituent cognition or beliefs

and feelings (van Schalkwyk 2001: 11). Therefore, rationally, job satisfaction measures are assumed to reflect belief and feeling in a roughly equal proportion. As a result, Locke, Judge and Bono (2000: 237-249) define job satisfaction as a pleasurable or positive emotional state (feeling) resulting from the appraisal (beliefs) of ones job experiences. Similarly, Melville (1999: 495-499) regard job satisfaction as feelings or affective responses to facets of the situation but hypothesize that these feelings are associated with a perceived difference between what is expected as a fair return and what is experienced as a job satisfaction. (Makin and Cooper 1989: 26 & 27). Locke *et al* (2000: 237-249) seem to be implying that responses of job satisfaction directly influence the attitude to the job, because cognition is such that direct and immediate determinants of these feelings, both components of attitude are strongly represented in responses.

This leads to the conclusion that job attitudes represent a predisposition to respond in a favourable or unfavourable way to persons or objects in one's environment. Therefore, if attitudes should be interpreted in terms of job satisfaction, it would be the extent to which one's job experiences are pleasurable or unpleasurable. It could thus be assumed that if an employee has pleasurable experience in doing his or her work, he or she will have a positive attitude towards the job. Thus, it is concluded that a positive attitude towards one's job will result in job satisfaction.

2.4. FACTORS INFLUENCING JOB SATISFACTION

In determining job satisfaction one cannot consider the job in isolation. van Schalkwyk (2001:13) states Antecedents of job satisfaction can be classified into two major categories. Firstly, job environment itself and factors associated with the job are important influences on job satisfaction. This includes how employees are treated, the nature of job tasks, relations with other employees in the workplace and rewards. Secondly, there are individual factors that the person brings to the job. This includes both personality and prior experiences. Both categories of antecedents often work together to

influence employee job satisfaction. The fit between the individual and the job has been shown to be an important influence on employee job satisfaction.

It is thus clear that various factors should be taken into consideration when job satisfaction is evaluated. Some factors that are seen as directly related to job satisfaction (Peterson and Gonzalez, 2000: 18) are:

- Wages with respect to both amount and one's perception of adequate wages compared to others performing similar tasks.
- Prestige of the job.
- Challenge and various job tasks.
- Autonomy control over the conditions of work.
- Cohesiveness of the work group had facilitates interaction.
- Employers concern and involvement of employees in decision making.
- Job security.
- Satisfactory working conditions.
- Mobility potential of the job (workers want to feel there is potential for upward movement through skill and occupational hierarchy, the organizational structure in which the work is performed or any combination of the three).

2.5. JOB SATISFACTION IN DOCTORS' WORKING IN THE PUBLIC SECTOR

One might expect doctors to be fairly satisfied with their jobs. Its constituent components contain those features which most employees find desirable in work, that is, the use of skills and abilities, discretion, recurrent feedback as well as the more obvious features such as status and attractive salary packages. (Sloan and Cooper, 1986: 48).

Several studies have suggested a relationship between doctor satisfaction and a number of important outcomes. Mangelsdorf and Hubbart (1986: 784-789) investigated physician

and patient satisfaction in academic group practices and found that both were related to aspects of practice efficiency. Higher physician job satisfaction has also been related to decreased propensity to strike (Kravitz and Shapiro, 1999: 502-512) and to decrease turnover in group practice, (Barber, 1998: 410-413). An effect of job satisfaction on turnover was also reported among the academic orthopedic surgeons in the military (Burke, 1988: 14).

 If doctors' job satisfaction has any special relevance to the hospitals, it is in this relationship to turnover and retention. To accomplish its joint objectives of primary health care and health for all, the health department services must recruit and retain adequate numbers of well qualified doctors. However, this task has proved difficult in recent years, especially in certain specialties, such as radiology, orthopedics, anesthesiology, and some of the medical subspecialties (Doubert, Relles, and Roll, 1985: 34). Available evidence suggests that job satisfaction among doctors working in public sectors is not high (Mangelshorf and Hubbart, 1986: 40). The areas of greatest dissatisfaction have included unavailability of good working equipment, administrative support, and poor accommodation, unavailability of examining rooms and offices, as well as incentives (Forgarty and Barber, 1999: 15-18).

Consequently, recent efforts to boost recruitment and retention of doctors working in the public sector have generally involved financial incentives, such as rural and scare skill allowances. These efforts have met with mixed success, probably because it is difficult for government hospitals to compete with private hospitals in terms of salary, especially for specialists who are the doctors the public hospitals most needs. However, the success of this new strategy is as yet undetermined and even if doctors are attracted to the rural allowance and other incentives they will not stay if they become dissatisfied by the realities they find in practice (Durst and Desantis, 1997: 28).

It is clear that in looking at job satisfaction, all factors related to the job need to be considered, since this is the only way to get a clear understanding of which factors have an influence on the job satisfaction levels.

The term job satisfaction can also be identified as an individual's general attitude towards his or her job (Robbins *et a*l 2007: 16). However, from the previous discussions, it is clear that the term job means more than just the day- to- day activities that one has to do in order to fulfill one's duties as showing by numerous studies conducted by researchers such as Locke, Judge and Bono (2000: 237-249), Hertzberg ,1959 and Maslow,1943, (cited in van Schalkwyk, 2001: 23)

2.6. OTHER FACTORS THAT COULD HAVE AN EFFECT ON JOB SATISFACTION

Another way of classifying the effects of job satisfaction is as follows:

2.6.1. Intrinsic (that is, operational factors)
2.6.2. Extrinsic factors (that is, job environment).

2.6.1. Intrinsic factors

Studies on job satisfaction in the early years pointed out that researchers have not always been interested in the nature of the job itself (Testa, 1999: 53). Instead they have been interested in trying to improve the social relationships and social situation of employees in relatively poor work situations. It was Hertzberg, 1959, (cited in van Schalkwyk, 2001: 31) who drew attention to the view that to increase job satisfaction one had to change the actual job being done. According to this view, individuals have a right to expect satisfaction from their jobs.

In the case of doctors, some job related factors which could lead to human error, are:

- workload
- recognition
- mentally challenging work

A short discussion will follow of the influence on job satisfaction of each of the above.

Workload

Studies done by Deitz and Thoms (1991: 8 and Wiener and Nagel (1988: 27), have amply demonstrated that workload is a crucial determinant within the medical field because of its direct link to safety and human error.

Employees are most reliable under moderate levels of workload that do not change quickly and unpredictably. When the workload is excessive, errors arise from an inability of the human to cope with high information rates imposed by the environment.

This could lead to a feeling of incompetence or frustration which could result in job dissatisfaction. On the other hand, too low workloads could lead to boredom and could mean that the doctor might not attend well to the duties at hand, which could cause human error. Therefore, it is clear that extremes of workload could increase the likelihood that dissatisfaction might happen, which can enhance the possibility of human error within the medical field.

Recognition

In many commercial and industrial organisations, including the medical field, success is often signaled by promotion (Gruneberg, 1997: 36). Promotion does not globally signal recognition of achievement. However, in some health organization promotion may result from seniority or length of stay in the organisations or the level of the hospital you are working at rather than from the achievement on the job. Of course, as far as an individual

is concerned, promotion involves more than the recognition of achievement since it can also mean an increase in financial reward and status (van Schalkwyk, 2001: 21). Financial rewards can sometimes be measured as a satisfier in job satisfaction, but it should be noted that recognition can also be given in tangible ways, such as praise from one's supervisor for the good work well done (Robbins *et al* 2007: 192).

Most doctors' dream is to head the hospital or a unit of specialists and naturally to be in charge of a medical school. One could, therefore, assume that any promotion that brings the doctor closer to achieving this dream, will also result in higher job satisfaction, whereas if the doctor feels that he/she is not becoming closer to this dream, he/she will become more dissatisfied with his/her job. (Robbins *et al 2007*: 134).

Mentally challenging job

Most employees tend to prefer jobs that provide them with opportunities to use their skills and abilities and offer a variety of activities, autonomy and feedback on how well they are doing (Walton, 1999: 227). These characteristics make the job mentally challenging. Jobs that are not challenging enough create boredom, but unrealistic challenges create frustration and feelings of failure. Under conditions of moderate challenge, most employees will experience pleasure and satisfaction.

2.6.2. Extrinsic factors

The previous section clearly indicated that the nature of the job is critical in determining whether individuals are satisfied or not with their work. As noted previously, factors associated with job satisfaction are the intrinsic factors, while those such as pay and supervision are associated with the extrinsic factors Hertzberg,1959 (cited in van Schalkwyk 2001: 56) was one of the first researchers who made a distinction between extrinsic and intrinsic factors with his two factor theory (motivators and hygiene factors)

while most current studies concentrate on the importance of intrinsic factors of job satisfaction, few workers deny the importance of extrinsic factors.

One of the attributes of job satisfaction of employees is the environment in which the tasks need to be accomplished (Oshagbemi 1999: 23). Doctors' work environment is usually stressful because of time pressure, cognitive load and fatigue caused by a combination of long work hours, irregular work schedules as well as numerous other environmental factors. Studies in the medical field have acknowledged that many of the extrinsic factors are conducive to sub-optimal decision making processes. However, most of them have not examined the influence of the total of these factors on the overall job satisfaction of doctors.

The extrinsic factors that could have an impact on doctors' job satisfaction levels are as follows:
- Equitable rewards.
- Team work.
- Organisational structure.
- Work schedule.

Equitable rewards

Pay systems such as promotion policies should be perceived as just, unambiguous and in line with employees' expectations (Buys 1997:85, cited in van Schalkwyk, 2001: 24).When pay is seen as fair based on job demands, individual skill level and community pay standards, satisfaction is likely to be a result. In connecting pay to satisfaction, it should be remembered that satisfaction is not the absolute amount that is paid but the perception of fairness. However, it should be noted that some employees will willingly accept less money to work in a less demanding job or to have greater discretion in the work they do and the hours they work.

Team work

The work of most employees involves some kind of interaction. It is, therefore, not surprising that positive working relationships and friendly colleagues could lead to an increase in job satisfaction. The study conducted by Hertzberg, 1959 (cited in van Schalkwyk, 2001: 56-57) found that on average, employees rated the social aspects of the job first to the question on what made them most satisfied or dissatisfied with their jobs.

The need for social interaction with others is one of the basic lower needs put forward by Maslow, 1943 (cited in van Schalkwyk, 2001: 58), one of the most well known motivation theorists. A number of other studies done also indicated the demoralizing effect of social isolation in work situations.

It is, therefore, obvious that colleagues do have a great influence on the level of job satisfaction. Markiewics, Devine and Kausilas (2000: 45) list the reasons as follows:

- Peers or groups offer protection against outside threats.
- Employees enjoy interaction with others as a pleasure in its own right, that is, friendship.
- Employees want to feel valued by others.
- Employees prefer cooperating with others to achieve an objective.

Other than just job satisfaction, the coordination of team work is also of great importance to the medical officers, because of the importance to the medical profession owing to the possible relation between a lack of multidisciplinary coordination and medical accidents. A hospital operations accident study of 39 patients conducted concluded that 73 percent of accidents were caused when decisions made were not taken by a multidisciplinary team (O'Haare, 1999: 37).

In addition to the safety aspects, recent investigations also found that team performance is related to the way medical coordination behaviours were exhibited by a team (Pines and Aronson 1991: 302). It was also indicated that effective teams can, among other behaviour, monitor their own performance, perform self correction of errors and adapt to unpredictable situations. Other aspects that could also have an impact on team performance are affected by a number of things, including individual motivation, satisfaction and attitudes.

Organizational structures

An organisational structure explains how job tasks are formally divided, grouped and coordinated and this have profound effects on workers' performance and level of satisfaction (Robbins *et al* 2007: 140). An organizational structure is extremely important because of the differences between workers. Certain workers are more productive and satisfied when work tasks are standardized and ambiguity is lessened.

Since the global competitive environment continues to intensify, more and more big organizations are de-bureaucratising their structures, making them more organic so that they can adjust more rapidly to change (Callan and Greenhaus, 1994: 15). In a study done by Robbins *et al* (2007: 52), it was found that there is no clear link between organizational structure, production and job satisfaction. Some workers would prefer a work environment where work is standardized and ambiguity is minimized (more mechanical structure). Others might prefer a more flexible and less controllable environment (organic structure).

Given the more mechanical structure of health institutions (clear hierarchical structures and promotional levels), it could be assumed that doctors would generally be more satisfied with a clear promotional route than one with no clear upward movement.

Factors in the medical field in the South African environment as far as organization structures are concerned that could have impacts on the job satisfaction level of doctors are:

Private companies versus government sector

Whether an individual works for a private company or a government institution in the medical field, the working environment will always have job satisfaction levels, since organizations have different structures to promote challenges. The perception does however, exist that the private sector offers more career development opportunities than the government sectors.

The size of the organisation

The South African medical industry includes big hospitals and numerous small hospitals. The big hospitals are usually situated in urban areas while the small hospitals are mostly found in rural areas. Specialists are often restricted to work at small hospitals because of a lack of posts and resources due to limited budgets at small hospitals while they might aspire to work at such hospitals where there are often no specialists or even full time doctors to gain experience in various fields.

Technology

The size of the hospital usually determines the technological advancements and availability of the sophisticated theaters, wards and consultation rooms equipped with the latest technology. The lack of advanced technology in smaller hospitals could lead to frustration and job dissatisfaction.

Work schedules

The standard work shift for most workers is eight hours per day for five weekdays per week. However, this is not the case with doctors. Most doctors work flexible work schedules that often exceed the standard eight hours per day (Kravitz and Shapiro 1999: 502- 512). The effects of flexible work schedules on job satisfaction have been somewhat inconsistent. Spector (1997: 56) found that job satisfaction was higher with flexible work schedules than with fixed work schedules. However, Peterson and Gonzalez (2000: 143) could not find any relationship between work schedules and job satisfaction. It appears as if flexible work schedules could have positive effects on job satisfaction in some circumstances, but more research still needs to be done on this topic.

Studies to determine the influence of longer shifts on job satisfaction also show inconsistent results. Kersner and Stone (1991: 2-9) established that workers usually prefer long shifts and will enjoy increased job satisfaction if allowed to work fewer shifts with longer days or hours. The most frequently noted problem with long shifts is fatigue. However, Kadushin and Kulys (1995: 174-186) found that workers working longer hours a day but fewer shifts reported less fatigue. This can possibly be because of reduced feelings of stress resulting from having more free time.

A study that underscored the negative effects of working long hours was conducted by Koeske, Kirk and Rauktis (1994: 27-35). Koeske *et al* (1994 27-35) investigated the effects of shift length on nurses. His survey interviewed the nurses about job satisfaction, maladaptive bahaviours, physical health problems, and psychological stress outcomes. Working long hours was associated with the following:

- Job dissatisfaction.
- Pill taking.
- Sleep disturbances.
- Patient complaints.

Because hospitals operate twenty four hours a day, different shifts are needed to cover the whole time. Doctors usually rotate shifts to take turns to work prescheduled shifts, that is, night and day shifts. This becomes even more difficult for doctors working in rural hospitals because of staff shortages. It may happen that one doctor may work both day and night shift.

2.7. INDIVIDUAL DIFFERENCES

The difference between employees often elicited arguments against the theories of job satisfaction. The question of how differences between individuals (or external factors) affect their job satisfaction needs to be looked at because everyone wants a job in which he/she can find fulfillment. Some prefer jobs which give the highest financial return. Job characteristics that are needed by individuals sometimes differ from what is wanted by another individual (van Schalkwyk, 2001: 35).

2.7.1. Job satisfaction and tenure

The length of service as suggested by a number of studies could be used to estimate the levels of job satisfaction of workers. It is assumed that less satisfied workers tend to resign while the more satisfied ones retain their jobs. Consistent with this view, a negative relationship between job satisfaction and turnover has been reported by several researchers (Blau, 1999: 45-56).

2.7.2. Job satisfaction and age

On the issue of whether there is a relationship between job satisfaction and age, the evidence is not clear. General findings report that there is a positive relationship between job satisfaction and age, at least up to sixty years. Some studies have, however, found a U-shaped relationship with job satisfaction starting high, declining, and then starting to improve again with age (Robbins *et al* 2007: 191). Groot and van den Brink (1999: 31)

conducted a study on job satisfaction levels of older workers and the following conclusions were made:

- The elder workers are more concerned with the content of the job than with the colleagues, supervisors, workload, and early retirement arrangements.
- The effects of an individual's characteristics together with job characteristics on job satisfaction differ with each aspect of the job considered.
- The response to a general question on job satisfaction may differ from the response to questions on satisfaction with different aspects of the job.

Because of the contradictions in studies, and the fact that doctors usually have a relatively long life career, it is difficult came to a conclusion regarding the influence of age on the satisfaction levels of doctors.

2.8. THE CONSEQUENCES OF JOB SATISFACTION

The main reason for studying job satisfaction is to make an assessment of its impact on productivity, turnover, absenteeism, and the individual. Thus far the possible variable effects of job satisfaction of doctors have been discussed. Since job satisfaction includes a variety of factors, some in the economic and others in the personal environment, it is crucial that the consequences of job dissatisfaction are examined.

2.8.1. Job satisfaction and productivity

A number of studies sought to establish the relationship between satisfaction and productivity (Robbins *et al* 2007: 193). However, no specific relationship could be proved as yet. A happy worker is a productive worker, in short is how earlier studies

summerised the situation. A careful review of some studies showed that, although there was a positive relationship between job satisfaction and productivity, the correlation is consistently low (Robbins *et al* 2007: 196).

Some investigation by other studies on the relationship between job satisfaction and productivity indicated that rather than higher satisfaction leading to performance, it is rather performance that is leading to rewards that leads to satisfaction. Data gathered from different organisation have shown that organizations with more satisfied employees tended to be more effective than organizations with less satisfied employees (Walton, 1999: 194).

How does job satisfaction and productivity influence the performance of doctors? Studies have found that doctors who are at risk of lesser optimal performance are those who find working patterns, schedules and rosters primary sources of stress (Green, Muir and Gradwell, 1991: 75). It also appears that doctors who work in rural hospitals and do not have any formal specialty as they would have preferred, are more anxious about completing certain emergency procedures. This can also have an influence on their performance. Kravitz and Shapiro (1990: 502-512) presented doctors with a list of twelve items, which had to be ranked in order of the top four factors perceived by doctors to have an influence on their performance. The items most frequently identified as factors affecting doctors' performance were:

- Fatigue.
- Things not directly under their control.
- Interpersonal relations with management.

An interesting conclusion made from this study is that items of lesser importance tended to have a modifying influence on doctors' performance. It was found that the degree to which doctors relaxed showed to be the significant issue in the perception of performance.

2.8.2. Job satisfaction and absenteeism

Job satisfaction and absenteeism show a consistent negative relationship, although the magnitude of the relationship is small (Testa, 1999: 56-58). While it makes sense that dissatisfied workers are more likely to miss work, other factors have an impact on the relationship and reduce the correlation coefficient. Gruneberg (1997: 137) note: The lack of support for the position that job satisfaction causes absenteeism does not imply that absence behaviour is any less important or less researchable. It does imply that a more efficacious approach to it must be undertaken than merely to correlate it with satisfaction measures.

The focus of an organization interested in absenteeism behaviour must be on these factors within the organization which influence the provision of valued rewards (or sanctions) for attendance behaviour. The concern with job satisfaction is only an indirect one. Whether or not job satisfaction correlates with absenteeism depends on whether they share a common third partner – the attainment of valued rewards.

2.8.3. Job satisfaction and turnover

Satisfaction is negatively related to turnover, but the correlation is much stronger than with absenteeism (Robbins *et al* 2007: 194). Gruneberg (1997) states that organisational commitment has most often been used as an antecedent to predict withdrawal behaviours. Studies done by van Schalkwyk (2001: 76) reveal that dissatisfaction with the workload is the single most important factor influencing a doctor's decision to leave a rural practice, particularly the doctor's perception of the workload.

Evidence shows that an important moderator of the satisfaction turnover relationship is the employee's level of performance (Testa, 1999: 33). Specifically, the level of satisfaction is less important in predicting turnover for superior performers. It seems as if

organisations will make considerable efforts to keep high performers. Therefore high performers will get pay increases and recognition. The opposite is true for poor performers as and few attempts are made by organisations to retain them. It could, therefore, be concluded that job performers' satisfaction is more likely to play a part in the reasons for leaving the organisation, than it would be for high performers of a specialised nature of a doctor's job. It would appear as if the turnover is not high for the performers in the profession. However, it appears as if rural hospitals have a higher turnover rate than urban hospitals. This could be attributed to the fact that doctors have more career opportunities at urban and big hospitals, which is not the case with rural hospitals and, as mentioned before, this could lead to frustration.

2.9. EXPRESSION OF DISSATISFACTION

Workers' dissatisfaction can be expressed in different ways. Rather than to resign, workers can lodge a complaint, become insubordinate or steal (Robbins *et a*l 2007: 83) .The following figure shows some of the responses to job dissatisfaction.

Figure 2.1: Responses to Job Dissatisfaction
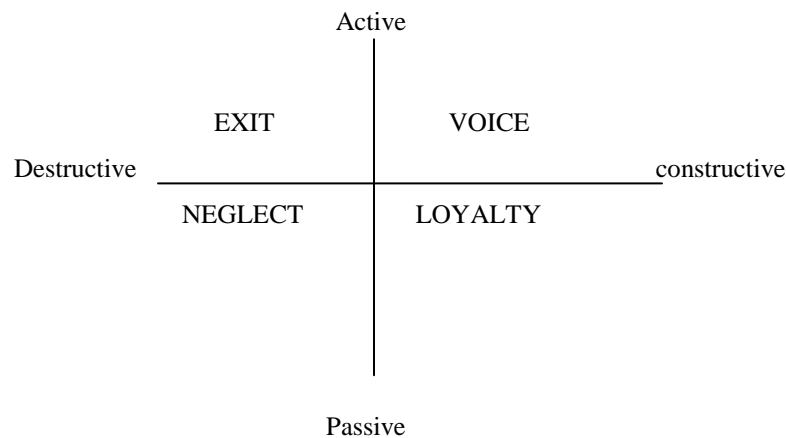
Source: Robbins *et al* 2007: 79

Figure 2.1 offers the four responses that differ from one another along two dimensions: destructiveness/constructiveness and activity/ passivity. They are explained as follows:

- Exit refers to behaviour directed towards leaving the organization and looking for a new position and resigning.
- Voice refers to an active and constructive attempt to improve conditions and includes suggesting improvements, discussing problems with supervisors and some form of union activity.
- Loyalty refers to passive but optimistic expectance for conditions to improve and includes speaking up for the organization and its management to do the right thing.
- Neglect refers to passive allowance of condition to worsen and includes chronic absenteeism or lateness, reduced effort and increased error rate (Robbins *et al* 2007: 79).

Due to a variety of opportunities for doctors outside the public sector, it could be assumed that doctors would rarely make use of passive constructive (loyalty) expression of dissatisfaction. This in itself could have a negative impact on the health sector, especially if most of the dissatisfied doctors fall in the destructive-passive (neglect) category, because this would mean a lack of commitment and could create an attitude of carelessness, which could be the cause of doctor errors, patients' complications and deaths.

2.10. SUMMARY

One can conclude that however much social scientists would wish job satisfaction to affect aspects of economic importance, little conclusive evidence could be presented as yet. However, this once again stresses the fact that people are different. It is difficult to determine exactly what will make people stay or leave their jobs, although there are some guidelines.

It should, however, be noted that individuals such as doctors, who have to demonstrate authority and control in their job, may show some initial reluctance to admit that they are experiencing problems and are dissatisfied with their work, since they may feel that it could be interpreted as incompetent. Nevertheless, all doctors should be aware that the consequences of job dissatisfaction can potentially influence performance in their work performance.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1. INTRODUCTION

The research procedure includes what is actually done in the research study (Mason and Bramble, 1998: 375). It focuses on data collection, design and analysis of data along with any special concerns such as sources of materials and the time frame for the completion of the research. This chapter will present the methodology that was followed in conducting this study.

3.2. RESEARCH DESIGN

In order to investigate the objectives of this study, an exploratory qualitative research design was used to explore the factors influencing the level of job satisfaction amongst doctors employed in rural hospitals of the Waterberg District in the Limpopo Province as current literature provided limited information on this field of study. This design is relevant when the researcher examines a new interest or when the subject of the study is relatively new (Yegidis and Weinbach, 1996: 89).

3.2.3. Study Population

The study was conducted in two hospitals of the Waterberg. There are approximately 20 doctors employed at these two hospitals. Of the 20 doctors to whom questionnaires were given out, 12 respondents completed them and the questionnaires were collected by the researcher. The response rate of a questionnaire is influenced by the topic of the study, nature of the sample and the length of the questionnaires (Leedy and Ormrod, 2001: 260).

Babbie and Mouton (2001: 106) state that a return rate of 50% is adequate for analysis and reporting.

3.2.4. Sampling Method

In this study, purposive sampling was used to select the sample. According to Leedy and Ormrod (2001: 219), with this method there is no randomization, which means that the respondents are selected based on the judgment of the researcher and their availability. With purposive sampling the respondents are selected according to certain characteristics and viability (Grinnell, 1997: 107).The researcher included all participants from each of the two rural hospitals in the Waterberg district of Limpopo Province. All the respondents were chosen because they best met the purpose of the study. The sample size was twenty doctors of whom twelve returned the questionnaires.

3.3. SUBJECTS SELECTION CRITERIA

Two subject selection criteria were adopted. Firstly, the subjects were required to be graduates who had completed a recognized degree in medicine, as the study focuses on this particular group of individuals. Secondly, the subjects had to be employed at the time of the study and practising as medical doctors in the targeted hospitals, so that they would be able to provide information on their job situation.

3.4. DATA COLLECTION METHOD

The questionnaires were designed for data collection, with both structured and semi-structured questions (Appendix A). These questionnaires were personally distributed to the respondents and collected after two weeks. Each respondent received a consent form (Appendix B) providing a brief description of the purpose of the research project as well as an invitation to participate. The respondents were assured that their responses would remain confidential. The respondents were also encouraged to provide additional comments. Since the questionnaires required self administration a contact number was

provided for those respondents who might have difficulty with any of the questions (Yegidis and Weinbach, 1996: 23).

3.4.1. Questionnaire

A seven-part questionnaire designed to determine the respondents' demographic characteristics and the job content was used. This questionnaire also identified whether the respondents considered intrinsic and extrinsic antecedents of job satisfaction to have an influence on their job satisfaction. Data pertaining to areas to individual characteristics and general questions about the job were also collected. Each section is explained separately as follows:

Section A: Demographic Information

Biographical items constitute an important section of the questionnaire because in addition to describing the participants' background, these items also serve to explain the obtained data and evaluate the sample (Schnetler and Botha, 1991: 56). According to Green, Murphy and Snyder (2000: 237-240), it has been found that the placement of demographic information in a questionnaire does not have an influence on the response rate. However, in this study the biographical section was placed at the beginning of the research instrument. The questionnaire thus began with a relatively non-threatening, easily answerable section, so as to encourage the respondents to complete the questionnaires (Czaja and Blair, 1996: 101-103). Questionnaires to obtain biographical information were adapted from studies by van Schalkwyk (2001). Information regarding age, gender, years' of experience, hospital employed, highest qualification, and number of years employed in the present hospital were included.

Section B: Work Context

This section contained six open ended items an aspect of the job which involves the day-to- day working schedule of the respondents.

Section C: Job Function Areas

The Job Satisfaction Scale (JSS) was used (Koeske, Kirk and Rauktis, 1994: 27-35). The JSS assesses five facets of job satisfaction as well as overall satisfaction. Table 3 provides presentation of each facet:

Table 3: Facets of the JSS

	FACET
1	Too many patients to treat effectively
2	Necessary resources to do my job effectively
3	Necessary support to do my job effectively
4	Enough authority to do my job
5	Enough autonomy to do my job

In this study JSS employed one of the most commonly used scales which has a five point scale (Sarantakos, 2000: 89). The Likert Scale supplies adjectives that allow the respondent to describe how much he / she agrees or disagrees with an item. The respondents' level of satisfaction with each item ranges from strongly agreeing, agreeing, and neutral, disagreeing, and strongly disagreeing. Gathering and processing the Likert type of responses are efficient because using the same response alternatives for numerous items allows the respondents to supply much information in a small amount of time.

Furthermore, rating scales have the advantage of providing data that use values rather than categories which allow for much greater flexibility during the later analysis phase (Edwards, Thomas, Rosenfeld and Booth-Kewley, 1997: 66). The scale contained five items and used a summated rating format. According to scale developers, the JSS can be easily modified and additional items can be incorporated within the established five items.

Section D and E: Intrinsic and Extrinsic Antecedents of Job Satisfaction

Section D and E consisted of questions that were aimed at determining the real understanding of the job satisfaction within and outside of the doctors' jobs.

Section F: Individual characteristics

Section looked at the relationship between the management and the supervision of the respondents.

Section G: General Questions about your Job

Section contained six open ended items, tapping aspects of the job which the respondents liked most or least, suggestion to improve job satisfaction, management support, and any additional views on the topic. Open ended questions, especially those requesting general comments at the end of a survey, are often a good indication of how important survey questions are to the respondents (Robbins *et al* 2007: 18).

3.5. DATA ANALYSIS

- The results of the questionnaire were analysed using the frequency distribution.
- The modified job satisfaction scale has dimensions of work and individual respondents can rate each dimension on a scale according to the degree of agreement or disagreement.
- The results were also presented by identifying and describing common themes that relate to the aims of the study.

3.6. SUMMARY

The chapter focused on the design of the methods that were used to make the findings of the study empirically justifiable. Through the scientific method researchers are able to

acquire information that is devoid of personal beliefs, values and attitudes as far as humanly as possible (Christensen, 2003: 14). The next chapter discusses the results and interpretation of the information in more detail.

CHAPTER FOUR

RESULTS AND INTERPRETATION

4.1. INTRODUCTION

The focus of the study was on job satisfaction of the medical officers working at rural hospitals of the Waterberg District of Limpopo Province. Self-administered questionnaires were personally handed out to twenty doctors, from which a 52% response rate was obtained. According to Babbie and Mouton (2001: 234), a return rate of 50% is adequate for analysis and reporting.

4.2. DEMOGRAPHIC INFORMATION ABOUT RESPONDENTS

Most of the respondents were from George-Masebe hospital. Seventy five percent of the respondents were males and the majority fell within the 30-34 year old category. However, a limitation of the questionnaire was that the 35+ years category was not broken down into additional categories.

More than half of the respondents had been employed far between 0 to 5 years in their present job whilst one third of the respondents had 10 years working experience. Thirty three percent of respondents had additional qualifications such as diplomas in obstetrics and gynaecology.

4.3. OVERALL EVALUATION OF WHETHER DOCTORS HAVE JOB SATISFACTION

It must be noted that all the respondents had already completed their community service at various public hospitals in South Africa. The results will, therefore, be presented and discussed in relation to the aims of the study.

The first aim of the study was to investigate whether doctors working at selected rural hospital have job satisfaction.

In the questionnaire the respondents were asked to indicate how many days per week they render service. All the respondents answered this questionnaire and reported that they were working between five to seven days a week with equal percentages at least two night duty calls a week. This may mean that due to a shortage of staff in the rural hospitals. These doctors often worked day shifts as well as night shifts in a week.

4.3.1. Facets of job satisfaction

Facets of job satisfaction include job function areas and they will be discussed as follows:

4.3.1.1. Job function areas

Overall measures of satisfaction do not always reveal anything interesting. Consequently, it is more important to look at particular aspects of agreement or disagreement in order to decide whether or not anything needs to be done about the job situation.

Koeske *et al* (1994: 27-35) devised a three factor structure for a Job Satisfaction Scale. The first factor, termed job function areas of job satisfaction, includes items reflecting the following job function qualities of the work role:

- Too many patients to treat effectively.

- Necessary resources to do my job effectively.

- Necessary support to do my job effectively.

- Enough authority to do my job.

- Enough autonomy to do my job.

For the purpose of analysis, the 5-point rating scale was collapsed to form a three point rating scale by combining the strongly agree and agree categories, and the strongly disagree and disagree categories. Each facet is described separately below:

Too many patients to treat effectively

The majority of the respondents (90%) felt that they had too many patients to treat, reflecting a feeling of work overload. The findings from the present study in respect to working with too many patients were very similar to those obtained by Koeske *et al* (1994: 27-35). A possible explanation for these results is that most of these hospitals are short staffed so that one doctor can be in charge of two clinics with only nurses as assistants.

Necessary resources to do my job effectively

All the respondents felt that they did not have the necessary resources to perform their jobs. These results were expected as there is a lack of resources in public hospitals, let alone in rural hospitals. Budgetary reductions and a lack of resources influence the level of stress (Thomson, Murphy and Stradling, 1994: 29). A study by Meyerowitz (1988: 76) focused on social workers employed by government at two South African hospitals and found that the majority of the participants cited a lack of resources as a significant work stressor.

Necessary support to do my job effectively

The majority of respondents the (55%) were agreed with the support they got to effectively do their jobs. Only a small percentage of the respondents disagreed.

Enough authority to do my job

Thirty-six percent of the respondents fell within the agreeing category. Only 10% were disagreeing. The remainders of the respondents (55%) were neutral. These results are consistent with those documented by Peterson and Gonzalez, (2000: 18), in which the item amount of authority you have to do your work made the largest contribution towards organizational job satisfaction.

Enough autonomy to do my job

The majority of the respondents (81.8%) were satisfied with this aspect of their work. Both neutral and disagreed had an equal percentage of respondents (10%). A possible explanation for these findings may be that most doctors working at rural hospitals are on their own and decision making on a patient depends on the doctor on duty rather than on the management of the hospital.

These results are supported by Kadushin and Kulys, (1995:174-186), who state that structures that allow an individual worker more freedom and autonomy tend to increase the level of job satisfaction and the quality of job performance.

4.3.2. Aspects of core activities enjoyed and not enjoyed by respondents

All twelve participants in the study responded to the open ended question regarding aspects they enjoyed and not enjoyed in their core activities. The core activities were in terms of four departments where they were performing their duties.

Four common themes emerged from the responses, namely:

- Out-patient department.
- Casualty.
- Wards.
- Theater.

Each of the above themes are discussed separately.

Out-patient department

An out patient department is a section of the hospital where the majority of patients will be seen by the doctor, medication prescribed while the patients are usually not admitted to the hospital. This department is usually overcrowded and patients will present with a range of conditions. Most of the respondents (76%) were not enjoying working in the out-patient department. This is indicated by their verbatim responses, such as,

- Too many patients mostly chronics.
- Many patients, cold cases and not challenging.
- Many patients and your goal is to finish as many patients as you can.

The implications of these findings are that such feelings could lead to burnout. This is also a job related factor which has a direct link to safety and human error.

Casualty

This department usually treats emergency cases and more often than not these patients will be admitted to the hospital. Almost half (50%) of the respondents indicated job dissatisfaction with working in this department. The main concerns are still workload, shortage of staff and patients with minor ailments. These findings may indicate that, although there is a high workload, the fact remains that the cases seen are not mentally

challenging as one of the respondents mentioned that. Jobs that give opportunities to use skills, abilities and offer a variety of activities tend to be mentally challenging (Walton, 1999: 227).

Wards

This department is where patients are admitted to various wards in the hospital as they are too ill to be treated at home. Only ten percent of the respondents indicated job dissatisfaction in this area of work. These lower rates could possibly be attributed to the fact that these hospitals have a small number of beds (between 30 and 50). As a result this area of work will not be busy when compared to the out patient and casualty departments.

Theater

This department is where patients are operated. Sixty- five percent of the respondents in this area of work stated dissatisfaction with the working conditions in this unit. Some of the verbatim responses were:

- No necessary equipments to do job effectively.
- No specialists, therefore, lack of confidence in what I am doing.
- Working with old monitors and machines, personally hate surgery and no equipments for necessary procedures.
- The lack of or not properly working equipment caused the doctors to experience a lack of confidence in doing certain surgical procedures. This unit is one area that if something goes seriously wrong, it is too far to transport a patient to a referral hospital and as a result life could be lost.

4.4. INTRINSC AND EXTRINSIC ANTECEDENTS OF JOB SATISFACTION

The second aim of the study was to formulate recommendations for the managers of rural hospitals with regard to possible factors that contribute to the job satisfaction of these respondents.

4.4.1. Intrinsic antecedents of job satisfaction

The following items reflected the intrinsic qualities of the work role:

- The nature of the work.
- Enjoying autonomy from management and reason for the answer.

The nature of the work

Only 11 out of the 12 participants in the study responded to the question on the nature of their work. Most of those who responded namely, 92% found their job challenging while 8% found their job simple. Himle, Jayaratne and Chess (1987: 41-56) state that challenge comprises several factors, which include freedom to decide how to work with patients the challenge to develop special abilities in such work the ability to see the result of one's efforts the perception that the patients' problems are difficult to solve, and whether the work is interesting. It can be concluded that the participants experienced either one or more of the factors described by Himle *et al.* (1987: 41-56).

Enjoying autonomy from management

Almost 58% of the participants reported that they did enjoy the autonomy from management in order to render their services effectively. A large number of the respondents reported that the management was not supportive of the work they, were doing whilst the 42% who were enjoying the necessary autonomy from management reported that management did not interfere with their patients' treatment. Not having

autonomy over important aspects of one's job is likely to add to feelings of emotional exhaustion, job dissatisfaction and a lack of motivation (Kadushin and Kulys, 1995: 174-186).

4.4.2. Extrinsic antecedents of job satisfaction

Almost 58% of the respondents indicated that management was not supportive while 17% of the respondents revealed that management was supportive. Twenty- five percent adopted a neutral stance. The majority of the respondents were of the view that there was a lack of support from management. However, job politics can arise from differences in personal values and work orientation. When professional groups work together, they may sometimes view each other as rivals (Ross, 1997: 23) or simply lack knowledge and understanding of the other groups' roles and contributions. Limited support from management further undermines morale. The relatively small number of doctors who expressed the view that they were reviewing support from management stresses the need for team work.

Sixty percent of the respondents viewed management rating services provided by doctors as effective. None of the respondents viewed management rating their services as ineffective. A Canadian study of 525 professional and managerial women found that women were more likely than males to develop satisfying and successful careers in organisations, which they perceived as valuing their talents and contributions (Burke, 1988: 98). It can therefore be speculated that the respondents in the present study, who viewed management rating their services as effective, would be satisfied with their overall work and perceiving themselves to be successful.

4.4.2.1. Additional views on extrinsic antecedents

The following were additional views on extrinsic antecedents, which were analysed in terms of themes.

Only 10% of the respondents felt that management valued the work that they were doing. The job of a doctor entails some kind of interaction. It is, therefore, not surprising that the negative working relationship and unfriendly co-workers could lead to an increase in job dissatisfaction. In the study conducted by Hertzberg, 1995(cited in van Schalkwyk, 2001: 57) it was found that, on average, employees rated the social aspect of the job first to the question of what made them most satisfied or dissatisfied with their job.

Twelve percent of the respondents reported their relationship with management as good. It is, therefore, clear that good working relationships have a great influence on the level of job satisfaction. Other than just job satisfaction, the co-ordination of teamwork is also of great importance to the medical profession.

When asked to state the ratio of patients to doctor, 20% of respondents reported that a doctor can see on average 80 to 120 patients per day. This workload alerts a concern to the effectiveness of the treatment that those patients are receiving as well as the physical and mental exhaustion of the doctors. When a workload is excessive, errors arise from an inability of the human to cope with the high information rates imposed by the environment. This could lead to a feeling of incompetence or frustration which could result in job dissatisfaction (Deitz and Thomas, 1991: 203).

On the question of salary in relation to the workload, 70% of respondents felt that they were not adequately compensated. The respondents also reported that they would work overtime without being paid. When a salary is seen as unfair based on job demands, dissatisfaction is likely to be a result (Durst *et al*, 1997: 11-14).

Almost 60% of the respondents reported that there were no motivating fringe benefits from the hospitals. A lack of benefits from an employer may cause employees to feel unhappy and that their work is not valued by the employer (Ross, 1997: 99).

4.5. RESPONDENTS' INDIVIDUAL CHARACTERISTICS AND GENERAL QUESTIONS ABOUT THEIR JOB

4.5.1. Individual characteristics

This section investigated at the relationship between certain individual characteristics and job situation variables.

4.5.1.1. Management respects my opinion

Fifty percent of the respondents were of the view that management did not respect their opinions. Only 17% of the respondents viewed management as respecting their opinions while 33% did not know.

4.5.1.2. Management is biased against me because of my gender

Almost 60% of the respondents were of the view that management was not biased as far as the gender was concerned. Only 40% did not know if management was biased against their gender or not while none was of the view that management was biased against them because of their gender.

4.5.1.3. Management biased against me because of my age

Eighty percent (80%) of the respondents believed that age has no significant influence on how management related to them as doctors.

4.6. GENERAL QUESTIONS ABOUT THEIR JOB

At the end of the questionnaire, the respondents were given the opportunity to express any additional views, comments or concerns regarding job satisfaction. These comments were subjected to content analysis and are set out as follows:

Five common themes emerged from the responses to the questionnaire namely:

- In general how they felt about their job.
- Perception of doctors by management.
- Issues important to job satisfaction.
- Any problems experienced from management to perform tasks.
- Things the health department can do to promote job satisfaction amongst doctors working in rural hospitals.

Each of these themes is discussed separately.

In general how do you feel about your job?

When asked how they felt about their job, the majority of the respondents reported that they were unhappy about their work. The respondents mentioned a low salary, lack of equipment and support, strenuous conditions, and disliking the workplace amongst other things. These findings are important if one considers that if workers feel that the rewards they receive are not in accordance with the effort expended, the size of the workload, or poor working environment, they are likely to stay encounter feelings of exploitation (Kadushin & Kulys, 1995: 103). Furthermore, people are unlikely to stay in the same institution if working conditions are unsatisfactory. These findings, therefore, have implications for employers in government hospitals.

Perception of doctors by management

The respondents were asked to explain how management was perceiving their contribution to service delivery. The results revealed that 60% of the respondents were dissatisfied with this aspect of management. The overall feeling was the perceived lack of management support. This can impact negatively on the service delivery of these hospitals as most of the communities depend on these hospitals for health care. Support systems are required in order to cope with the stressful nature of doctors' work. Workers in the helping professions are susceptible to stress and burnout and therefore, require good support systems with colleagues and from management (Lubinski and Frattali, 2001: 60).

Issues important to job satisfaction

Seventy six percent of the respondents reported that the important issues for their job satisfaction included a good salary, a normal workload, better working conditions, better working relationship with management, and good resources. These items appeared to be the most unsatisfying aspect of employment for the group of participants who were surveyed. Fontana (1990:22) maintains that a good salary and good working conditions are not only valuable in themselves (in terms of avoiding the stress of financial problems, and working in conditions which promote efficiency) but that they also provide tangible proof the employer values the employees' work. Conversely, a poor salary, amongst other things, can serve to reinforce the feeling that one's work is not valued. The findings regarding dissatisfaction with the salary, poor working conditions and the lack of resources would appear to have important implications for employing organisations.

Any problems experienced from management to perform tasks

The majority of the respondents (60%) were dissatisfied with the poor working conditions, the provision of accommodation, and the lack of equipment. The lack of

equipment and poor working conditions emerged in most of the items of dissatisfaction of the respondents. These findings can have profound effects on employees' performances and their level of satisfaction (Robbins et al 2007: 550).

Things the Department of Health can do to promote job satisfaction amongst doctors working in rural hospitals

The respondents reported the following as some of the things the Department of Health should be aware of in order to improve the working conditions of doctors working at rural hospitals:

- Increasing of salaries.
- Buying of modernised equipment.
- Promotions that are earlier than in urban hospitals.
- Recruitment of more doctors to rural hospitals.
- Good accommodation.
- Recruiting senior medical doctors that will supervise the junior doctors.

4.7. SUMMARY

The main finding that emerged from the study was that more than half of the respondents were dissatisfied with their working environment. The major reasons for job dissatisfaction in the study were poor working conditions, lack of equipments, more workload, perceived poor salary and lack of support from management.

The findings in this study have provided a conclusion that the positive impact of the respondents' job satisfaction can be improved by those reasons mentioned above. These reasons may become important in improving the level of job satisfaction of the respondents and a better working relationship with the management.

Finally, the importance of job is alluded to, in the following quotation from Sigmund Freud:

No other technique for the conduct of life attaches the individual so firmly to reality as laying emphasis on work, for his work at least gives him a secure place in a portion of reality, in the human community.

CHAPTER FIVE

CONCLUSIONS AND RECOMMENDATION

5.1. INTRODUCTION

An overall evaluation of the information indicates that the majority of the respondents were not satisfied with their work environments. Although most of the respondents were fond of their professions, there were certain factors that made them dissatisfied to work in those rural hospitals. The factors include perceived poor salary, the lack of appropriate equipment, poor accommodation, and lack of support from management, work overload and shortage of staff.

These restraining and driving forces are influencing the performance of medical practitioners in rural hospitals. Ultimately, the health care of communities served by these hospitals need to be addressed to enable medical officers to deliver quality district hospital services.

5.2. LIMITATIONS OF THE STUDY

Although this study sheds some light on the job satisfaction levels of doctors working at rural hospitals in Waterberg District of the Limpopo Province, much more research is still necessary:

- Firstly, generalization of current results to the wider population of doctors in rural hospitals of Limpopo Province may be limited as the current study was conducted on a relatively small sample size and a disproportionate representation of the various ethnic groups in Limpopo Province.

- A second limitation is that the researcher used a self administered questionnaire to gather data.
- An interview would possibly have yielded richer, more in-depth and more comprehensive information.

5.3. IMPLICATIONS OF THE STUDY

Implications for the organisation

Employing organisations have a vested interest in increasing the job satisfaction of their employees as this factor is likely to have a positive influence on the physical and psychological well-being of employees, employee commitment and morale, worker turnover and productivity as well as client satisfaction with service delivery and quality of care (Um and Harrison, 1998: 100-113).

The findings were that the majority of the respondents did not feel that they were being suffiently remunerated for their skills and efforts. These feelings have important implications for employing organisations. Consequently, salary and benefits need to be discussed and agreed upon by both employer and employee. Furthermore, in view of the lack of resources available in most of the rural hospitals country wide, employers need to provide increasing equipment used and supply resources that are technologically up to date. Another way in which employers can potentially enhance job satisfaction is through the creation of support systems and structures to relieve occupational stress.

Furthermore, the findings from the study highlighted the need for employers to build the following factors into the work environment:

- Opportunities for employees to exercise autonomy and authority to experience a sense of control over their work situation.

- Concerted efforts by employers to show appreciation and acknowledgement of efforts taken by employees.
- Provide opportunities for participation in organisational decision making.
- Promotions could also help to increase feelings of job satisfaction and retention of health workers.

Implications for future research

The findings of the current study appear to have various implications for future research:

- An in-depth exploration of each facet of job satisfaction with a view to obtain more detailed qualitative data might create a useful domain for future research.
- The replication of the current study on a larger sample, in the form of interview rather than self administers questionnaire format might also elicit additional data.
- Job satisfaction of doctors could be compared with patient satisfaction in terms of the quality of patient care.

5.4. SUMMARY

An overall evaluation of the information indicates that doctors working at the selected rural hospitals of the Waterberg District in the Limpopo Province are dissatisfied with their working conditions. Treating the sick people is very important to these doctors, and probably something that they always wanted to do. Therefore, being a doctor is not just an occupation, it is a fulfillment of a lifelong dream and thus, regardless of what their working conditions are, as long as they can help the sick people, they are fulfilling this dream.

Furthermore this study managed to prove that there are factors that contribute to the job satisfaction of these doctors. There have been studies to justify these factors, Forgarty

and Barbers' (1999: 15-18) findings proved good salary, support from management, good working conditions help in improving the level of job satisfaction.

This study has also proved that the positive contributions that can be made by management to the working environment could increase the level of their job satisfaction. This research has come to the conclusion that employers and employees need to work as a collective so that a better working relationship can be achieved by both parties. A joint decision-making can improve relationships and retain the scares skills that the hospitals need.

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ANNEXURE A

INTERVIEW SCHEDULE TO DETERMINE THE FACTORS CONTRIBUTING TO

THE LEVEL OF JOB SATISFACTION AMONGST DOCTORS WORKING IN THE

RURAL HOSPITALS OF WATERBERG DISTRICT OF THE LIMPOPO

PROVINCE

To all participants:

Your participation in this study is highly appreciated. All information will be treated
confidential.

INSTRUCTIONS
- Please read to each question carefully as asked by the researcher.
- Please answer as truthfully and comprehensively as possible

SECTION A: DEMOGRAPHIC INFORMATION

1.1 Hospital where employed.

1.2 Number of years' employed by the hospital.

1.3 Highest qualification.

1.4 How long have you worked as a doctor?

1.5. Age

1.6 Gender

Male	
Female	

SECTION B: WORK CONTEXT

2.1 Have you completed community service?

Yes	
No	

2.2 If so, when and where?

_____

_____

2.3 How many days per week are you rendering services?

One day	
Two days	
Three days	
Four days	
Five days	
Six days	
Seven days	

2.4 How many nights are you on call?

One day	
Two days	
Three days	
Four days	
Five days	
Six days	
Seven days	

2.5 Please indicate the percentage of your time spent on the following core doctors activities (the total should roughly bring you to 100%)'

Activity	%
Out- patient Department	
Casualty	
Wards	
Theater	

2.6 Is there a proper balance between times allocated for different core activities?

Yes	
No	

SECTION C: JOB FUNCTION AREAS

3.1 Below is list of statements about your job. Please indicate the level of agreement with each of the statements.

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
I have too many patients to treat effectively.					
I have the necessary resources to do my job effectively.					
I have the necessary support to do my job effectively.					
I have enough authority to do my job.					
I have enough autonomy to do my job.					

3.2 Indicate which of the core activities you enjoy performing?

Activity	Enjoy	Do not enjoy
Out- patient Department		
Casualty		
Wards		
Theater		

Please motivate reasons for not enjoying some of them.

_____
_____
_____

SECTION D: INTRINSIC ANTECEDENTS OF JOB SATISFACTION

4.1 Describe the nature of your work by choosing one option below

Complex	
Challenging	
Simple	

4.2 Do you enjoy autonomy from management in order to render your services effectively?

Yes	
No	

Please motivate:

_____
_____
_____

SECTION E: EXTRINSIC ANTECEDENTS OF JOB SATISFACTION

5.1 How supportive is management towards the employees?

Very supportive	
Supportive	
Average	
Not supportive	
Not very supportive	

5.2 How does management rate your services for the hospital?

Very effective	
Effective	
Average	
Ineffective	
Very ineffective	
Do not know	

5.3 Does management value the contributions you make to the hospital as a doctor?

Yes	
No	
Unsure	

Please motivate:
_____
_____
_____

5.4. Describe the relationship between you and your manager.
_____
_____

5.5 do you have high a caseload of patients?

Yes	
No	

Please specify the ratio of patient to doctor: -------------

5.6 If yes, how does it affect your effective quality service?

_____
_____
_____

5.7 Do you think your salary is fair considering the workload of your job?

Yes	
No	

Please motivate your answer.

_____
_____
_____

5.8 What is your opinion about the fringe benefits that you receive from the hospital?

_____
_____

SECTION F: INDIVIDUAL CHARACTERISTICS

In this section, select the relevant responses with regard to the following statements about management and supervision.

6.1: Management

	Not at all true	Not true	Somewhat true	Very true	I do not know
Respect my opinion					
Are biased against me because of my gender					
Biased against me because of my race					
Are biased of me because of my age					

SECTION G: GENERAL QUESTIONS ABOUT YOUR JOB

7.1 In general how do you feel about your job?

_____
_____
_____

7.2. What do you think about the perception of doctors by management?

_____
_____
_____

7.3. Do you think the doctors are beneficial to the hospital?

Yes	
No	

Please motivate:

_____
_____
_____

7.4 In your opinion, what issues are important for your job satisfaction?

_____
_____
_____

7.5 Do you experience any problems from management's side to perform your tasks?

Yes	
No	

7.6. What do you think the Department of Health can do to promote job satisfaction amongst doctors working in rural hospitals?

_____
_____

THANK YOU FOR YOUR TIME AND COOPERATION IN PARTICIPATING IN THIS RESEARCH.