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FACULTY OF COMMERCE



DEPARTMENT OF BUSINESS LEADERSHIP

IMPACT OF WORKING CONDITIONS ON JOB SATISFACTION: THE CASE OF EMPLOYEES IN ZIMBABWEAN MISSION HOSPITALS

BY

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DEDICATION

This research is dedicated to my late parents Mrs K. Dzimba- Maverutse and Mr. G Maverutse, and to my family for their continuous support and encouragement throughout this research.

Abstract

The study sought to determine the relationship between working conditions on job satisfaction in mission hospitals. The research was influenced by a number of hitches, the first one being the researcher's past experience in the deterioration and poor health service delivery in the health sector in Zimbabwe. Secondly, the need to investigate on the human resource management issues leading to high attrition rate in the health sector. It was realized that there is lack of understanding and recognition that organization staff is the most treasured resource and significant asset in the health sector. This was seen to be significant in most mission hospitals in Zimbabwe, because a qualified and motivated employee create and deliver value out of the organization recourses hence this tend to benefit both the organization and the patients. In this dynamic and (VUCA) world, a-world characterized by volatility, uncertainty, complexity and ambiguity, health sector organizations endeavour to attract and create right health workforce for the right jobs through constant upgrading of their knowledge and sustaining their motivation in the changing circumstance in Zimbabwe. All health workers value working conditions as indispensable requirements to their job satisfaction. Hence they need systematic investigations to regulate and increase on variables that are significant to improve employee job satisfaction. The purpose of this study was to assess the relationship between working conditions and job satisfaction in Zimbabwean mission hospitals. The study design, covering the purposive sampling of 63 was drawn from 210 employees in mission hospitals in Matabeleland provinces in Zimbabwe. A total of 63 questionnaires were distributed, out of which 46 were returned back after filling. The sampling method selected in this study was purposive sampling where medical doctors, administrators, managers, matrons, sisters in charge and heads of departments were picked on the bases that they were informative and also they possessed the required characteristics for the study. Data was collected using both primary and secondary sources. In this case primary data was collected through the use of questionnaires distributed to all respondents in form of hard copies. Data was analysed using Stata 11, the test applied was the regression correlation of the independent variables of working condition to the dependent variable of job satisfaction. The findings of the study indicates that there is a positive correlation between working conditions and job satisfaction in mission hospitals in Zimbabwe. The research can be beneficial to Zimbabwe Church related hospitals so that they can lobby for the improvement of benefits programs, polices, and remuneration structures to attract, recruit and retain more capable health professional employees for the good of the people of Zimbabwe.

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LIST OF ABBREVIATIONS

MOHCC	Ministry of Health and Child Care
MDG	Millennium Development Goals
VUCA	Volatility, Uncertainty, Complexity and Ambiguity
WHO	World Health Organization
ZACH	Zimbabwe Association of Church related Hospitals

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CHAPTER I

INTRODUCTION

1.0 Introduction

This chapter covers the background of the study, the statement of the problem, research objectives and research questions. It goes on to highlight the significance of the study, delimitations, limitations of the study, as well as assumptions of the study. The chapter ends with summary.

1.1 Background to the Study

Human resource constitutes the highest and most valuable asset to any organization. In this contemporary world employees are now commonly recognized to be the major determinant not only of successful health sector transformations and performance of health systems in general but also to achieve the Millennium Development Goals (MDG) and effectively render services to the public (MOHCW, 2013). Skilled medical personnel and enthusiastic employees generate significant and quality results to the organizations hence they are the most valuable asset to any organization. In this (VUCA) world – a world characterised by volatility, uncertainty, complexity and ambiguity (Mutizwa, 2015), any organization to be progressive therefore needs to attract the right people for the job, create suitable employees, sustain and motivate them to adapt to this dynamic business world while remaining loyal to the organization. Satisfied and self-motivated

employees are a treasure to the organization because they form a source of competitive advantage (Zaidi *et al*, 2011). Maintaining good working conditions boosts performance of the organization and the development and growth of the entire economy of Zimbabwe (Mawiro, 2008 and Machadu, 2014). Working conditions are a major factor for employee motivation, satisfaction and contentment. They include social relation at work, the structures being used by employees, methods of remuneration, training and promotion, management style as well as the organization structure, and it also describes the immediate situations in which people are working together which can affect their level of satisfaction. A satisfied employee makes the organization viable and keeps the employees happy as a result it increases the market share of the organization (Poggi, 2010). Human resource management issues and other factors such as workers condition and job satisfaction are problems of vital concern in this contemporary age, precisely in the health sector these variables determine the productivity and efficiency of the human resource (World Health Organization, 2015). Job satisfaction is regarded as significant and crucial aspect to work performance and it depicts the extent to which professionals like or dislike their jobs (Alnaqbi, 2011). Positive feelings towards job satisfaction brings good results at work place while on the other hand negative feelings, brings poor quality service deliverance and endangers the organization and the world at large. In Zimbabwe health worker's condition are in shamble characterized by medical personnel threatening to strike because they are many variables that contribute to their dissatisfaction (NewsdzeZimbabwe May, 2015).

Over the last decade Zimbabwe health sector has experienced high level of staff attrition through resignation and death leaving huge gaps that are difficult to fill due poor salaries

and conditions of employment (News Day January, 2014). In Zimbabwe the public health system is the largest provider of health care services complemented by mission hospitals (WHO, 2015). Private sector covers 10% of the population for both clinics and hospitals. The government institutions covers 44% and this comprises of rural health clinics and hospitals that is district hospitals, provincial hospitals and central hospitals. On the other hand Zimbabwe Church Related hospitals covers 46% and it is estimated that they serve 70% of rural population (ZACH, 2011). Zimbabwe has a total of 64 clinics and 68 Mission Hospitals with recognised doctor or more (News Day January, 2015). The overall mission health facility vacancy rate was 35.3% in July 2010 and this number has been increasing since then (WHO, 2015). Statistics has revealed that, Pharmacy Technicians was 82.5%, X-Ray operators 61.7%, Medical practitioners 46.9% and is recording the highest rates. It is clear that out of 1580 approved posts of registered health professionals, there were 715 vacancies and of these 556 were general nurses (ZACH, 2011) This as a result shows clearly that Zimbabwe health workforce is lingering in a permanent crisis and in recent years, the country has faced an unprecedented health and human resource crisis (World Health Organization, 2015).

Both public hospitals and mission hospitals have not recovered from the crisis that they experienced before 2009 (World Health Organization, 2015). There is still a critical shortage of pharmacists, nurses and doctors, this is a clear indication that Zimbabwe has been losing health workers more quickly than training institutions are able to replenish them and this is attributed to lack of job satisfaction among workers (Chikanda, 2007, Munjanja, 2007 and Mukundu, 2013). Job satisfaction is a behaviour widely discussed in the field of human resource. In Zimbabwe it is regarded as the life blood of an

organization because it is a crucial aspect to work performance and it determines the success and failure of any organization. In the services sector, public health relies solely on the job done by the workforce. In the health sector brain drain has remained a cause of concern as the attrition of workers is increasing daily and this is predicted to lack of job satisfaction (Bulawayo 24News Sept 24, 2014). Provision of health services especially in Hwange district where there are very few mission hospitals has deteriorated and this is attributed to workers attrition rate which has risen tremendously due to many internal and external forces (News dzeZimbabwe, 2015). There is a wide gap left unfilled as there is no replacement of the many workforce leaving their jobs and the few who remain are forced to continue overworking due to critical staff shortages (Bulawayo 24News August, 2011). Low staffing levels, together with limited access to facilities, poor infrastructure, inadequate drug supplies and fees have impacted adversely on health outcomes in Zimbabwe (Marjolein et al, 2012). In the past five years, the country's poorest have suffered the most, with a 40% drop in health-care coverage (MHCW, 2013).

In Zimbabwe health care industry is one of the major industries that plays a significant role to the country's social and economic development (MHCW, 2013). Whereas the performance of health facilities is hinged on provision of quality service to the patients, the biggest challenge in Zimbabwe is to create motivated personnel who are able to facilitate that endeavour. This as a result shows clearly that job satisfaction plays an important role in the health care service industry (Richards *et al*, 2011)

Satisfied medical and support staff can provide good service to patients and clients thus increasing their loyalty to the health institution, as the client is the most significant key to organizational performance. The health sector and the country as a whole depends on

employees to achieve their goal, implying that management in these health sectors must consider medical personnel job satisfaction because there is high correlation between employee job satisfaction, service quality and work performance (Zaidi *et al*, 2011). In order to improve the health sector in this country there is need to attract, develop, motivate and retain satisfied employees. This as a result requires managers and leaders with deeper understanding regarding the employee needs, aspirations, attitudes and concerns. In order to create an environment for employee satisfaction, it is vitally significant to know the most factors affecting workers satisfaction (Karen 2015).

In the process to try and address this issue many studies were carried out and these were based on the assumption that job satisfaction and job competence are interwoven (Herzberg 1964, Krueger 1996, Khuong and Diem, 2013). These studies had assumptions that people who are satisfied with their job tend to perform better and at the same time those who fail to draw satisfaction, the tendency is to quit or contributing to counterproductive workplace behaviour. The purpose of this study is to explore the existing working condition and their impact on employees' job satisfaction.

1.2 Statement of the Problem

Many writers internal and external constantly report the deterioration of health service delivery in Zimbabwe. Working conditions in mission hospitals are widely believed to be a major determinant in employee engagement or disengagement and this has an impact on the service quality. Prior studies have indicated that improving working conditions in the service sector reduces complaints, absenteeism and workers attrition rate while increasing service quality and decrease costs for health care organisations. The current

situation is branded by high brain drain and this is strongly supported by many vacant posts of medical practitioners and this has resulted in critical shortage in mission hospitals. The biggest challenge in the health sector is to create motivated personnel. In order to assist in improving health service delivery the researcher aim at investigating the impact of working conditions in mission hospitals on job satisfaction so as to find ways to create vibrant employee for the good of the country's economy.

1.3 Purpose of the Study

The purpose of the study is to determine the impact of organizational workers condition on employee job satisfaction in Mission Hospitals in Zimbabwe. The study mainly focus on working conditions such as reward system, working hours, management style, work environment, training and promotion as the major elements that affect employee job satisfaction.

1.4 Research Objectives

1. To establish the relationship between clean working environment and employee job satisfaction in Mission Hospitals.
2. To determine the relationship between promotion and employee satisfaction in Mission Hospitals
3. To determine the relationship between management style and the level of employee satisfaction in mission hospitals as measured by the Likert scale.
4. To determine the relationship between working hours and employee satisfaction in order to improve job satisfaction.

5. To establish the challenges associated with remuneration in enhancing employee satisfaction in Mission Hospitals.

1.5 Statement of Hypothesis

The following hypothesis were tested for this study.

H₁: There is a positive relationship between clean working environment and employee job satisfaction in mission hospitals.

H₂: There is a relationship between promotion as part of an incentive programme and job satisfaction in mission hospitals in Zimbabwe.

H₃: There is a relationship between management style and job satisfaction in mission hospitals.

H₄: There is a negative relationship between long working hours and employees' job satisfaction.

H₅: There is a relationship between remuneration and job satisfaction.

1.6 Significance of the Study

The study sought to fill the gap as the handful of empirical on employee working conditions and job satisfaction focused on the public and private hospitals only leaving out the mission hospitals which play a significant role in service delivery in most rural areas. Specific empirical evidence from this sector of service delivery is very crucial since these mission hospital is serving around 70% of the rural population in Zimbabwe.

The study intent to benefit a number of stakeholders such as the ministry of health and child welfare, Zimbabwe Association of Church Related Hospitals (ZACH) who might be looking for solution to solve these issues. The study is also expected to add new knowledge to the public and the health board, the public will be motivated to work towards lobbying for better terms and conditions for health workers so as to boost service delivery for the good of all. The government is expected to benefit in the change of policy and terms between them and mission hospital may improve the health delivery for the good of all the Zimbabwe citizens especially those leaving in rural areas where most of the mission hospitals are situated.

1.7 Assumptions

The assumption of this research is that, all the research subjects give their views and opinion in truths. That all the selected participants would be representative of the population under examination.

1.8 Delimitation of the Study

The researcher focuses on Mission hospitals only in Zimbabwe in particular those mission hospitals in Matabeleland region. The time scope was between the years 2009 to 2015 only. This period has been chosen because it is during this period that many mission hospitals experienced high attrition rate that impacted on job satisfaction and service delivery. The study was carried out within the context of mission hospitals lead by Zimbabwe Association of Church related Hospitals and mainly focus on some of human resource issues such as remuneration, management style, training and promotion physical

structures, residential location and gender as independent variables to job satisfaction and are very significant to all medical professionals working in these institutions.

1.9 Conceptual Framework

A conceptual framework is defined as a collection of ideas which broadly distinct and analytically organized to deliver an emphasis, a rationale, and a tool for the integration and interpretation of information (Saunders et al, 2012). According to Mugenda and Mugenda (2009), a conceptual framework is structured from a set of comprehensive concepts and theories that help the researcher to properly identify the problem they are looking at, frame their questions and find suitable literature. For the sake of this study the regression model together with the conceptual framework were used. The regression analysis focused on the relationship between two variables. In line with the objectives and research questions of this study the researcher used the following variables in the conceptual framework:

Independent Variables

V₁ = Work Environment

V₂ = Promotion

V₃ = Management style

V₄ = Working hours

V₅ = Remuneration

Dependent Variable: Job satisfaction

These variables has an impact on job satisfaction in Mission Hospitals.

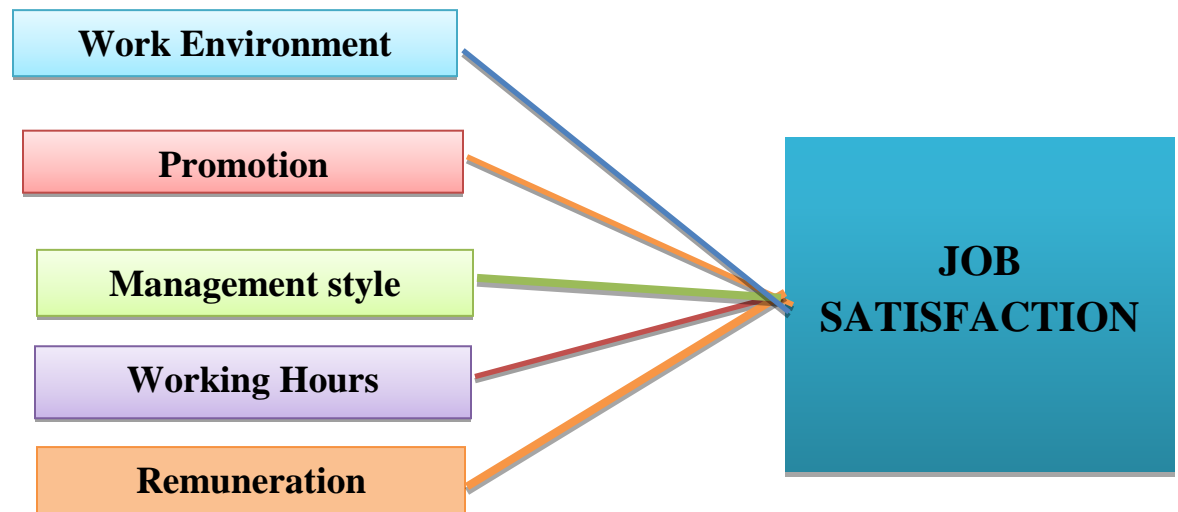


Figure. 1.1 Conceptual Framework

1.10 Limitations of the study

Human resource management issues were usually treated very confidential therefore accessing such information is a challenge due to private and confidential attached to such issues. Administrators and managers of these hospital fear that such information may end up in the hands of wrong people which may cause a lot of chaos to the organization as a whole. This was mitigated through asking Zimbabwe Association of Church Related Organization (ZACH) and Midlands State University to assist with the letter to let them know that the researcher needed to collect this information for academic purposes only.

1.11 Definition of Terms

Working conditions in this research refers to work place and equipment, physical and psychological stress, hours of work, rest periods and work schedules. It also include the reward system, mental demands that exist in the work place, substances, radiation and contagion.

Work condition in this research addresses three broad components physical conditions that involve: infrastructures, amenities, ventilation and temperature. Mental conditions considers variables such as fatigue, boredom, monotony, attitude of supervisor and colleagues. Social conditions which signifies the group to which an employee fit in.

Job satisfaction is comprised of how content an individual is with his or her job hence it touches the positive and negative attitudes of the employee towards the specific job.

1.12 Chapter Summary

The chapter summary outlined the background of the study. It highlighted the statement of the problem, purpose of the study showing clearly some contemporary issues faced by mission hospitals in Zimbabwe. It further presented the research objectives, statement of hypotheses, significant of the study as well as the assumptions. Key terms such as job satisfaction and working conditions were defined in line with how they were used in this study. Objectives were set and hypotheses were put in place to guide the research through the use of theoretical and conceptual framework. The section concluded with delimitation and limitation to the study.

CHAPTER 11

LITERATURE REVIEW

2.0 Introduction

This section of the study reviews some already existing literature from different schools of thought pertaining to the impact of working conditions on job satisfaction in the healthcare service sector, internationally and within the country. The chapter first presents a review on the theoretical and conceptual framework of the study and then go further to look into the variables that impact on job satisfaction such as remuneration, management style, training, promotion, physical structures, gender, worktime shifts and relationship with colleagues. The researcher navigates the writings of various schools of thoughts who have written about these conditions and identify the gap which need to be addressed by this research.

2.1 Theoretical and conceptual Framework

In this study, Herzberg's two-factor theory is used as the background in evaluating the impact of working conditions on job satisfaction in mission hospitals. Herzberg (1964) supported by (Khuong, 2013), examined the major motivator of employees or something that makes people who work in the healthcare services sector want to work, and he identified two factors and these he named them motivators and hygiene factors. Herzberg reasoned that there are two distinct people's needs revealed, these are physiological needs

which are satisfied by money for instance the need to buy food or shelter and the second group is the psychological needs which are the need to achieve and grow. Sungmin (2009), in his study discovered that the psychological needs in reality were seen as maintenance factor which are needed to shun displeasure but they themselves do not cause gratification. The investigators added that if employees believe that they are not getting enough reward they develop a state of emotional dissatisfaction. According to Spector (2013) findings and contribution to this study, this state will make healthcare service workers unhappy and disappointed to continue working for the organization. In their investigation Toodeet *al* (2011) identified and added six variables which healthcare workers perceive as positive working conditions. These single items were selected based on the findings from a preparatory literature review. In their findings they discovered that to achieve better job satisfaction at work greater efforts should be made to develop working conditions through engaging and empowering medical professionals in their work activities (Toodeet *al*, 2011). According to Toodeet *al* (2011), there is a positive relationship between working conditions and job satisfaction. It is clear that poor working conditions is a significant problem characterized by loss to the entire health sector, poor service delivery and lack of job satisfaction.

Vroom (1964), Expectancy theory supported by Armstrong (2012), he asserts that job satisfaction is based on people's beliefs about the probability that their effort will lead to performance which leads to rewards and the value of perceived rewards which brings job satisfaction. Adam's equity Theory of motivation supported by Orisatoki and Oguntibej (2010), suggests that employee assign weights to the work they do and the reward they get, hence it is a process of job satisfaction. These theories were supported by Toodeet *al*

(2011), in their model of job characteristics. The model aims at developing employees and work environment to achieve maximum fit and this as a result has a positive impact of increasing job satisfaction. In trying to navigate the theories of motivation and job satisfaction Maslow's (1970) hierarchy of needs was found significant and helpful in understanding what motivate employees at a particular time. According to this theory people who struggle to fulfil the lower level needs, are less concerned with the higher level needs, this means that needs are satisfied in sequence hence satisfaction of a need at a particular time can bring job satisfaction.

Contemporary literature has progressively concentrated on techniques where the workforce management procedures as well as policies have a tendency of impacting on employee behaviour and consequentially affect the performance of the whole organization. This significant perception of job satisfaction tend to be a tough emphasis in quiet a number of human resource studies (Paul and Spector 1997, Spector 2013), this is evidenced by various researchers who have pursued many ways of defining this important idea. Greenberg and Baron (2003), Huczynski and Buchman, (2010), talked about job satisfaction as creating a person's intellectual, sentiment, and evaluative attitude towards job. Their theories are strengthened and supported strongly by the studies of Cranny, Smith and Stone (2012), these recognized and addressed the cognitive and affective responses concerning a job. Together with (Locke, 1976, Daalen et al, 2009, Orisatoki and Oguntibej 2010), they argue that job satisfaction is predominantly based on the way in which employees perceive that an organization is meeting their needs.

The review of the literature from the previous studies done uncovered or provoked more investigations to be considered in this area of study because working conditions and job satisfaction by its nature touches the heart of the organizations. It is clear that these factors have proved to be the life and brain of the organization which should be given the first priority in the health sector. Many studies dwelt mainly on the private and public sector in the health sector as well as job satisfaction in general. There is very little literature on the bases of mission hospitals in Zimbabwe, specifically in the Matabeleland Province where mission hospitals save many poor people in both rural and urban areas.

2.2 Zimbabwean context on the impact of working conditions on job satisfaction

Zimbabwe's public health organization is the chief supplier of health care services, complemented by Mission hospitals and non-governmental organizations (WHO, 2015). In this contemporary world, Zimbabwe public healthcare sector has lengthily been considered to be in a very crucial crisis (MHCW, 2013). The country was ranked at 176 out of 187 in 2011 and at 156 out of 187 on the Human Development Index (UNDP, 2014), and the social, rights of its residents have been repeatedly overlooked. Severe challenges in the health sector have caused an extraordinary decline of health care infrastructure, brain drain of health sector personnel, and a severe deterioration of health quality available for the people of Zimbabwe (Human Resources for Health Profile, 2009). Matombo and Sachikonye (2010) in their research they discovered that, due to poor working condition of medical staff and poverty endemic, a quarter of skilled medical professionals migrated abroad.

Many previous studies conducted by the World Health Organization, WHO (2015), revealed that several Zimbabwean doctors and other health professionals left the country in search of better salaries and working conditions elsewhere, hence the country is currently experiencing critical staff shortage, and this they required to a ratio of two doctors for every 10.000 people. Madzorere (2011), in his statement confirmed that many doctors put down tools and nurses boycotted night shifts in government hospitals insisting they required higher salaries and better working conditions.

2.3 Working conditions

In the past working conditions were classified into five categories, that is workforce staffing, workflow design, personal or social factors, physical environment and organizational factors (Brunner et al 2010). In his publication Kalisch et al (2010), found out that working conditions are serious contributors to social discrimination in the health sector, within and across generations. The investigator further added that working conditions shape an individuals' exposure to a wide array of physical, environmental and psychological factors that can influence health. According to Muntaner *et al* (2011), working conditions or rather work arrangements and occupations determine the level of job satisfaction between societies.

In their studies Wang et al (2009), Westover and Taylor (2010), found out that health workers insight of their workplace characteristics and working environments disturb their work enthusiasm, which in turn impacts on their performance. Toodeet *et al* (2011), added that the environment under which health delivery employee work are significant to them, whether they are defined as place of work or job appearance. In agreement with the prior

investigators on this subject of working conditions and job satisfaction Karen et al (2015) supported that the more healthcare workers feel they are in control they achieve a sense of high autonomy and authority over their decisions they are more likely to be fundamentally encouraged and hence they will be willing to perform better. This research proposes to go beyond the prior investigations through consideration of both physical, emotional as well as social working conditions prevailing in mission hospitals only.

2.3.1 Working conditions and job satisfaction

Excellent working conditions in the healthcare sector was described by Zori et al (2010), in line with the three basic dimensions such as structures, process, and outcomes of care. Brunner et al (2010) further added that structures of healthcare are comprised of sufficient facility and equipment. The administrative structure and procedures are connected to programs that provide care within the healthcare sector. The processes of care are activities or services involved with direct care given to the patients. The products are consequences that can be accredited to the structure and processes of healthcare. Clients and patient characteristics affect these relationships. Therefore based on this theoretical framework and prior studies the researcher hypothesis that: **H₃**: Work environment of physical and mental conditions at work influence level of employee satisfaction in mission hospital.

2.4 Job satisfaction

Throughout the academic history the research on job satisfaction has been explored and has always attracted a number of empirical examinations and this has led to numerous

definitions of the same concept. The concept of job satisfaction is described by Vandenberg (2014) as the difference between what employees want or presume from certain job and what they really get from particular work. Job satisfaction is defined by Ahmed et al (2012) as an encouraging emotional feeling emanating from the appraisal of an employee's job or job experiences. The notion of it was first developed from Hawthorn studies in late 1920s and by Elton Mayo early 1930s in Chicago. The outcome was that feelings of the workers can impact their working behaviours. Since job satisfaction is a complicated phenomenon, various researchers have given great consideration to the problem. Job satisfaction is reviewed in respect of employee's feelings or perspective regarding the nature of their work (Karen et al, 2015). Job satisfaction is an interesting problem from both the standpoint of employees and that of the managers and scientists. Haupt (2010) discovered that people location fit paradigm is generally acknowledged as the supreme explanation for job satisfaction. Zori (2010) added that job satisfaction is influenced by a variety of factors such as promotion, quality of one's relationship with their supervisors, work itself, opportunity available for promotion and the physical environment where one work. Furthermore, other researchers support that workers job satisfaction is influenced by the collaboration of elements (Peterson, 2009 and Lee and Akhtar 2011). Employees have their own expectations and attitudes and they want to be treated in a fair and respectful manner. Satisfaction of one's work can act as a motivational aspect that contribute towards success or failure of an organization because it enhances positive factors such as performance and commitment (Wang et al, 2009).

Studies on job satisfaction have provided solid proof that individuals work for determinations other than payment only. Working as a result is not only for earning salary, but also for seeking contentment and self-actualization (Maslow, 1954, Tang et al, 2002 and Wang et al,2009). A common aspect that connects the previous studies on job satisfaction is concerned with what people in an organisation feel about their overall work which makes them satisfied.

Since the purpose of this paper is to establish a framework that allows the researcher to understand the impact of working conditions in mission hospital and how they can be used to reinforce job satisfaction in this sector therefore this research proposes to go beyond the discovery of the prior researchers so as to fill in the un addressed gap in the health sector. To try and found out the current conditions affecting job satisfaction in mission hospitals so as to find ways to improve the prevailing conditions.

2.4.1 Definition and dimensions of job satisfaction

Job satisfaction was defined as the delightful emotional state emanating from the evaluation a person's occupation or job experience (Klun, 2010) illustrated job satisfaction as a collection of attitudes about different aspects of the job and work context. Jafar et al (2010) in line with the prior investigators he registered five chief features of job satisfaction as follows, firstly Job itself, manager, co-workers, wage and promotion. Adding to these features, Latha (2011) proposed extra elements affecting job satisfaction and these he explained them firstly as a feeling of achievement, positive and effective relationship with the supervisors and colleagues, job security, duty responsibility, sense of recognition, high remuneration, upgrading chances, role

clearness, involvement in decision making and implementation, inner autonomy, and virtuous coordination work.

2.4.2 Significance of job satisfaction in the health sector

Poggi (2010) postulates that in the past job satisfaction has acted as a measure of job quality by numerous researchers and writers. Job satisfaction is very significant in the public health organizations since it decreases health workers turnover, idleness, bunking off, and health setbacks as a result of stress and it increases organizational commitment and high service quality to the patients and clients (Chimanikire, 2011). In their investigation Green (2010) discovered that employees who are content at their workstations demonstrate positive attitudes to the patients and clients in the healthcare sector. Astrauskaite *et al* (2011) in line with the prior research, added that dissatisfied healthcare workers are more likely to quit their jobs or treat patients badly than satisfied employees. Cummings and MacGregor (2010) proved a positive relationship that exist between employee turnover and job dissatisfaction in prevailing literature.

According to Al- Zubi (2010), job satisfaction is serious in the process of retaining and attracting highly skilled health workers, also more contented workers have more incentive in their work or interaction with clients and patients. The majority of prior investigators indicated and pointed out that job satisfaction is a pointer of leaving the employment. The researcher also identified the gap in the prior studies since they all put emphasis on the outcome of job satisfaction but do not address the contemporary issues on job satisfaction. As a result the researcher wants to establish the situation in the context of Zimbabwean health sector by carrying out this study.

2.4.3 Impact of working conditions on job satisfaction

Chiboiwa *et al* (2011) discovered that a sequence of connectivity of factors, which they divided into six connectivity as follows, the interior circumstances and environment affect, service competence of employee which influences them, medical profession fulfilment and retention of employees. The investigators study further identified that such connectivity factors have a tendency to reduce quality of patient care and eventually they affect the degree of both patient job satisfaction. Studies conducted by Astraukaite *et al* (2011), confirmed that there is a positive relationship between working conditions and job satisfaction. They further indicated that health care organizations that offer very good working conditions or environment which boosts the provision competence of the employees through endowed decision making may lead to more satisfied medical personnel who will eventually remain obedient and faithful to their organization and offer superior level of care as a result end up imparting higher patient satisfaction. Health care institutions that yearn to develop patient satisfaction always thrive to do their best and are usually concerned about interior problems linked to human resource satisfaction, they tend to look at their employees valuable customers who need special care. According to Green (2010), there is a link between the employees who are engaged and who know their roles in all the activities of caring and feeding patients and as a result their patients have the advantage of receiving high quality services. The result to of this relationship tend to affect both the organization's cash-in-flow as well as the services rendered to the patients. Toode *et al* (2011) indicate that working conditions are influenced by age

category, young employees are economically active, value their independency and are highly mobile and tend to value working conditions with attractive incentives.

In his study Taylor (2010) established that work setting is very significant factor of job satisfaction in the healthcare service. Working conditions are characterized by variation that exists in terms of benefits packages, working conditions, incentives, acknowledgement and fringe benefits for the employees (Rathert, 2007 and Green, 2010). It was indicated that factors such as poor working conditions and low job safety and low level of sovereignty have a positive impact on job satisfaction. Alam et al. (2009), Alves (2011), discovered that working conditions have an effect on the satisfaction of health workers. These are comprised of comfortable relaxed work environment and conducive office space, good and favourable temperature and ventilation. Therefore the prior studies supports the following hypothesis: **H₁**: There is a relationship between clean work environment and job satisfaction.

2.4.3.1 Impact of remuneration on job satisfaction

Remuneration is the main reason of satisfaction for all employees in any type of organization (Riaz, 2011). Lambrou et al, (2010) in his study found out that health care professionals tend to be motivated more by intrinsic factors, hence they should be given more salary so as to increase job satisfaction. However Theresa (2014) based on the findings from her study in South Africa, argued that there is no association between remuneration and job satisfaction. According to Amah et al (2009), they defined salary of employees as the amount of financial remuneration that is received and the degree to which this is viewed as equitable vis-a-vis that of others in the organization. In addition

to their definition Ahmed (2012), regarded pay as the economic reward given to workers in return of work. They further state that pay includes employee fringe benefits, bonuses and increments. An attractive salary is mandatory for job satisfaction (Sultan, 2011). All healthcare workers in one way or the other tend to be affected by variations in reimbursement and benefits (Davidson 1997 and Danish et al, 2010). Peters (2010) proposed several reasons that influence remuneration and these involve, work itself, work output both monetary and nonmonetary outcomes.

Riaz (2010), did not agree with the other researchers therefore they reported bad impacts of less pay satisfaction as diversity of unnecessary employees behaviour such as willing to strike, absenteeism, intention to leave, actual turnover and less work output. Job satisfaction on the other hand is a consequence of different factors such as remuneration, training interpersonal relationship work itself, physical structures within the organization and opportunities for promotions (Danish *et al*, 2010). Job dissatisfaction is caused by low salaries and no benefits; less paid employees leave the job frequently and quality of work signals (Khan *et al*, 2013). Out of all these factors, reward system is the most significant factor. Karen *et al* (2015) determined that there is positive relationship between equity based reward and job satisfaction. His study further established that benefits play an important role in human capital intensive organisations such as health sector to attract and maintain professional staff. Furthermore, the compensation has significant impact on the level of job satisfaction of employees (Karen *et al*, 2015). The new strategy to motivate employees' performance based pay and giving employees' ownership in the company has geared more support of the employees (Khan *et al*, 2011).

Toode *et al* (2011), in line with prior researchers supported the idea that satisfaction has a positive and modest association with organizational commitment.

2.4.3.2 Impact of work environment and job satisfaction

In this contemporary world, most of organizations are very sensitive to the improvement of work environment so that employees will be happy and satisfied (Rathert *et al*, 2007 and Zori, 2010). They believe that the happier the employees are, the more delightful the patients will be (Mehboob and Bhutto, 2012). Furthermore, Toode *et al* (2011) indicated that the work environment under which nurses work are very significant to their sense of purpose, whether they are described as workplace or job characteristics. According to Mehboob and Bhutto (2012) the concept of work environment in the hospital set up is very comprehensive, it includes the physical, psychological and social aspects that mark up the working condition. They further indicated that work environment involves all the aspects which act and react on the body and mind of health professional employee. According to Siew *et al* (2011) they indicated that there is relationship between work environment and job satisfaction and they recommended that hospitals should find some ways to ensure an adequate orientation, reduce work load impediments and work pressure to increase job satisfaction. According to Robert Wood (2014) he stated that a good physical work environment increase nurses job satisfaction.

2.4.3.3 Impact of management style on job satisfaction

Leadership was defined by Northouse (2010) as a process of collaboration or interaction between managers and juniors where the leader tries to encourage the followers to attain a collective or mutual goal. According to Chen *et al* (2009), prior studies on management have acknowledged diverse leadership styles which managers embrace in leading their

organizations. Amongst various conspicuous leadership styles are Burns (1978) and Northhouse (2010) transactional and transformational leadership styles. Richardson et al (2010) supports the view that transformational leaders stress followers' inherent drive and individual development. With respect to the contemporary complex organisations and vibrant business setting, transformational leaders are regularly perceived as ultimate means of transformation who might lead followers in periods of doubts and high risk-taking. On the other hand Northhouse (2010), argued that, transactional leaders achieve legitimacy by giving rewards, praises and promises that act as an incentive to the workers. They offer rewards to employees in exchange for the attainment of the desired goals (Burns, 2010).

Transformational leadership is often considered as more appropriate than transactional, (Locke *et al*, 1976 supported by Tafvelin, 2013), pointed out that such argument is ambiguous and misleading. They reasoned that all management is usually transactional, even though such relations are not restricted to only immediate rewards. Lee *et al*. (2011) reasoned that leader's posse and play a significant part in conveying the duties rather than concentrating on power and command when dealing with their juniors. Moreover manager's attitudes, manners, abilities, skills and appearances might influence to a noble management style in the organization (Borkowski *et al*, 2011). Certainly, a respectable leader can lead their workforce to perform at the highest capability (Sung, 2012). Distinct management style therefore is regarded as a vital component that has a bearing on worker's job satisfaction which leads to organizational viability. Managers ought to be capable to converse the principles, vision, values, objectives and mission of the

organization in order to motivate the rest of the workers within the organization (Borkowski *et al*, 2011). The investigators added that this is significant because, job satisfaction is a serious and major result of having good and effective management in an organization. Many prior studies confirmed an important influence of transformational governance on job satisfaction of subordinates (Mutizwa, 2015). Their investigations demonstrated that job satisfaction has fundamental impacts on output, organizational competence, worker's relations, attrition rate, and absenteeism (Okpara *et al*, 2005 and Poggi, 2010). Peterson (2009) supports the view that job satisfaction is measured as the supreme conversant work attitude gauge and dependable feature to evaluate a person's decree concerning their job familiarity in an institution. It can absolutely influence commitment, organizational citizenship behaviour among employees and act as a tool to reduce employee turnover and bunking off (Zori 2010). Usually, positive job satisfaction helps staff to deal with impediments so as to earn distinct managerial objectives and goals. Therefore it is clear from all these studies that an active manager must appeal to personal interests of employees and make use of both temporary and long-term benefits so as to lead the assistants towards achieving organisational goals. With reference to the discussion above management style is seen as crucial determinant of employee's job satisfaction. However there is a gap revealed by prior studies since they seemed to focus on job satisfaction in general and the aim of this research is to fill in this gap by investigating whether the same applies to the staff in the health sector specifically those working in mission hospitals.

2.4.3.4 Impact of training on job satisfaction

Training was defined by Nadeem (2010), as the systematic accretion of expertise, knowledge, ideas which leads to the improvement of performance. Van Dalen et al (2010), point out that education through training is continuous in this contemporary business world. In his study Armstrong (2012) revealed that in this dynamic world, change becomes the order of the day working procedures and techniques are perceiving transformation giving birth to the necessity for employees to study continuously . Since the objective for the organizations is to be efficient through greater education that inspires superior performance. Training is considered as a pathway for knowledge and development, the two factors are significant in crafting a sense of advancement and willpower that bring about organizational commitment (Armstrong, 2012). Macintosh et al (2010), in their study found out that training positively influences output, consequently result in employee satisfaction. In agreement with the above-mentioned Toode et al (2011) in their study, discovered that training can decrease chances of failure, because it broadens employee skill base and advances the level of competence hence result in job satisfaction. In his study Herzberg (1968) recommended training as a hygiene factor meaning training might not be a major source of health workers satisfaction but Hogan et al (2012) in their empirical study opposing this, they found out training was precisely intended to achieve a clear goal that of enriching job satisfaction. Likewise Pollitt (2010), identified that training brought about transformation on organization behaviour, the later benefit was recognized in the study by Clarke (2014) through improved efficiency, workers job satisfaction, and high morale among employees.

Employee training and development was further described by Graf, et al (2010) as the brilliant technique for sharing organizational culture, leadership, new thinking and problem solving in organizations. This is the reason why training is an essential tool in successful and accomplishment of the goals and objectives of organizations in the health sector. Training not only improves health workers resourcefully, but it allows them to learn their job effectively and execute it more competently, therefore helps in quality service delivery among health workers (Nadeem, 2010). In the health sector training of employees is not a cost; it is the most sustainable investment of organizations to increase competency and motivation of workers and service delivery (Karim et al, 2012).

Numerous prior studies conducted between healthcare authorities show the significance of interpersonal dealings in job satisfaction which result in increased client safety, better quality of care and more patient satisfaction. Therefore based on the above discussion from the previous study there is a signal that there is a positive relationship between training and organizational competency and effectiveness. Therefore, this research proposes to go beyond the prior investigators through the testing of the first hypotheses:

H₀: There is a relationship between working condition and job satisfaction.

2.4.3.5 Impact of promotion on job satisfaction

Upgrading or profession improvement opportunities and financial benefits are significant features affecting job satisfaction in the health sector (Mutsapha et al, 2013). Amiria (2010) in his study discovered that health workers who receive promotion or those with high responsibilities are satisfied with their job. Accordingly, Peters et al, (2010)

discovered that there is a positive relationship between promotion and organizational commitment of among health workers. Deprivation of adequate career improvement of health workforce is denoted as a factor causing job discontentment. According to the study carried out by Mutsapha (2013) female doctors are more satisfied when promotion opportunities are more where they work as compared to nursing and general hands staff. Nevertheless, career improvement opportunities are meaningfully associated with total job satisfaction (Peters *et al*, 2012). It is clear that promotion prospect is an element of job satisfaction (Amiria, *et al*, 2010). It is true that all health workers who are satisfied with this element are likely to stay in their current organizations (Amiria, *et al*, 2010). In his study Peters *et al*, (2012), recommended that administrators in these health institutions should provide promotional opportunities for their staff so as to nurture their organizational success.

2.4.3.6 Impact of Physical structures on job satisfaction

Physical setting working conditions comprise of direct physical features such as light, noise, air quality, toxic exposures, and temperature (Siew *et al* 2011). The component of physical structures on the other hand includes basic institution design features, buildings such as offices, furniture, physical layout, and distance from buildings like toilets, incinerator, wards and nursing stations (Peters *et al* 2012).

The sensitivity of ordo as part of working condition, is characterized by pleasant or unpleasant dimensions when the buildings are near dirty toilets. Stink can upset mood due to the connection of the olfactory and sensitive systems in people's brain hence this can result in job dissatisfaction. Several prior studies have tested the impact of noise and odour on patients, however, very few researches exist on the same effect on healthcare

employees (Chen et al 2009). There is a proof that health workers are badly affected by odour and unfavourable noise levels (Juanget al 2010). Such levels of noise and odour have been connected with increased pressure, frustration and annoyance, exhaustion, emotional fatigue, and tension (Muntaineret al 2011). A study by Blomkvistet al (2010), surveyed the effects of greater against lower noise levels using a group of health workers for a month, and the result was the nurses who worked in noise free environment had higher job satisfaction those who were exposed to high level of noise and bad ordo.

2.4.3.7 Impact of working hours shift on job satisfaction

The fundamental truth that outlines duration of time spent at work in the healthcare services sector is that, health care professionals must provide continuously twenty four hours a day and seven days a week (WHO 2015). According to the regulations set by (WHO 2015 and MHCC 2013), specific characteristic has caused health care operations to be designed in shift work, comprising of night shifts, weekend and holiday shifts. According to Toode et al (2011) long working hours motivate nurses if they meet two conditions: first, that they are at times that suit them, for example during day or night shifts; and second, if they are flexible or can be self-planned (Toodeet al 2011). Nurses who work to fixed schedules are reported to be more motivated than those who rotate day and night shifts (Pollitt et al 2012). However, Bornschenet al (2009) argued that long working hours are the main cause of high attrition rate among health professionals in German.

According to Bornschesen et al (2009) and Muntaner et al (2011), obligation to provide such many hours in health care services has led to working conditions and working time arrangements that affect the level of job satisfaction in a negative way. A broad literature review recognized arrangements of working stretch provisions and working conditions all over the world (WHO, 2015). Shift work, including night duty and weekend duty, is regularly accompanied by considerable on call episodes for both senior healthcare service professionals and especially nurses and junior doctors (Jafar, 2010). In addition WHO (201), discovered that time to rest is encouraged by health professionals who hold numerous jobs so as to supplement their incomes. A study by Sultana (2011), revealed healthcare workers who does not have enough time to rest do not enjoy their work due to effects of work load, job conflict which result in no job satisfaction.

2.4.3.8 Impact of relationship with colleagues on job satisfaction

The bond and support among colleagues in an organization determines how an employee can attain job responsibilities (Amahet *al*, 2009). According to his research Almalkiet *al* (2012) he described gender as a significant element in job satisfaction in their study they discovered that male employees signifies improved relationships with their bosses as linked to female workers. Preceding investigations specifies that workplace bond or friendship is badly connected with undesirable feelings, intention quit, hence it results in a positive correlation with worker's commitment, performance and job satisfaction (Wang *et al*, 2009). The main element influencing the employee satisfaction are group-functioning, group commitment, sociable behaviour of co-workers, and experience of colleagues. (Amiriaet *al*, 2010). Medical professionals who have a positive interaction

with their colleagues are more faithful to the organization (Siew *et al*, 2011). The health care workers are welcoming and have a tendency of helping each other and they develop a culture of team spirit which enables them to respect each other. Consequently, healthcare workers who develop and nature a positive relationship with the other co-workers experience job satisfaction and thus reduce the attrition rate (Siew *et al*, 2011).

According to the study carried out by Karen (2015) on the impact of human resources management on the quality of health. He found out that human resources management has a strong impact on the quality of health care services delivered through facilitating and encouraging good relationships among healthcare workers. The study also revealed the importance of good relationships among health professionals in the health care sector in motivating the employees and bringing in job satisfaction. The study recommended that there is a great need for the modern health care sector to have alternative approaches which will enable them to come up with clear objectives to improve these issues in the organizations.

Another study to this subject was carried by Taylor (2010) and according to him he found out that many health sectors do not engage workers in the planning processes of the workforce sufficiently. The study made it clear that the influential contemplations of administrative structure controlling in the process of schedules is branded by lack of transparency, as well as the professional experience in manpower planning and top management support for the process of workforce planning was unproductive.

Various researchers and theorists tend to put an emphasis on the influence on the relationship between working conditions such as employee engagement, empowerment, good relationship among co-workers and how all these tend to impact health worker job satisfaction. Cimiotti *et al* (2011), clearly spelt it out, how these interconnected matters disturb each other. Bahalkani (2011) concluded that the team work in the health service delivery has an important impact on the satisfaction level of healthcare workers as it disturbs their performance. It is essential for management to recognize the significance of such factors so as to work towards boost the satisfaction level in the healthcare employees. The academics determined factors such as pay, advancement and satisfaction with colleagues that stimulate employee feeling towards job satisfaction (Toode *et al*, 2011). Macintosh *et al* (2010) argued that the performance of healthcare workers can be enhanced, at the same time bunking off can be diminished through the creation positive organization culture of socialization and interaction among healthcare workers. Hence on the basis of previous studies the researcher propose the hypothesis: **H₁**: Work environment comprised of physical and mental conditions at work influence level of employee satisfaction in mission hospital.

2.5 Knowledge gaps

Both working conditions of employees and job satisfaction is a well-documented subject but there are very few studies done in the past that focus directly on mission hospitals in Zimbabwe.

2.6 Area of agreement

The investigated literature reveals that working conditions can contribute and has both positive and negative impact on job satisfaction. The researcher agrees with the arguments that healthcare working conditions can be boosted involving the staff in the planning and implementations processes. This will reduce the retention level, employee turnover, heavy workloads and staffing shortages which collaborate to provide tough working conditions for healthcare professionals. The researcher agrees with the extensive literature review which made it clear that because of shortage of staff in the healthcare service the employee who remain working in these healthcare facilities are forced to care for more patients under increasing difficult working conditions which result in critical and chaotic situations in healthcare organisations.

Summary

A global perspective, of working conditions in the healthcare sector varies from country to country but the variables related to increased job satisfaction are consistent. This section of the study focused specifically on the following independent variable: remuneration, management style, and training of healthcare employee, promotion, physical structures, gender, work time shift of medical professionals and relationship with colleagues. The literature investigations reveals that poor working conditions in the healthcare service can contribute to poor job satisfaction, poor service delivery to the patients. The literature review also reveals that the reasons for job satisfaction in the healthcare service sector are diverse, however, the current research lead the researcher to

the understanding that there is a significant need to study the contemporary working conditions in Mission Hospitals, so as to help establish interventions that could be implemented that may decrease the impact of job satisfaction on medical professionals working in these institutions. The research's primary aim is to examine the role that working conditions play in mission hospital to improving job satisfaction.

CHAPTER III

METHODOLOGY

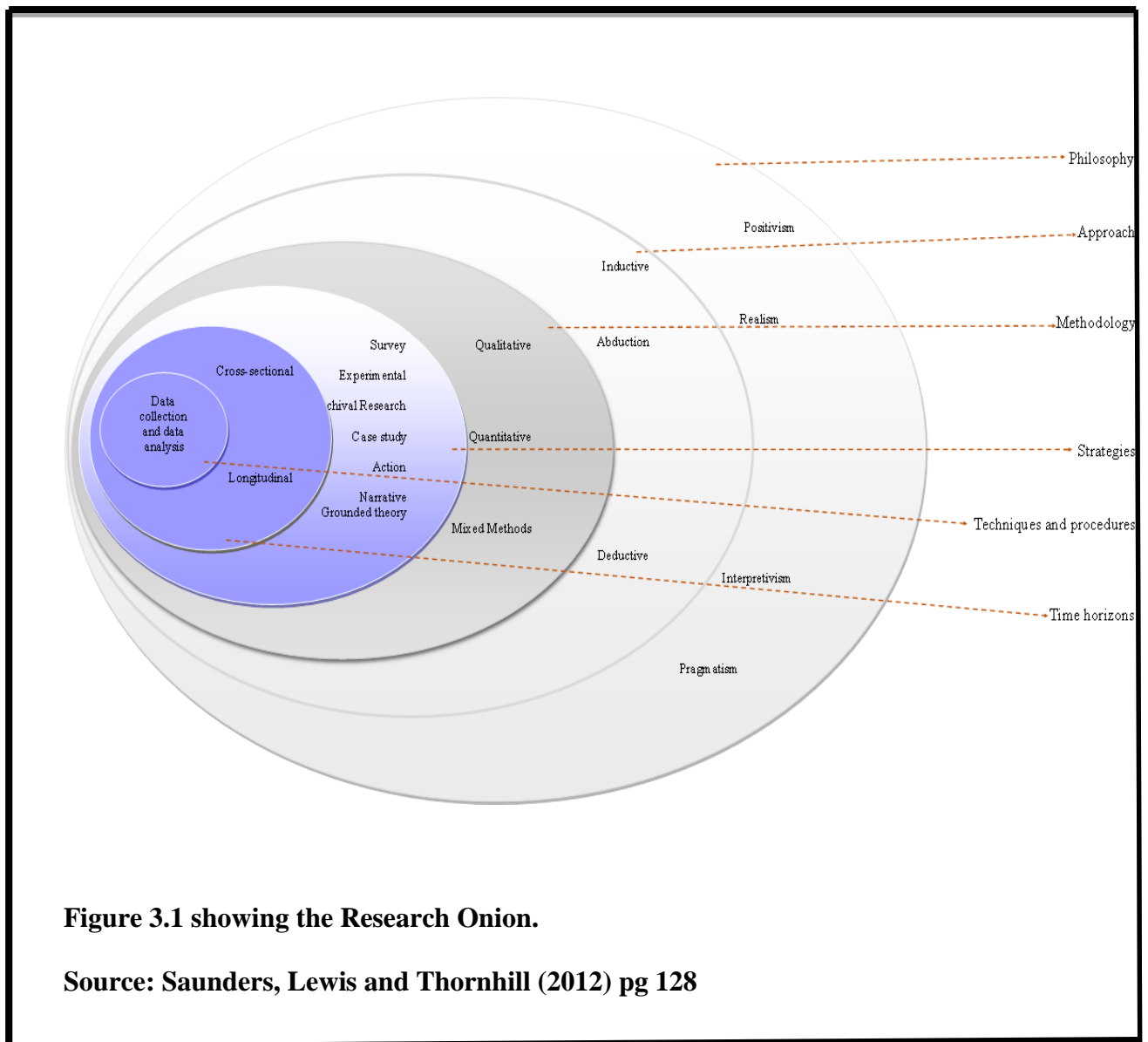
3.0 Introduction

This chapter address the philosophical framework of the research, the research design, the target population, sample size, data collection methods, sampling methods and techniques, data collection methods and techniques used by the researcher in carrying out the investigations of the study. The researcher further look into the data collection methods used to collect data, presented and analyzed. Included also in this chapter is the issue of validity and reliability. The chapter concludes by looking into the issues of ethical considerations and summary of the section

3.1 Research Philosophy

A research philosophy or research paradigm is defined by Saunders *et al* (2012) as the development of research background, research knowledge and its nature. In line with Saunders *et al* (2012), Malhotra (2009), described philosophical framework as the theory that is used to direct the researcher for conducting the procedure of research design, research strategy, and questionnaire design as well as sampling methods. In a nutshell a research philosophy is a momentary guidelines and procedures to be followed on the way data in a phenomenon should be gathered analyzed and used. The term ontology (the nature of reality), epistemology (acceptable and reviewed to be true knowledge in the

area of study) and the ontology (judgement about value) encompasses the three major ways of thinking about research philosophy. Saunders *et al*, 2012), used an analogy of onion layers to depict different types of research approaches and this is described in Fig 3.1 below.



The outer layer of the research onion gives the four options of philosophical worldview and these are pragmatism, positivism, realism and interpretivism. The researcher used the pragmatic approach in this study.

3.1.0 Pragmatism

In carrying out this study the researcher was guided by the pragmatic philosophy. According to Creswell (2009), pragmatic philosophy refers to the combination use of quantitative and qualitative modes of enquiry. Pragmatism philosophy rises out of actions, situations and consequences and is also known as the “triangulation” or the “mixed method”, which involve the act of merging several research methods to study one item. The researcher chose the pragmatic paradigm framework in conducting this research because it focuses on “what” and “how” the research problem under investigation. The assumption is that reality is built differently by different persons hence it is not committed to any one system of philosophy and reality. The researcher drew from both qualitative and quantitative and was free to choose the methods, techniques and procedures of the research. Secondly the researcher chose the pragmatic philosophy because it is centered on the understanding of the research problem which is the impact of working conditions on job satisfaction in Zimbabwean mission hospitals. Due to limited time of this study the data was collected concurrently and the implementation were simultaneous.

3.2 Research design and justification

Research design is understood as a general plan of how a researcher go about answering the research questions (Saunders et al, 2012). According to Nichols, (1991) supported by Kothari, (2012) research design is viewed as the superglue that clenches one's research project together and at the same time provides an outstanding plan for enhancing the research's external and internal validity. Different researchers use different research designs in their studies and these depends on the nature of the circumstances, below are few examples of research designs. The first one is known as the historical research design, this aims at collecting, verifying and synthesizing evidence to establish facts that depend or rebut on established hypotheses (Saunders *et al*, 2012). Second type is the survey or descriptive research design that explains and describes conditions of the present by using many research subjects representative of the whole population in order to describe a phenomenon (Saunders *et al*, 2012). The third one is the ex post facto also known as casual comparative design that attempt explore cause and effects of relationships where causes already exists and cannot be manipulated (Saunders *et al*, 2012).

This study adopted the descriptive research design as the model and most appropriate to the study because it considers the relationship or the impact among variables of working conditions and job satisfaction without changing or manipulating the environment, (Saunders et al, 2012). Descriptive research design is the most ideal because it involve the collection of both qualitative and quantitative information through the use of a descriptive survey hence it enable the researcher to interview research subjects face to face and also handing out of questionnaires to fill them out. In this research the primary

purpose is to find the impact of working conditions on job satisfaction among healthcare workers in Zimbabwean mission hospitals. As a result the adoption of the descriptive research design is basically significant because it helps understand the characteristic of a group. It helps the researcher to think systematically about aspects in a given situation, and it also gives the researcher a chance for probing during interview if need be, hence it helps in making informed decisions, (Mugenda and Mugenda 2009 and Saunders 2012). Descriptive research design was considered in this study because the researcher deliberated that it is relatively easy to structure yet allows the researcher to make accurate observations of the natural situation (Kothari 2012). In this study descriptive redesign enable the researcher to describe the contemporary working conditions that prevail in the mission hospitals and analyze their impact on job satisfaction on Zimbabwean healthcare workers. This as a result helps the researcher to address the research objectives and testing of hypothesis and hence the researcher will be able to draw meaning, conclusions and recommendations.

3.3 Research Population

In this study the term population referred to all Mission hospitals in Matabeleland north and south from 2009 to 2015. The population size was therefore six mission hospitals which are: St. Luke's Mission Hospital, St. Anne's Hospital, St Patrick's Mission Hospital, Kamativi Mission Hospital, St Kariyangwe Mission Hospital and Mbumba Mission Hospital (ZACH, 2011).

3.3.1 Target population

Target population refers to the complete group of people to which the researcher is interested in generalizing the conclusions and the results of the study (Mugenda and Mugenda 2009, Saunders et al 2012). Target population has changing features and it is also known as the theoretical population. In this study a target population of 210 comprised of medical doctors, administrators, matrons, managers and heads of clinical departments who have a better understanding in the daily duties and schedules in mission hospitals.

3.4 Sampling

Sampling is understood as the selection of some part of an aggregate on the basis of which a judgement or inference about the totality is made. According to Kothari (2012), it reviewed as the process of obtaining information about an entire population by examining only a part of it, in this way a truly representative of population characteristics is very significant to enable the researcher to draw valid and reliable conclusions. In this study the researcher opted for sampling due to limited time and resources. A purposive sampling method was used for issuing questionnaires to the respondents, in this case the researcher used cases or only the staff who have experience in working in mission hospitals these included both clinical and support staff in the six mission hospitals. Cases of subjects in mission hospitals was handpicked because the researcher identified them to be capable of giving significant and informative pertaining the investigated issues.

3.4.1 Sample Size

A sample is a subset of a particular population (Mugenda and Mugenda 2009, Kothari 2012). According to Saunders, et al (2012), a sample is a selection from a defined population that has been collected for statistical analysis. Due to the big number of the population under investigation, the researcher conducted the research in six mission hospital in Matabeleland provinces, which is a represent 63- of the target population

$\frac{30}{100} \times \frac{210}{1} = 63$. Below is a table showing the sample size for this study:

Table 3.1 Sample size

Respondents	Total Respondents	Sample Size
Medical Doctors	10	15,87%
Administrators	6	9,52%
Managers	6	9.52%
Matrons	6	9.52%
Sisters in Charges	12	19.05%
Heads of Departments	23	36.51%
Total	63	100%

3.4.2 Sampling Techniques

In selecting respondents from the mission hospitals a purposive sampling techniques was used.

Sampling is approved as a process of selecting a few from a bigger group or from a population to represent the whole population. It was practically impossible for the researcher to include the entire population in Zimbabwean mission hospital to study the whole target population in terms of costs and time limitation. As a result, the research had to pick up a manageable sample. Mission hospitals are in all the provinces in Zimbabwe and each mission hospital has many departments which include OPD, in patients care, Family child health care, Inpatient maternity care, TB care, Operating theatres, Dental care, Eye care, Rehabilitation, Laboratory services, Pharmaceutical services, Reproductive health care, Opportunistic Infections, human resources, finance, information technology, and others, only six mission hospitals were selected for the purposes of this study. Sampling technique was considered for this in order to focus on both clinical and support staff working in mission hospitals.

3.6 Sources of Data

Data is understood as the quantitative or qualitative values of a variable. Data sources are broadly classified into primary and secondary data (Mugenda and Mugenda 2009, Kothari, 2012).

3.6.1 Primary Data

Primary data is understood as the data freshly gathered for a specific purpose or for specific research project (Mugenda and Mugenda, 2009, Saunders et al, 2012). The primary data was collected by the researcher using questionnaires and interviews. The data was gathered in relation to the purpose of this study. The collected primary data was both quantitative and qualitative in nature. Primary data collection is usually done by the

researcher as compared to secondary data. One way of obtaining primary data is through the use of questionnaires and interviews just like in this study. The researcher conducted the mixed method of collecting data from Mission hospitals employees in the six hospitals in Matabeleland province only. This was done because collection or gathering of primary data is more time consuming and costly as it requires traveling or making telephone calls in order to meet the target respondents.

3.6.2 Secondary Data

Secondary data is regarded by Saunders et al. (2012) as the raw or available data which was collected and published for a specific purpose but which may be used to clarify ideas. In this study the researcher needed to access observations and views of other writers on the impact of working conditions on job satisfaction in Zimbabwean mission hospitals. Hence, secondary data was used to clarify the objectives as well hypothesis of the study and to give more insight into the topic and giving background information of the study. Secondary data was obtained from different published sources such as Newspapers, textbooks, journals, Internet and reports.

3.7 Data collection Methods

Data collections begins after the research design, during this section the researcher considered two types of data that is primary and secondary. In this study due to the sensitivity of the two variable such as working conditions and job satisfaction that need data collection tools to enable the researcher to gather credible data and ensure that the respondents open up. The study adopted the questionnaire and interviews techniques as well as perusal of existing secondary data collection tools. The Liked scale supported by

the generic job satisfaction scale by Macdonald and MacInlye, was adopted in the process of data collection. The scale relates to workplace factors such as job stress, boredom, isolation and danger of injury and illness.

3.7.1 Questionnaires

Questionnaires are seen as a special type of instrument used to obtain important information about population. In this study each type of questionnaire was developed to address a specific objective and hypothesis of the study.

3.7.2 Interviews

An interview is understood by the researcher as a way of gathering data through a face-to-face and verbal interaction with the participants. In this study, interviews were used as a primary data collection method to solicit for information regarding the respondents' experience at their work stations how their working conditions affect their work. They were particularly helpful in getting the story behind a participant's experiences in the organization and interaction with both their colleagues and directors.

3.8 Pilot Testing

A pilot testing or study, which is a trial run prior to the actual investigation on a small scale to determine the effectiveness of the research instrument on the research, was carried out to verify the validity and reliability of the interview on four selected people. The main aim of the pilot testing was to find out the time that was required to administer a questionnaire and to conduct each interview. The selected pilot testing respondents were not be part of the actual target participants these as a result were not be recorded. It was not possible for the researcher to run a full pilot study across the target population

due to limitations such as resources and time constraints.

3.8 Validity and reliability

Data collection was carried out through the use of an interview guide or questions to guide the interviews. This instrument was tested prior to the final administration. The interview guide were pre-tested on four individuals who are working in mission hospitals and who have experienced the working environment of these institutions for a long time before the final administration, also the supervisor of this study was asked to give his views on the questions to be asked on the questionnaire and interview guide. Adjustments were made on the questions based on recommendations and approvals from the pre-testing.

3.9 Ethical Consideration

Mugenda and Mugenda (2009) provide the researchers with several ethical considerations to be kept or observed while conducting a research. In line with the two Kothari (2012) pointed out that research subjects should be protected from both physical and emotional harm. He further stated that respondents should not be harmed. Confidentiality issues in research should by all means be observed to make sure that respondents are not harmed. In this study confidentiality issues were respected since the areas of working conditions and job satisfaction are very sensitive to employees. Hence the purpose of the study was explained to the respondents so as to make them fully aware and understand that this was an academic and not a way of improving the working conditions in their stations. The

researcher made sure that the information which were provided by the respondents was confidentially kept and was strictly not to be used to violet anyone's rights and job.

3.10 Data presentation and analysis

In order to guarantee security in this study, the researcher recorded in the book all the responses from the questionnaire and interviews and all the data was corded in form of numbers, so that the data was not exposed to anyone who might abuse the information from the selected health sector institutions. The responses were recorded in the order with which the interviews were conducted to make it easy for the researcher to follow when analysing data. All the data collected was analysed and presented into comprehensible information using the Stata 11 package, this enabled the researcher to present analysed data through tables, graphs or other relevant means of data presentation which made it easy to interpret the data. The findings were laid out in Chapter 4, together with the detailed discussion.

3.11 Chapter Summary

This section discussed the methods of data collection, research design and philosophy which were employed, seeking to clarify the research objectives and hypothesis. In this chapter the sampling frame and sample size were also highlighted, the paradigm which places the research problem at the centre of the research was discussed. The descriptive survey was used for the study. The research population was from 2009 to 20015. The population was six mission hospitals which represented a sample taken from the whole population. The research participants were medical doctors, administrators, managers,

matrons, sisters in charge, and heads of departments. In this case the mixed research design was adopted both questionnaires and face-to-face interviews were used as data collection instrument. Secondary data was used to obtain information about the mission hospitals through visiting their website and some handouts at their stations. Having identified the research methodology and findings the study presented the data through tables, graphs or other relevant means of data presentation which made it easy to interpret the data. Ethical considerations were observed and kept.

CHAPTER IV

DATA PRESENTATION, ANALYSIS AND INTERPRETATION

4.0 INTRODUCTION

This chapter focuses on data presentation, data analysis, discussion and interpretation of the findings in a more understandable way, with reference to data collected by the researcher from the field on the impact of working conditions on job satisfaction in mission hospitals. The data was gathered through the use of questionnaire and was analysed to determine the impact of variables such as working conditions, working hours, work environment, training, management style and remuneration on job satisfaction in mission hospitals. STATA11 the statistical software was used for analysis and frequencies and percentages were obtained for categorical data. The researcher discussed the findings of the study in relation to the propositions by previous theorists and authors. The chapter only dwelt on most important findings related to the hypotheses mentioned in chapter one. Therefore this report concentrated on variables which were found to be statistically significant. The results of the findings are presented using statistical means in forming graphs, tables, pie charts and bar graphs.

4.1 Response Rate

The researcher explored the response rate of the respondents with the purpose to establish the level of participation of the targeted respondents, the breakdown of the responses are shown on Table 4.1 below.

Table 4.1 Response Rate

Category Respondents	Population Size	Sample size	No. of respondents	Resp. Rate %
Medical Doctors	20	10	9	90
Administrators	15	6	6	100
Managers	15	6	6	100
Matrons	30	6	5	83.3
Sisters in Charges	40	12	8	66.7
Heads of Departments	90	23	12	52.2
Total	210	63	46	73.02%

Source: Research data

The researcher distributed a total of 63 questionnaires hard copies to all respondents identified by the study. The response rate to the questionnaires distributed were as follows: 10 questionnaires were distributed to the medical doctors and the response rate of 9 that is 90% was achieved. Administrators were given 6 questionnaires and they achieved a 100% response rate, managers received 6 and all the questionnaires were filled and came back hence they obtained a 100% response rate. Out of six distributed to the matrons 5 that is 83.3% response rate was obtained. Out of 12 distributed to the sisters in charge only 8 were answered therefore this group had a 66.7% response rate,

and out of 23 issued to heads of departments they achieved 52,2% response rate because only 12 responded and 11 did not respond to the questionnaire. These responses were evenly distributed to all the six mission hospitals. Poor response rate from the sisters in charge and heads of department was attributed to their busy schedules because most of them requested to remain with the questionnaires hoping that they could respond to them during their free time. Unfortunately most of these questionnaires were lost. The study achieved a response rate of 73.02%. According to Baruch (1999) sighted by Saunders et al (2012) a response rate of 35% is acceptable for the generalization of conclusion. Hence the researcher found the response rate of 73.02% good enough to generalise conclusions.

4.2 Demographic Information

In this section the researcher analysed the basic information on the demographics of the respondents. The demographic information in this study included gender, age, length of employment, level of education and the position an employee holds in the organization.

4.2.1 Respondents by gender

The study selected a sample of both male and female health workers in Zimbabwean mission hospitals. These were interviewed as shown below by Fig 4.2below.

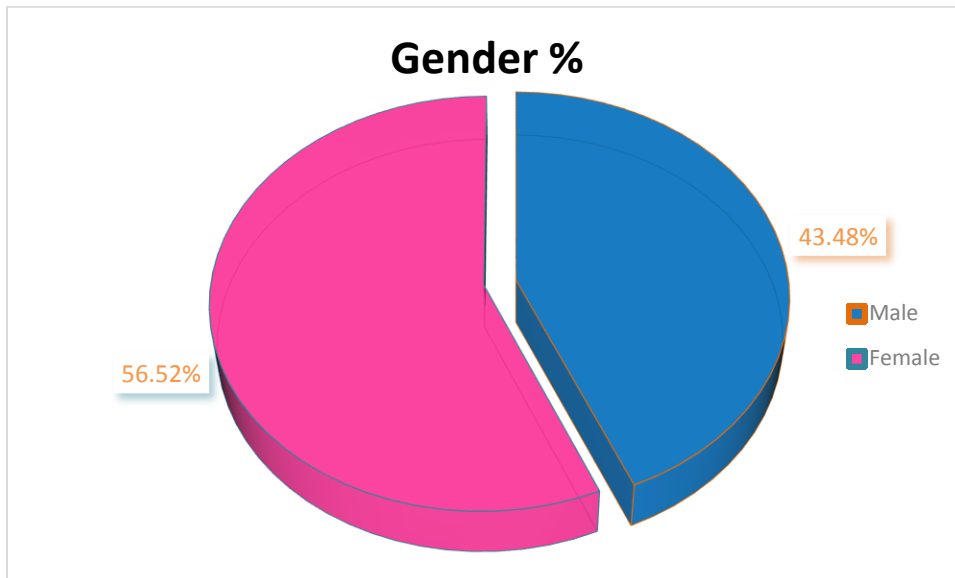


Figure 4.1 Respondents by gender

Source: Research Data

Out of 63 questionnaires sent for data collection only 46 (73.02%) were answered and brought back to the researcher. The results shows that 20 (43.48%) were males and 26 (56.52%) were females. Gender was considered a significant variable in this study to determine whether they are equal number of male and female working in mission hospitals, hence the finding indicates that female health professionals mainly dominate the health profession in mission hospitals.

4.2.2 Respondents by age group

The study was interested in the age range because there was an assumption that the impact of working conditions on job satisfaction could vary with various age groups. Hence the respondents were asked to indicate their ages and Figure 4.2 below illustrates the results.

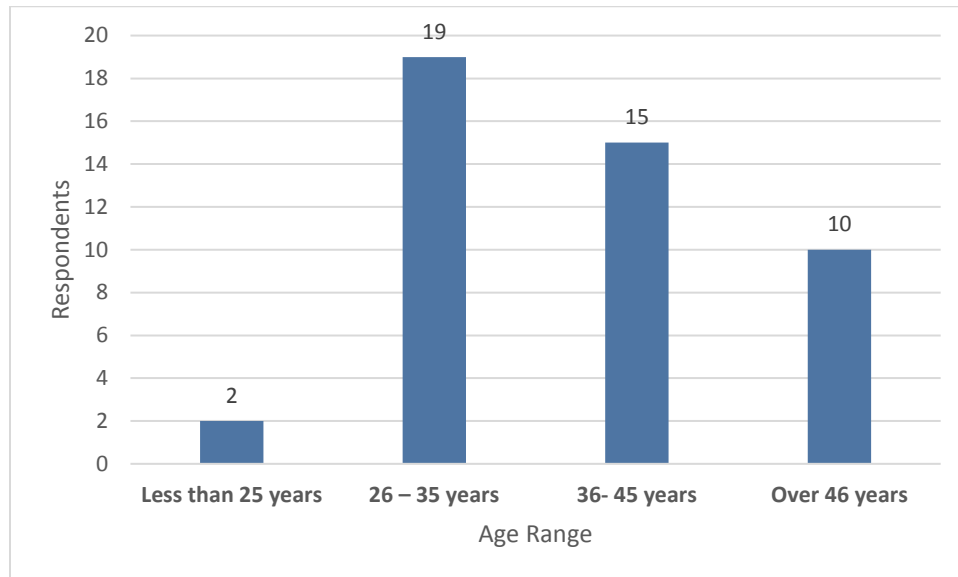


Figure 4.2 Respondents by age group

Source: Research Data

The distribution of ages of the participating health care employees in mission hospitals ranged from 25 to over 45 years. The highest age of the respondents ranged from 26 to 35 years with 19 participants that is 41.30% as illustrated by Figure 4.2 above. It is indicated that the age range of 36 to 45 years old were 15 participants that is 32.61%, over 46 years old were 10 that is 21.74% and less than 25 years olds were 2 that is 4.35%. The mean age distribution indicates that in the mission hospital the employees are young and there are many young people willing to join mission hospitals in Zimbabwe.

4.2.3 Respondents by length of service

This researcher explored respondents by length of service, Table 4.2 below show the distribution of respondents by length of service.

Table 4.2 respondents by length of service

Length of Employment	Frequency	Percentage %	Cumulative Percent
Less than 1 year	2	4.35	4.35
1 to 5 years	13	28.26	32.61
6 to 10 years	16	34.78	67.39
Above 10 years	15	32.61	100.00
TOTAL	46	100.00	

Source: Research data

The majority of the respondents as illustrated by Table 4.2 above shows that 16 respondents, that is 34.78% have been working at a particular mission hospital for 6 to 10 years, 15 of the respondents that is 32.61% have been working in mission hospital for 10 years and above, 13 of the respondents that is 28.26% have worked in mission hospitals for not more than 5 years, and 2 of the respondents that is 4.35% have worked in mission hospital for less than a year. Table 4.2 above show the length of employment of the respondents. Distribution of health care employees in mission hospital by length of employment was considered in this study because it was perceived that the longer the employee has served the organisation there are high chances that they were able to understand the issues well and that they were well versed about their organizations. Hence they would give very significant contribution to the study because of their long experiences.

4.2.4 Level of Education

As far as the academic qualification of the participants are concerned, Table 4.3 shows distribution of the respondents by level of education below.

Table 4.3: Level of education

Level of Education	Frequency	Percentage %	Cumulative Percent
Secondary and below	4	8.70	8.70
Diploma	16	34.78	43.48
Degree	25	54.35	97.83
Masters and above	1	2.17	100.00
TOTAL	46	100.00	

Source: Research data

The findings of the study revealed that, 54.78% of the health care employees in mission hospitals had a degree, 34.78% had diploma, 8.70% held a certificate or a high school certificate either in ordinary or advanced level and 2.17% specified that they had attained master's degree. The researcher considered the level of education because it was perceived that those who have sound education were able to understand the issues better than those with low education hence it was assumed that they were capable of giving valued contribution to the study.

4.2.5 Designation of Employees

The study explored the designation of the employees, Figure 4 below illustrate the distribution of respondents by designation.

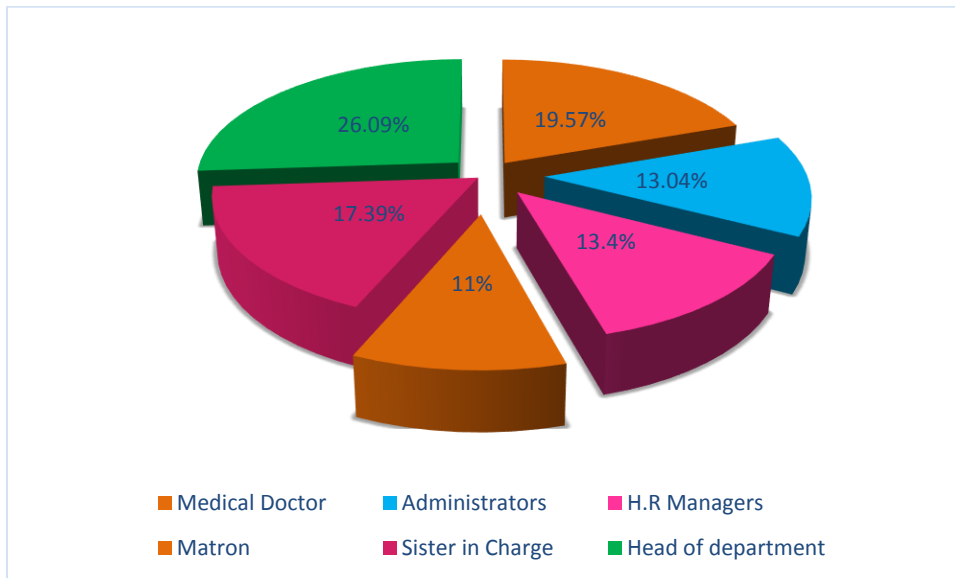


Figure 4.3 Designation of Employees

Source: Research data

Designation of employee results show that the majority 12 of the respondents that is 26.09% are heads of departments, 9 of the respondents that is 19.57% are medical doctors, 8 of the respondents that is 17.39% are sisters in charge of the wards in mission hospitals, 6 of the respondents that is 13.04 are administrators and managers respectively, and 5 of the respondents that is 10.87% are matrons. The researcher was satisfied that the respondents had potential to understand and articulate effectively the existing working conditions and how these affect their day to day duties.

In carrying out an investigation of the study, it is significant to ensure that the respondents have the ability to meaningfully participate in the study by understanding what is being asked and positively contributing to the requirements of the research questions. Bearing in mind the above requirements, the researcher considered only those of the clinical and support staff who have a better understanding of the medical

equipment and medical consumables required to run the mission hospitals in an efficient and effective way.

4.3 Work environment and employee satisfaction

The second hypothesis of the study which was tested and found statistically significant state that: **H₁**: There is a positive relationship between clean working environment and employee job satisfaction in mission hospitals. Table 4.5 below the findings of the study.

Table 4.3:Regression analysis of Work environment and job satisfaction

Job Satisfaction	Coefficient	Standard Error	T-test	P> t
Work Environment	0.4888564	0.2305622	2.12	0.040

Source: Research data

The result of the study revealed that $P > 0.040$ showing that there is a positive relationship between work environment and job satisfaction. The coefficient (Coef 0.4888564) on work environment is significantly different from zero. Therefore there is a positive relationship between work environment and job satisfaction. This indicates that clean office space, ventilation, proper work and healthy safe work environment increases the level of job satisfaction thus supporting the theory of Herzberg (1968) supported by Spector (2008) which postulates that work environment is an important determinant of job satisfaction of employees. Herzberg's two dimensions theory of job satisfaction supports the findings of this study since it postulates that motivators leads to job satisfaction and these includes intrinsic and extrinsic rewards to motivate employee to perform. The findings are in agreement with the study carried out by Robert Wood Jason

Foundation (2014) who carries out a study based on 98 question survey of 1,141 nurses, a 10 year longitudinal Survey on the physical work environment in Hospital and how they affect nurses job satisfaction in the 34 states of the District of Columbia. Their study found out that physical work environment has affect nurses ability to do their work efficiently and effectively as a result the right environment facilitates nurses work which increases their job satisfaction. It is concluded that improving work environment increases job satisfaction among health workers.

4.4 Working hours and employee satisfaction

This section explore the findings related to the first hypothesis to the study: **H₄**: There is a negative relationship between long working hours and employees' job satisfaction. Table 4.4 below show the relationship between working hours and job satisfaction from the analysed results.

Table 4.4: Regression analysis of working hours and employee satisfaction

Job Satisfaction	Coefficient	Standard Error	T-test	P> t
Working Hours	0.704127	0.2375815	2.96	0.005

Source: Research data

The findings from the study revealed that there is a positive relationship between working hours and job satisfaction as shown by table 4.7 above. Hence the first null hypothesis (H_0) is rejected and the alternative hypothesis (H_1) is accepted. The coefficient of working hours (Coef.704127), is significantly different to zero. Therefore there is a positive relationship ($P>0.005$), between working hours and job satisfaction. The working hours

are positive and significantly different from zero as shown by table 4.7 above. This implies that working long hours increases the level of job satisfaction. The results are similar to the findings of (Toode et al 2011) who found a positive relationship between working hours and job satisfaction for a sample of 6235 nurses working in 66 hospitals in Estonia. However, these results contradict the findings of (Bornschen et al 2009) who carried a study for a total sample of 2450 for a questionnaire sent to all employed physicians in hospitals and medical professionals in German on working hours and job satisfaction among physicians and found out that many employed physicians in Munich are dissatisfied with their jobs due to long working hours. This difference in findings can be attributed to the fact that nurses in mission hospital work long hours at a particular time and the hours they work will be compensated either in monetary form as part of locum or as part of the off days and off nights they get.

4.5 Remuneration and employee satisfaction

The last hypothesis to the study states that: **H₅**: There is a relationship between remuneration and job satisfaction. Table 4.6 below present the findings of the study in relation to the last hypothesis which was found to be statistically significant by the study.

Table 4.6: Regression analysis of Remuneration and job satisfaction

Job Satisfaction	Coefficient	Standard Error	T-test	P> t
Remuneration	0.9269404	0.2069563	4.48	0.089

Source: Research data

The following results show that the coefficient of the remuneration (Coef0.9269404) is significantly different from zero. Therefore there is a positive relationship between remuneration and job satisfaction. The fisher's exact test showed a significant positive relationship between remuneration and employee job satisfaction and the (Stand Err .2069563). Hence we reject the null hypotheses H_0 and accept the alternative directional hypotheses H_1 which state that there is a positive relationship between remuneration and employee job satisfaction. This implies that an increase in remuneration rises the level of job satisfaction thus supporting the theory Vroom (1964) the expectancy theory which asserts that job satisfaction is based on employees beliefs about the probability that their effort will lead to performance which in turn leads to reward as a result it brings job satisfaction to the employees.

Adam's Equity Theory of motivation support the results because it postulate that employee work according to the reward they get in response to their work. The theory indicate that employees assign weights to the work they do and the reward they get in comparison with the other people hence it is a process of job satisfaction. This indicate that improving reward benefits increases job satisfaction among health workers in mission hospitals. The positive relationship between remuneration is further supported by Maslow's theory of the hierarchy of needs.

These results are similar to the findings by Khatijah (2013) who carried a study on a sample of 421 nurses on factors influencing job satisfaction among registered nurses in Mashhad in Iran and concluded that remuneration was a significant indicator of job

satisfaction among health care employees. The results are also similar to the findings of Lambrou et al (2010), on a sample of 219 participant to the study and concluded that monetary benefits motivate healthcare professionals hence it increases job satisfaction. However, results are a contradiction to the finding of Sharon Theresa (2014) who carried a study on the impact of reward and job satisfaction for a sample study of 230 in South Africa and the results revealed that there was no association between rewards and job satisfaction. This was attributed to the fact that rewards was not the only determinant of job satisfaction especially in the nursing sector.

Based on the findings from the study the researcher concluded that there is a positive relationship between working condition and job satisfaction in mission hospitals.

Summary

The chapter interpreted and gave meaning to research findings. The chapter covered the collected data indicating that sixty-three questionnaires were distributed to the respondents with 73,02% response rate achieved. All questionnaires were analyzed and the analysis was guided by variables in the conceptual framework, research objectives and hypotheses. The chapter only concentrated on variables which were found to be statistically significant. Hence the findings were presented in various forms ranging from tables, graphs and narrative form.

CHAPTER V

CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This section of the chapter presents the summary, based on the research discoveries. Hence, the accomplishment and or failure of the objectives have been listed with reference to the findings of the study. The researcher has outlined the reason for undertaking the study, and has presented the conclusions clearly in relation to the key findings. The chapter has also conveyed recommendations which are derived from investigations and findings of the study. Concluding recommendations for the best practice has been listed towards the appropriate areas with reference to the outcomes of the study and experience.

5.2 Summary of the study

The relationship between working condition and job satisfaction in mission hospitals has been a cause of concern to all health professional cadres since the foundation of ZACH in 1974. ZACH is the medical arm of Christian churches in Zimbabwe. However, investigations and prior studies have revealed that no consensus exist on how to resolve these issues for the enhancement of performance and quality service delivery in the health sector. Therefore, the study's primarily purpose was to determine the relationship

of working conditions on job satisfaction in order to assist in improving health service delivery in mission hospitals. This research focused specifically on mission hospitals in Matabeleland provinces. The study was initiated by the researcher's personal experience and concern about the issues causing deterioration of services delivery in the health sector in Zimbabwe. Mission hospitals were chosen because they play a very big role in imparting health care services to the large population in rural areas in Zimbabwe. The researcher sought to establish the existing conditions and determine the strategies that could be used to improve the working conditions in mission hospitals in order to increase job satisfaction among health professionals. Questionnaires were given to all the targeted respondents, a sample size of 63 respondents was selected and the researcher achieved a response rate of 73.02%.

The introductory chapter of the study outlined the background of the study. It highlighted the statement of the problem, purpose of the study showing clearly some contemporary issues faced by mission hospitals in Zimbabwe. The chapter also indicated the research objectives and hypotheses to lead the study which was dealt with in this document. The second chapter focused on reviewing what other prior researchers and authors have said about working conditions and job satisfaction in the health sector. The researcher made use of text books, journals and internet. The chapter reviewed what other writers have propounded on the issues of working conditions and job satisfaction such as working hours, work environment, training, management style, promotion and remuneration. The researcher referred to a number of authors pertain these issues, the major ones being Herzberg (1966), Locke et al (1983), Armstrong (2010), Toode et al (2011), Saunders et al (2012), Khatijah (2013), Lambrou et al (2010), and many others cited in this study.

The third chapter of this study outlined the procedure that was going to be taken to source data, target population, sampling techniques, sample size and the way data was going to be presented. The study used a case of employee in Zimbabwe mission hospitals. The fourth chapter previous to this concluding chapter was grounded on the discoveries from the research study based on the questions that were used during the data collection process. The data collected was presented through in form of chart, tables and narrative form.

5.3 Conclusions

The researcher made the following conclusions based on the findings of the study:

1. The findings of the study revealed that existing working condition in mission hospitals were a major determinant of job satisfaction and the research concluded that improving the current working conditions result in an increase in employee job satisfaction.
2. The researcher was able to establish different existing working conditions in mission hospitals characterised by long working hours, positive relationship between work environment and job satisfaction, positive relationship between remuneration and job satisfaction and shortage of medical equipment and medical consumables.
3. The findings of the study revealed that there is a positive relationship between working hours and job satisfaction hence it is clear that most health professional feel satisfied by spending long hours at work. The researcher concluded that this

view is very true because more hours at for health professional's means more money as compensation to the hours spent at work.

4. The study determined that there is a positive relationship between work environment and job satisfaction. Therefore, improving both physical and emotional work environment by providing health workers with adequate medical consumables and equipment, clean environment, involvement of employees in decision making will increase job satisfaction among health professionals.
5. It is very clear from the findings that working hours, work environment and remuneration determine job satisfaction. The researcher concluded that job satisfaction among health professionals in mission hospitals is associated with improvement in working conditions, because there is a positive correlation between working conditions and job satisfaction. Hence improving working conditions has a positive impact of increasing job satisfaction among health professionals in mission hospitals.

5.4 Recommendations

Based on the investigations and findings of this research, the following are recommended by the researcher.

Management in mission hospitals should create good and conducive work conditions by addressing remuneration issues, improvement of work environment through provision of enough medical consumables and medical equipment, availability of cleaning detergents to make the place clean, bidding for more staff to reduce the work load and to balance staff duties.

Hospital administrators should make sure that there is continuous evaluation and monitoring of working conditions and this should be done through involvement of staff, team approach will improve aspects relating to job satisfaction.

Although the findings of the study indicate that there is a positive relationship between working hours and job satisfaction, the researcher feels that a more comprehensive study could be done in the future when the economic situation is stable and this may be able to produce quantifiable results concerning this issue.

The researcher's recommendation to Zimbabwe church related Hospitals is that: this research may assist as a base for future investigations in different hospitals under the arm of ZACH on a larger scale. More investigation of data is required, as there are numerous issues that can be explored more.

5.4.1 Recommendation for further studies

Given that the research was conducted over a short period of time, and the engagement challenges were experienced for several years. It is clear that the study has not exhausted all factors that have an impact on employee satisfaction in mission hospitals, hence further studies could be done at a larger scale on the same topic in order to overcome the limitations. The study should delve into variables of job security, fairness, relationship with co-workers and supervisors, job involvement and work environment in detail, to find their relationship with job satisfaction.

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Appendices

Appendix I – Research Letter

Appendix II. Questionnaire



MIDLANDS STATE UNIVERSITY
GRADUATE SCHOOL OF BUSINESS LEADERSHIP
 P. Bag 9055, Gweru, ZIMBABWE
 Tel: 263-54-223523; Fax: 223795
 E-mail: gsbl@msu.ac.zw



A member of the AABS

M E M O

.....
TO WHOM IT MAY CONCERN

Dear Sir/Madam

RE: REQUEST TO CARRY OUT A RESEARCH STUDY

This letter serves to confirm that the bearer I.D No:
 is a registered Master of Business Administration student at
 the Midlands State University's Graduate School of Business Leadership. He/She is currently
 working on a research study entitled "....."
". Carrying out the
 research study is a requirement for the completion of the degree programme.

The results of this research will be purely academic and names of people/organisations who
 participated will not be revealed.

I would be very happy if you assist him/her with information and allow him/her to interview you,
 some of your workers and clients at any day or time convenient to you.

Thank you.

Yours Sincerely

S. MUPEMHI
S. MUPEMHI
DIRECTOR - GSBL
 PP



Dear Respondents

My name is MM2 an MBA student with Midlands State University (MSU). I am conducting a research on the impact of working conditions on job satisfaction in Zimbabwean Mission Hospitals. I hereby and kindly request for your assistance in this study by providing me with information on the questions listed below. Any information you give will be treated highly confidentially and only for the purposes of this study. I thank you in anticipation.

INSTRUCTIONS:

1. Do not write your name
2. Tick [√] one where necessary in the spaces provided or write as applicable where explanations are needed.

Section A: Respondent's Personal Details /Demographic Information

1. Gender

Male []

Female []

2. Age Range

Less than 25years []

25-35years []

36-45years []

Over

45years []

3. Length of employment.

Less than 1 year []

1-5years []

5-10years [] Above 10years []

4. Educational Level.

Secondary or below [] Diploma [] Degree [] Masters and
Above []

5. What position do you hold in the organization?

Managerial Staff[]

Non-Managerial staff[]

The following instructions refer to sections **B, C, D, E, F and G**. Please use a tick [√] to indicate your response in the space provided the extent to which you agree or disagree with the statements provided below. You are given five alternatives depending on the extent of agreement.

The alternatives are: **SA**= Strongly Agree; **A**=Agree; **AD**=Neither agree nor disagree;

D= Disagree; **SD**=Strongly Disagree

SECTION B: Working conditions and employee satisfaction in Mission Hospitals

Statement	Response				
	SA	A	AD	D	SD
The physical working conditions are supportive in attaining quality health care at this mission hospital					
The hospital provides me with adequate resources for my work.					
Working at this hospital have helped me to achieve a sense of self autonomy and authority.					
The goals and objectives of this hospital are clear to me					

SECTION C: Working hours and job satisfaction in Mission hospitals

Statement	Response				
	SA	A	AD	D	SD
I am satisfied with the hours I spent at work					
I am satisfied with the off duties and holiday entitled to me annually					
With this hospital I have flexible working hours					
I am satisfied with my work because I complete my daily duties in time					

SECTION D: Management style and employee job satisfaction in Mission hospitals

Statement	Response				
	SA	A	AD	D	SD
My determination to do good is always supported by the management					
I receive enough feedback from my supervisors about my work					
Management empowers us to make some independent decisions					
Management decisions consider employee wellbeing					

SECTION E: Work environment and job satisfaction in Mission hospitals

Statement	Response				
	SA	A	AD	D	SD
The hospital has good and safe work-environment.					
I am provided with adequate medical consumables for my work					
The atmosphere in this hospital is cheerful and pleasant					
The duty-room, offices and physical structures are well ventilated and conducive for my work					

SECTION F: Promotions and employee job satisfaction in Mission hospitals

Statement	Response				
	SA	A	AD	D	SD
Promotion here is fair to all employees					
Promotion here depend on the management decisions and judgement					
Senior employees have higher advantages in promotion than juniors					
Every employee have the opportunity to further their education so as to be promoted.					

SECTION G: Remuneration and employee job satisfaction in Mission hospitals

Statement	Response				
	SA	A	AD	D	SD
My pay and benefits are commensurate with my skills and experience.					
I am adequately remunerated for my effort in this mission hospital.					
The remuneration policies here are fair to all employees					
This mission hospital provide equal benefit to all					

SECTION H: Establishing overall job satisfaction in mission hospitals

Statement	Response				
	SA	A	AD	D	SD
I really care and love my hospital it means a lot to me					
I am proud to tell other health workers that I am part of this hospital.					
I would accept to work in any department in order to keep working here.					
I am proud to be part of this hospital and I really care about it.					
I have no intention of leaving this hospital in the near future.					
I rely on this hospital to offer good quality services to our patients					
With this hospital I achieve what I look for in my work					

Declaration:

I declare that the views, comments and contributions provided here will be treated confidentially and your anonymity will be protected and prioritized throughout the study and analysis of data. Information will be purely for academic purposes in partial fulfilment of the requirements of my Master Degree in Business Administration programme.

Closing remark:

THANK YOU for your contribution. God Bless you!