THE STATUS OF JOB EVALUATION AND WAGE STRUCTURE AT A TERTIARY HOSPITAL IN NORTH CENTRAL NIGERIA.

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INTRODUCTION

Job evaluation is a systematic process for establishing the relative worth of jobs in an organization. It provides a rational basis for designing pay structures, managing relativities, making decisions on grading, and ensuring that equal pay is provided for work of equal value. The concept of equal pay for equal work was so controversial throughout the twentieth century, but subsequently became a generalized social norm. “There is no choice about job evaluation. All organizations must make decisions on rates of pay and those decisions are based on judgments about relative job values within the organization or market rate imperatives or perceptions. The choice is therefore concerned not with the need to evaluate jobs but whether or not a formal evaluation scheme is required” (Armstrong, 1999a). The widespread institution of job evaluation by industry during and immediately following World War II was an important moment in the history of wage determination. Equal pay for equal work is the very essence of job evaluation, with work considered equal if it requires equal skill, equal effort, and equal responsibility and is performed under equal working conditions. The ultimate objective of job evaluation is to achieve internal wage consistency (internal equity).

ABSTRACT

BACKGROUND: The widespread institution of job evaluation by industry during and immediately following World War II was an important moment in the history of wage determination. Equal pay for equal work is the very essence of job evaluation, with work considered equal if it requires equal skill, equal effort, and equal responsibility and is performed under equal working conditions. The ultimate objective of job evaluation is to achieve internal wage consistency (internal equity).

AIM: The research work examined the status of Job evaluation and wage structure in a tertiary health institution in Abuja, Nigeria.

METHODOLOGY: This was a descriptive, cross-sectional hospital-based study involving 329 healthcare workers of the University of Abuja Teaching Hospital, Abuja: a tertiary health institution in North Central Nigeria. The opinions of all cadres of permanent staff within the institution were sought and collated using a structured questionnaire: sample size was determined using the Krejcie and Morgan formula and the sampled population (respondents) recruited using stratified sampling technique. The data were collated on excel spreadsheet and analysed using IBM SPSS version 21, with descriptive and regression statistics set at a p-value of 0.05.

RESULTS: A total of 329 health workers participated in the study; 52.7% of them were males, while 47.3% were females. Job evaluation promotes internal pay equity in university of Abuja Teaching Hospital, Gwagwalada, Abuja: 53.8% of respondents are in agreement while 16.7% are undecided. This finding is statistically significant at a p-value of 0.043; all the cadres of staff are significantly in agreement. Job evaluation is a prerequisite for equal pay for work of equal value in an organization: 72.9% of respondents are in agreement while 11.2% are undecided. This finding is statistically significant at a p-value of 0.001; all the cadres of staff are significantly in agreement. Job evaluation promotes internal pay equity in university of Abuja Teaching Hospital, Abuja: 53.8% of respondents are in agreement while 16.7% are undecided. This finding is statistically significant at a p-value of 0.043; all the cadres of staff are significantly in agreement. Job evaluation is a veritable tool used in collective bargaining: 80.8% are in agreement while 8.8% are undecided. This finding is statistically significant at a p-value of 0.002; all the cadres of staff are significantly in agreement. Job evaluation affects pay structure in the institution: as 62.3% of respondents are in agreement while 11.2% are undecided. This finding is statistically significant at a p-value of 0.001; all the cadres are significantly in agreement.

CONCLUSION: Job evaluation is a prerequisite for designing an effective and efficient wage/salary administration. It will provide the information required to design and maintain equitable and defensible grade and pay structures. Furthermore, job evaluation is a prerequisite to determination of a credible salary scale that will bridge the gap in wage differentials and irregularities of Nigerian health workers and may be an antidote to industrial disharmony and frequent strikes by respective unions (NAHAP, NAMLS, NANN, NARD, NMA, JOHESU etc.). Almost all the workers believe that the current salary/wage structure could be harmonized, thus, a harmonized or unified health salary structure can be the key that will unlock the gate to peaceful coexistence and industrial harmony among professionals within the health sector.

KEY WORDS: Job evaluation, salary determination, wage differentials, pay equity, industrial harmony
Job evaluation came face to face with pre-existing practice of separate pay scales for men and women. In USA the dissonance had to be resolved through the Federal Equal Pay Act of 1963, which erased explicitly separate pay scales by gender. Milkovich (2014) emphasized that in the United States, equal employment legislation forbids pay systems that discriminate on the basis of gender, race, religion, or national origin. The Equal Pay Act and the Civil Rights Act require “equal pay for equal work,” with work considered equal if it requires equal skill, equal effort, and equal responsibility and is performed under equal working conditions.

Job evaluation is a systematic procedure used to measure the relative worth of a job. Those relative values, then translated by the organization's pay structure, determine the salary paid for performing the job. The purpose is to develop an internally consistent job hierarchy to achieve a pay structure acceptable to both management and labour (Morgeson FP et al (2001)). It enables the design and establishment of human resources improvement procedures and fair pay system (Kahya, 2018).

Job evaluation deal with jobs impersonally and is not concerned with race, creed, colour, age, or gender of the employee, unless in some way those personal variations become pertinent to the jobs. Equal pay for equal work is the very essence of job evaluation. According to Figart (2000), job evaluation was designed to eliminate paternalistic management practices that evaluated a worker's family circumstances, work history, and other personal considerations in determining wages. The intent is to shift the focus from the employee and his/her circumstances and rather focus on the job content and therefore eliminate or reduce the subjective determination of wages of employees. Employers still make decisions on how much employees should be paid for work done.

This may vary from determining a pay rate of a gardener to that of a chief executive officer of an organization. The manner in which the pay rates of these jobs are determined may differ from organization to organization. It may be fairly easy to determine pay rates within a relatively small organization with a few employees. On the other hand however, in a large organization like a government department that differentiates between employees, with a huge bureaucratic structure and employs highly skilled professionals, it is more complex. Whatever the circumstances a decision should still be made on how much employees should be compensated for services rendered. One of the methods used to assist managers to make that decision is called job evaluation.

In South Africa, the Minister for Public Service and Administration (MPSA), Geraldine Fraser-Moleketi., on 27th July, 1999 recommended to the Department of Public Service and Administration (DPSA) that a customized version of the EQUATE Job Evaluation program be implemented in the Public Service. Two years later, on 1st August, 2001, the EQUATE Job Evaluation Program was implemented by the Provincial Government of the Western Cape (Department of Public Service and Administration, 1999). The aim of the EQUATE Job Evaluation program was to provide a defensible and equitable basis for determining and managing internal pay relativities between jobs in the Public Service.

For a long time, Kenyans desired an independent body that will determine the salaries and remuneration paid out of public funds to employees within the public sector. Kenyans wanted transparency and fairness in wage determination, and by extension, prudent management of public funds. It was, therefore, with great relief that the Constitution of Kenya in 2010, established the Salaries and Remuneration Commission. In June 2015, His Excellency the President, Uhuru Kenyatta, launched the job evaluation exercise for public service. The exercise addressed deep-rooted problems of wage inequalities and disparities in the public service that have been in existence since independence and beyond (Salaries and Remuneration Commission, 2016 a).

In 2009, The President, Commander-in-chief of the Armed Forces of the Federal Republic of Nigeria, Umaru Musa Yar'Adua, approved new salary structures, known as Consolidated Medical Salary Structure (CONNMESS) for Medical and Dental Doctors in the Federal Public Service and Consolidated Health Salary Structure(CONHRESS) for all health professionals and staff employed in Federal Hospitals/Medical centres as well as clinics in Federal Ministries, Department and
Agencies (MDAs) and all health professionals in Federal Ministry of Health. The remuneration packages took effect from 1st January, 2010 and is being operated currently. These pay structures replaced pre-existing Consolidated Tertiary Institution Salary Structure (CONTISS) and Consolidated Public Service Salary Structure (CONPSS) which was devoid of rent subsidy among others. The wage structures by the ministry was not consequent upon reports of job evaluation in the MDAs but pursuant of agreements between Federal Ministry of Health, Nigerian Medical Association (NMA) and Joint Health Sector Unions (JOHESU) respectively, in other to curb misgivings among healthcare providers. Salawu et al (2010) opined that in spite of the closeness of the approved scheme of services (ASS) used by the Nigerian government to the system of job evaluation, this system does not seem to have given much attention to the need for a clear cut distinction between the work performed at different levels, which would justify the salary scales attached to the different levels. Historically, public sector remuneration and benefits have been set through ad hoc committees and commissions.

This has led to wage structures that are inequitable leading to discontent, low morale, inefficiencies and frequent industrial unrest. For example, there is no pay equity in the placement of all consultants on the same salary scale irrespective of their sub-specialization i.e. a neurosurgeon’s ‘pay package’ is same as a public health physician, general surgeon, orthodontist or cardiologist within the same grade level, just to mention but a few. This breeds intra-professional conflict, aside inter-professional conflict with other health care providers in the healthcare delivery system.

**STATEMENT OF THE PROBLEM**

The most unfortunate thing in Nigeria as far as wage determination is concerned however, is that up till now there is no formal legislation to enforce the use of job evaluation as it is the case in U.S.A, Britain and other African countries. The practice of fixing wages through the use of salary review commissions and grading teams has continued to lead to income inequality among the Nigerian workers and frequent labour unrest resulting from perceived income inequality. Adoption of proper job evaluation systems in fixing the salaries and wages of the health workers will ameliorate this age-long crisis in the health sector.

Appropriate job analysis and job description are fundamental, in setting up, a firm footing, for wage and salary scheme in any organization. While job description is the basic document of job analysis, the later, in turn is the basic document or factual foundation of job evaluation (El-hajji 2012; 30a). Job analysis is a technique for determining the basic elements of a job.

It is noteworthy that job evaluation is a pillar upon which the structure of wages and salary rest. Furthermore, wages and salary structures are essential instruments developed to translate and / or reflect the organization's remuneration into a formal hierarchy of given grade and levels. A proper Job evaluation vis-à-vis a wage policy or wage structure is yet to be developed for University of Abuja Teaching Hospital, Gwagwalada, a Tertiary Health Institution and parastatal under the Federal Ministry of Health (FMoH), determined to provide quality health care service, hence necessitating this research work.

**SCOPE AND LIMITATIONS OF THE STUDY**

This was a descriptive cross-sectional study of Job evaluation and wage structure in a tertiary health institution in Abuja, Nigeria. The existing wage structure (CONHESS and CONMESS) in the hospital is a product of negotiations between Government and relevant stakeholders in the Ministries of Health, finance, labour and employment, revenue mobilization, wages and salaries commission as well as trade unions, but has been fraught with irregularities and alleged marginalization of allied health workers (paramedics) leading to industrial disharmony and frequent shut-down of the hospital. Since the current salary structure is not a sequelae of proper job evaluation, some workers are improperly placed in their jobs, hence undermining effective health care service delivery in the institution. Job evaluation is capital intensive and requires training and re-training of evaluators. Traditional job evaluation methods are now obsolete because of cumbersomeness and lack of consistency.

Furthermore, unwillingness of the establishment division of the hospital to volunteer workers pay structure hampered the study. Some members of staff outrightly declined filling the questionnaire and participating in the study while others did not return them after collection resulting in a non-response rate of 2.4%.
METHODOLOGY
A cross-sectional analytic hospital based study conducted within a one (1) year period from 1\textsuperscript{st} January, 2017-31\textsuperscript{st} December 2017 among 337 health workers of the University of Abuja Teaching Hospital, Gwagwalada, Abuja, F.C.T., Nigeria.

The study area
University of Abuja Teaching Hospital is located in Gwagwalada Area Council of the Federal Capital Territory Nigeria,, about 45 kilometres from the City Centre. The 350-bed Hospital Complex with facility for expansion to 500 beds was formerly known as Gwagwalada Specialist Hospital. It was conceived by Federal Capital Development Authority (FCDA) as a reference hospital. Construction work started in 1981 and it was commissioned by former President Ibrahim Babangida in 1982. From 1992 - 1993 the Hospital functioned as a General Hospital under Federal Capital Development Authority. It was taken over by the Federal Ministry of Health in 1993 to run as a Federal Medical Centre. In September 2006, the hospital was upgraded to a Teaching Hospital for the University of Abuja.

The corporate mission statement of the hospital is that of "a well – equipped modern tertiary health facility with a dedicated and well-motivated workforce that would render qualitative and effective specialist healthcare services to all, in a humane & transparent manner within a friendly environment. She is to provide clinical teaching in all medical fields at undergraduate and postgraduate levels".

The vision statement of the hospital is "to be a world class tertiary health institution providing excellent services in patient care, research and training".

Study population
The institution has a population of one thousand five hundred (1,500) workers ranging from highly skilled, skilled, semi-skilled and unskilled workforce.

The sampled population involves different categories (cadres) of staff namely;
(a) Doctors – are the primary physicians that attend to patients and they are leaders of the health team.
(b) Pharmacists – provides pharmaceutical care and counselling for the patients.
(c) Nurses – care for patients
(d) Physiotherapist - provides physical therapy and rehabilitation for patients.
(e) Administrators - are responsible for human resource management as well as wage and salary administration.
(f) Engineers - are apt with infrastructure, maintenance of equipment and provision of technical services.
(g) Laboratory scientists – carry out investigations on patients
(h) Health information managers – Keeps patient file and records.
(i) Others - include dental therapists, dieticians, psychologists and social welfare workers.

The sample size was obtained by stratified random sampling technique. Furthermore, a proportional stratified sampling type was considered taking into cognizance, the representation of each cadre (doctors, nurses, pharmacists, physiotherapists, laboratory scientists, engineers, administrators and other personnel) within the sector.

The first stage involved stratification of the population into various cadre of staff. The second stage is the percentage contribution of each cadre to the sampled population. A simple random sampling technique was adopted to determine the exact number of participants (respondents) from each cadre. Thus, every willing and consenting respondent was administered a questionnaire until the required sample achieved.

Inclusion criteria:
All cadres of staff working in the institution with permanent employee status were recruited.

Exclusion criteria:
All temporary, contract and out-sourced staff including interns, security personnel, cleaners and corps members.

Ethical clearance: was obtained from the institutions ethical review board-Health Research & Ethical Committee.

Determination of sample size
The staff strength of the hospital (population size) is approximately 1500.
The formula used for the calculation of sample size (Krejcie and Morgan, 1970), states that:

\[ n = \frac{X^2 \cdot N \cdot P \cdot (1-P)}{(ME^2 \cdot (N-1)) + (X^2 \cdot P^2 \cdot 1-P)} \]

Where:
- \( n \) = Sample size
- \( X^2 \) = Chi -Square for the specified confidence level at 1 degree of freedom
- \( N \) = Population Size
- \( P \) = Population proportion (.50 in this table)
- \( ME \) = desired Margin of Error (expresses as a proportion)

Therefore, when:
- \( X^2 = 3.841 \)
- \( N = 1500 \)
- \( P = 0.5 \) and
- \( ME = 0.05 \)

\[ n = \frac{3.841 \times 1500 \times 0.5 \times (1 - 0.5)}{(0.05)^2 \times (1500 - 1) + (3.841 \times 0.5 \times (1-0.5))} \]
\[ = 305.96 \approx 306 \]

The sample size would be 306 with a construct of 95% confidence interval and 5% margin of error. A non - response rate of 10% (30.6) is added to the sample size, therefore the required sample = 306+30.6 =336.6 ≈ 337.

The non-response rate will account for improperly completed questionnaires, those not retrieved and people that voluntarily withdrew from the study.

**Method of data collection**
Data was collected through the use of a structured questionnaire administered to sampled population.

**Primary source**
The primary source includes information derived from respondents through the instrumentality of a pretested self-administered structured questionnaire, to staff of the hospital.

**Secondary sources**
The secondary sources includes information derived from manuals, journals, newspapers, published and unpublished materials.

**Data analysis**
Descriptive summary statistics were obtained for all demographic and outcome variables. \( P \)-values of less than 0.05 were considered statistically significant. Statistical analysis was done using IBM SPSS Statistics for windows version 21; IBM Corp., Armonk, NY, USA.

Results are presented using figure and tables.

**RESULTS**

**SECTION A: SOCIO-DEMOGRAPHICS**

**Table 1: Summary of socio-demographic characteristics of respondents**

<table>
<thead>
<tr>
<th>Age (in years)</th>
<th>Sex</th>
<th>Occupation</th>
<th>Length of Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-24</td>
<td>7</td>
<td>313</td>
<td>326</td>
</tr>
<tr>
<td>25-34</td>
<td>54</td>
<td>164</td>
<td>165</td>
</tr>
<tr>
<td>35-44</td>
<td>130</td>
<td>395</td>
<td>584</td>
</tr>
<tr>
<td>45-54</td>
<td>121</td>
<td>368</td>
<td>954</td>
</tr>
<tr>
<td>55-64</td>
<td>15</td>
<td>46</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>327</td>
<td>329</td>
<td></td>
</tr>
</tbody>
</table>

This table gives an overview of the demographic characteristics of respondents across the cadres.

**Table 2: Age distribution of respondents**

<table>
<thead>
<tr>
<th>Age (in years)</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-24</td>
<td>7</td>
<td>2.1</td>
<td>2.1</td>
<td>2.1</td>
</tr>
<tr>
<td>25-34</td>
<td>54</td>
<td>16.4</td>
<td>16.5</td>
<td>18.7</td>
</tr>
<tr>
<td>35-44</td>
<td>130</td>
<td>39.5</td>
<td>39.8</td>
<td>58.4</td>
</tr>
<tr>
<td>45-54</td>
<td>121</td>
<td>36.8</td>
<td>37.0</td>
<td>95.4</td>
</tr>
<tr>
<td>55-64</td>
<td>15</td>
<td>4.6</td>
<td>4.6</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>327</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Table 3: Sex distribution of respondents**

<table>
<thead>
<tr>
<th>Sex</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>165</td>
<td>50.2</td>
<td>52.7</td>
<td>52.7</td>
</tr>
<tr>
<td>Female</td>
<td>148</td>
<td>45.0</td>
<td>47.3</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>313</td>
<td>95.1</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

Above indicates that 52.7% of respondents were male while 47.3% were females. This implies that there were more male respondents in this research.

**Table 4: Educational qualification of respondents**

<table>
<thead>
<tr>
<th>Educational Qualification</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>WAEC/GCE</td>
<td>17</td>
<td>3</td>
</tr>
<tr>
<td>HND/B.Sc.</td>
<td>87</td>
<td>105</td>
</tr>
<tr>
<td>M.Sc.</td>
<td>25</td>
<td>12</td>
</tr>
<tr>
<td>Fellowship</td>
<td>24</td>
<td>6</td>
</tr>
<tr>
<td>Professorship</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>

Majority of the respondents had tertiary level of education.
The result showed that Job evaluation promotes internal pay equity based on the responses which showed that 53.8% are in agreement while 16.7% are undecided. This finding is statistically significant at a p-value of 0.043; all the cadres of staff are significantly in agreement.

OBJECTIVE 2:
Table 7: Job evaluation is a prerequisite for equal pay for work of equal value in an organization

<table>
<thead>
<tr>
<th>Job evaluation is a prerequisite for equal pay of equal value</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>SD</td>
<td>15</td>
<td>4.6</td>
<td>4.7</td>
<td>4.7</td>
</tr>
<tr>
<td>D</td>
<td>27</td>
<td>8.2</td>
<td>8.5</td>
<td>13.2</td>
</tr>
<tr>
<td>Valid</td>
<td>37</td>
<td>11.2</td>
<td>11.6</td>
<td>24.8</td>
</tr>
<tr>
<td>A</td>
<td>111</td>
<td>33.7</td>
<td>34.8</td>
<td>59.6</td>
</tr>
<tr>
<td>SA</td>
<td>129</td>
<td>39.2</td>
<td>40.4</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>319</td>
<td>97.0</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Missing System</td>
<td>10</td>
<td>3.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>329</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Above figure indicates that 39.2% of respondents strongly agreed and 33.7% agreed, thus 72.9% are in agreement. 4.6% strongly disagreed and 8.2% disagreed and 11.2% undecided, thus 24.0% disagreed. Missing value accounted for 3.0%.

The result showed that Job evaluation is a prerequisite for equal pay for work of equal value based on the responses which showed that 72.9% are in agreement while 11.2% are undecided. This finding is statistically significant at a p-value of 0.002; all the cadres of staff are significantly in agreement.

OBJECTIVE 3:
Table 8: Job evaluation is a veritable tool in collective bargaining

<table>
<thead>
<tr>
<th>Job evaluation as a veritable tool in collective bargaining</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>SD</td>
<td>10</td>
<td>3.0</td>
<td>3.1</td>
<td>3.1</td>
</tr>
<tr>
<td>D</td>
<td>19</td>
<td>5.8</td>
<td>5.9</td>
<td>9.0</td>
</tr>
<tr>
<td>Valid</td>
<td>29</td>
<td>8.8</td>
<td>9.0</td>
<td>18.0</td>
</tr>
<tr>
<td>A</td>
<td>127</td>
<td>38.6</td>
<td>39.4</td>
<td>57.5</td>
</tr>
<tr>
<td>SA</td>
<td>137</td>
<td>41.6</td>
<td>42.5</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>322</td>
<td>97.9</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Missing System</td>
<td>7</td>
<td>2.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>329</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Above figure indicates that 41.6% of respondents strongly agreed and 38.6% agreed, thus 80.2% are in agreement. 3.0% strongly disagreed and 5.8% disagreed and 8.8% undecided, thus 17.6% disagreed. Missing value accounted for 2.1%.

Nurses accounted for the highest population sampled (32.2%).
There are more female nurses than the male counterpart with a ratio of 3:1.

23.7% of the respondent had spent 6-10 years in service.

SECTION B: SPECIFICS - Valid percentages exclude missing values for each objective.

OBJECTIVE 1:
Table 6: Job evaluation promotes internal pay equity in University of Abuja Teaching Hospital, Gwagwalada, Abuja.

<table>
<thead>
<tr>
<th>Job evaluation promotes internal pay equity</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>SD</td>
<td>35</td>
<td>10.6</td>
<td>10.8</td>
<td>10.8</td>
</tr>
<tr>
<td>D</td>
<td>57</td>
<td>17.3</td>
<td>17.6</td>
<td>28.4</td>
</tr>
<tr>
<td>Valid</td>
<td>55</td>
<td>16.7</td>
<td>17.0</td>
<td>45.4</td>
</tr>
<tr>
<td>A</td>
<td>107</td>
<td>32.5</td>
<td>33.0</td>
<td>78.4</td>
</tr>
<tr>
<td>SA</td>
<td>70</td>
<td>21.3</td>
<td>21.6</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>324</td>
<td>98.5</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Missing System</td>
<td>3</td>
<td>1.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>329</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Above figure indicates that 21.3% of respondents strongly agreed and 32.5% agreed, thus 53.8% are in agreement. 10.6% strongly disagreed and 17.3% disagreed and 16.7% undecided, thus 44.6% disagreed. Missing value accounted for 1.5%.

Figure 1: Occupation of Respondents

Nurses accounted for the highest population sampled (32.2%).
There are more female nurses than the male counterpart with a ratio of 3:1.
The result showed that Job evaluation is a veritable tool in collective bargaining based on the responses which showed that 28.9% of respondents strongly agreed and 33.4% agreed, thus 62.3% are in agreement. 8.5% strongly disagreed and 16.4% disagreed and 11.9% undecided, thus 36.8% disagreed. Missing value accounted for 2.1%.

The result showed that Job evaluation affects pay structure in University of Abuja Teaching Hospital, Gwagwalada, Abuja, based on the responses which showed that 62.3% are in agreement while 11.9% are undecided. This finding is statistically significant at a P-value of 0.001; all the cadres are significantly in agreement.

**HYPOTHESIS II**

**H:** Job evaluation is a prerequisite for equal pay for work of equal value in an organization.

**H:** Job evaluation is not a prerequisite for equal pay for work of equal value in an organization.

The result showed that Job evaluation is a prerequisite for equal pay for work of equal value based on the responses which showed that 72.9% are in agreement while 11.2% are undecided (Table 7). The finding is statistically significant at a p-value of 0.002; which implies all cadres of staff are significantly in agreement. Thus, this research work accepts the alternative hypothesis ($H_a$) and rejects the null hypothesis ($H_0$).

**HYPOTHESIS III**

**H:** Job evaluation is a veritable tool used in collective bargaining.

**H:** Job evaluation is not a veritable tool used in collective bargaining.

The result showed that Job evaluation is a veritable tool in collective bargaining based on the responses which showed that 80.2% are in agreement while 8.8% are undecided. This finding is statistically significant at a P-value of 0.001; all the cadres are significantly in agreement. Thus, this research work accepts the alternative hypothesis ($H_a$) and rejects the null hypothesis ($H_0$).

**HYPOTHESIS IV**

**H:** Job evaluation affects pay structure in University of Abuja Teaching Hospital, Gwagwalada, Abuja.

**H:** Job evaluation does not affect pay structure in University of Abuja Teaching Hospital, Gwagwalada, Abuja.

The result showed that Job evaluation affects pay structure in University of Abuja Teaching Hospital, Gwagwalada, Abuja, based on the responses which showed that 62.3% are in agreement while 11.9% are undecided (Table 9). This finding is statistically significant at a P-value of 0.001; all the cadres are significantly in agreement. Thus, this research work accepts the alternative hypothesis ($H_a$) and rejects the null hypothesis ($H_0$).
Hypothesis IV: Job evaluation affects pay structure in university of Abuja Teaching Hospital, Gwagwalada, Abuja. Job evaluation’s main principle is equal pay for equal work. This promotes pay differentials that is commensurate with work content and its value. Content refers to the work performed in a job and how it gets done (tasks, behaviours, knowledge required, etc.). Value refers to the worth of the work: its relative contribution to the organization’s objective. A structure based on content typically ranks jobs on skills required, complexity of tasks, problem solving, and/or responsibility (Oyadiran, 2010). Nevertheless, an accurately conducted evaluation exercise can help to ensure that the introduction of a new or revised pay structure is equitable (Suff, 2006). Appropriate ranking of jobs and resultant pay equity will promote peace and industrial harmony in the institution.

A wage structure that conceptualizes pay equity will virtually remove bias and alleged marginalization of a group of workers within the institution by doctors and may be an antidote to industrial disharmony and incessant strikes in the health sector.

CONCLUSION
Job evaluation and wage structure in an organization are complementary. The ultimate objective of job evaluation is to achieve internal wage consistency (internal equity). Job evaluation is a multi-phase process and its results can bring harmony and peace or disruption which can be a source of many problems, depending upon the approach adopted and level of professionalism displayed. All things considered, job evaluation, where appropriately applied, has become one of the most systematic and rational paths that an organization can follow in its efforts to determine a fair and equitable salary vis-à-vis wage structure (El-Hajji, 2012, 36b). Job evaluation reports are important ‘instruments’ for collective bargaining during agitation for increased wage or review of extant wage structure, in the hospital and the health sector generally.

Corruption is one of the greatest impediments to the implementation of job evaluation reports in the
past, therefore, we must all join hands to curb the menace, instead selective approach being adopted by Muhammadu Buhari- led administration.

**RECOMMENDATIONS**

1. Job evaluation needs to be conducted every 5-10 years because it is fundamental to an effective and efficient wage/salary administration. It will provide the information required to design and maintain equitable and defensible grade and pay structures; pay structures should be 'affixed' with escalator clauses to mitigate inflation and economic woes triggered by dwindling market prices or recession in line with international best practices.

2. Job evaluation is a prerequisite to determination of a credible salary scale that will bridge the gap in wage differentials and irregularities of Nigerian health workers and may be an antidote to industrial disharmony and frequent strikes by respective unions (NAHAP, NAMLS, NANM, NARD, NMA, JOHESU etc.).

3. There is need to formulate and enact job evaluation and wage structure policies with proper jurisdiction, in the country. Government policy, through administrative regulation/order or legislation, can provide a blueprint for wage fixing or review.

4. A new wage structure such as Harmonized or Unified Health Salary Structure (HHSS or UHSS) which takes into consideration the demands of all health workers will remove bitterness and rancour among belligerent health professionals. Furthermore, it will ameliorate intra-and inter-professional conflict within the health system.

5. Education of healthcare providers towards embracing job evaluation and appropriate wage structure is inevitable in curbing perceived marginalization of 'paramedics' in the institution.

6. A job evaluation unit with adequate personnel should be created in the human resource management division of the hospital, to address issues relating to pay disparities and inequalities.

7. Government should conduct regular job evaluation and wage reviews so as to de-escalate the lingering industrial disharmony in the health sector, since wage differentials is a cardinal source of conflict in the health sector.

8. A new minimum wage in the face of rising inflation cannot be overemphasized, as an enhanced pay package will mitigate the falling standard of living. Government should expedite action towards the realization of an acceptable minimum wage that will meet the expectation of Nigerian workers.

9. An efficient job evaluation strategy that considers all factors associated with public sector jobs for the purposes of compensation, including job complexities, risks, decision making, physical and mental pressure, among others is advocated. The current public sector salary structure reward employees every year without recognition of performance. The system in essence compensates for the number of years and not value added to the job. That means, the longer the person has been working in the public service, the higher the remuneration. This automatic annual increment is one of the causes of escalation of wages without corresponding productivity. While, I recognize the need to compensate inflation and other factors that erode workers' pay, the same review should be considered against the performance of the economy and productivity indices.

**REFERENCES**


