



## Job Satisfaction: Rural Versus Urban Primary Health Care Workers' Perception in Ogun State of Nigeria

*Satisfaction au travail: Perception rurales et urbaines primaires des travailleurs de santé dans l'État d'Ogun du Nigeria*

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### ABSTRACT

**BACKGROUND:** Job satisfaction implies doing a job one enjoys, doing it well, and being suitably rewarded for one's efforts. Several factors affect job satisfaction.

**OBJECTIVE:** To compare factors influencing job satisfaction amongst rural and urban primary health care workers in southwestern Nigeria.

**METHODS:** A cross sectional comparative study recruited qualified health workers selected by multi stage sampling technique from rural and urban health facilities in four local government areas (LGAs) of Ogun State in Southwestern Nigeria. Data were collected and analysed using Epi info V 3.5.1

**RESULTS:** The response rates were 88(88%) and 91(91%) respectively in the rural and urban areas. While urban workers derived satisfaction from availability of career development opportunities, materials and equipment, in their current job, rural workers derived satisfaction from community recognition of their work and improved staff relationship. Major de-motivating factors common to both groups were lack of supportive supervision, client-provider relationship and lack of in-service training. However more rural 74(84.1%) than urban 62(68.1%) health workers would prefer to continue working in their present health facilities ( $p=0.04$ ). There was a statistically significant difference between the two groups in job satisfaction with respect to tools availability and career development opportunities ( $p<0.05$ ).

**CONCLUSION:** There is dissimilarity in factors influencing job satisfaction between rural and urban healthcare workers. There is need for human resource policy to be responsive to the diverse needs of health workers particularly at the primary level. *WAJM* 2011; 30(6): 408–412.

**Keywords:** Job satisfaction, urban and rural PHC health workers.

### RÉSUMÉ

**CONTEXTE:** Satisfaction au travail implique Faire un travail On jouit, en le faisant bien, ET étant convenablement récompensé pour ses efforts. Plusieurs facteurs influent sur satisfaction au travail.

**OBJECTIF:** pour comparer les facteurs influent sur la satisfaction emploi parmi les régions rurales et urbaines primaires travailleurs de la santé sud ouest du Nigeria.

**Méthodes:** Une étude transversale comparatif recrute agents de santé qualifiés choisis par la technique de étape de l'échantillonnage multi des établissements de santé rurales et urbaines du quatre domaines des administrations locales (LGA) l'État d'Ogun Dans Le Sud-ouest Nigeria. Données ont été recueillies et analyser avec Epi Info 3.5.1 V

**Résultats:** le taux de réponse 88 (88%) et 91 (91%) respectivement dans les zones rurales et urbaines. Alors que les travailleurs urbains symboliques dérivés satisfaction de la disponibilité des possibilités de développement de carrière, matériel et équipement, dans leur emploi actuel, les travailleurs ruraux derive de satisfaction de la reconnaissance de la communauté de leur travail et relations accrue du personnel. Major de motivation-facteurs communs à deux groupes étaient manque de supervision, client-prestataire relation et manque de formation en cours d'. Cependant, plus rural 74 (84,1%) qu'en milieu urbain 62 (68,1%) travailleurs santé préféreraient continuer à travailler dans leurs établissements de santé présente ( $p = 0,04$ ). il ya une différence statistiquement significative entre les deux groupes en satisfaction au travail en ce qui concerne la disponibilité des outils et possibilités de développement de carrière ( $P < 0,05$ ).

**CONCLUSION:** Il ya dissemblance dans facteurs satisfaction au travail entre les travailleurs de la santé en milieu rural et urbain. il est nécessaire de politique des ressources humaines pour être sensible aux besoins divers d'agents de santé en particulier au niveau primaire. *WAJM* 2011; 30 (6): 408–412.

**Mots-clés:** Satisfaction Au Travail, Urbaine Et Rurale Travailleurs De La Santé soins de santé primaires.

## INTRODUCTION

Job satisfaction is an emotional response and represents the degree to which a person likes his or her job. It has to do with the favourableness or unfavourableness with which employees view their work, expressing the amount of congruence between the job and the reward that the job provides.<sup>1</sup> Job satisfaction can be viewed in the context of two decisions people make about their work in joining and remaining in the organization (decision to feel belonged) and working hard in pursuit of high levels of task performance (decision to perform).<sup>1</sup>

One of the problems affecting the health sector is the lopsided distribution of health professionals in favour of urban centres.<sup>2</sup> In addition, some categories of health manpower are in short supply. Under-utilization and over-utilisation of the skills of health professionals is a reality depending on the geographic location and professional category/sub-category involved.

Nigerian studies have shown an association between general job satisfaction and presence of conflict at work, freedom of expression, managerial support for staff welfare and career development. Availability of tools and consumables in the workplace and progress towards personal professional goals are also significant. Poor remuneration and the way policies are implemented have been cited as major causes of job dissatisfaction.<sup>3</sup>

The study aimed to compare job satisfaction between and investigate factors that influence rural and urban health workers' job satisfaction.

## SUBJECTS, MATERIALS, AND METHODS

A total of 200 primary health care (PHC) workers (100 urban and 100 rural) were recruited into the study. Eighty-eight rural and 91 urban health workers participated fully in the study. The urban LGAs (Abeokuta and Ota), each comprised about 30 and 20 health workers (HWs) in each of the PHCs. The rural LGAs (Ewekoro and Ifo) had an average staff strength of 20 and 25 qualified HWs respectively in each of the PHCs.

**Sampling Technique:** A total of 200 health workers were recruited for the study using multi-stage sampling technique. In stage 1, two urban (Abeokuta South, Ado-Odo/Ota) and two rural (Ifo and Ewekoro) LGAs were selected from the 20 LGAs, by simple random sampling. In stage 2, two wards were selected by balloting in each of the four LGAs. In stage 3, in the rural LGAs all the available PHC facilities in the ward were included; and in the urban LGAs, three comparable PHC facilities were selected in each ward for the study. All those eligible to participate were recruited after an explanation of the study purpose and obtaining informed consent.

## Data Collection Techniques and Instruments

A self-administered, pre-tested questionnaire adapted from a previous study in the Nursing work index<sup>4</sup> was used for data collection. The questionnaire sought information on bio-data of respondents, work experience, likes and dislikes of current, propensity to leave present job, job satisfaction, and motivating and de-motivating factors to current settings.

## Data Management and Statistical Analysis

Data entry, validation, cleaning and analysis were done using the Epi Info statistical software (version 3.1). Categorical variables are presented in tables and figures. Associations between categorical variables were made using Chi Square test. Statistical test of significance is set at  $p < 0.05$ .

**Ethical consideration:** All research and ethical protocols were strictly adhered including respondents' confidentiality.

## RESULTS

With 100 participants each in the rural and urban LGAs, response rates were 88(88%) and 91(91%) respectively. More than 60% in both groups were less than 40 years of age. The mean ages of the respondents for rural and urban LGAs were  $36.1 \pm 10.04$  and  $36.8 \pm 6.86$  years respectively. Less than one-third of the health workers were males. Six out of 10 were married with about three-

quarters having post-secondary education.

There were more doctors 13 (14.3%) and pharmacists five (5.5%) in the urban LGA than in the rural one (1.1%) and two (2.3%) respectively. More than a half of the respondents were either Community Health Officers (CHOs) or Community Health Extension workers (CHEWs) (Table 1).

More than two-thirds had worked up to nine years (rural, 62 70.5%, and urban, 58 65.0%). About six out of 10 workers in both groups had worked elsewhere prior to current work; and more than a half had had previous urban work experience. Less than one fifth in the two groups had had both rural and urban work experiences. Almost two-fifths of rural workers had had previous rural work experience, while only a quarter of urban workers had had previous rural work experience.

Major reasons cited for liking current job were better staff relationship and better job prospects (Table 2). Of the 12(13.6%) rural and 24(26.4%) urban health workers, prominent reasons for disliking current job were poor salary, and poor job satisfaction.

Concerning factors that motivated them to their current job, more urban than rural HWs cited financial incentives (49(53.8%) versus 41(46.6%)); opportunities for career development (70(76.9%) versus 51(58.0%)); and autonomy [(being able to make job-related decisions without taking approval from superiors 15(40.5%) versus 22(25.0%)] of health workers. More rural health workers than urban health workers cited improved work condition [25(28.4%) versus 22(24.2%)] as a motivator for their current job. About 40% of rural HWs cited rural allowance as a motivating factor for taking up current job. (Figure 1).

Concerning propensity to leave job, more rural workers [74(84.1%)] than urban [62(68.1%)] would prefer to continue working in their health facilities,  $p=0.04$ . More rural workers 60(68.2%) than urban 33(36.3%) would like to stay for as long as they could work  $p < 0.01$ ; would like to stay working as health workers as long as they could work 75(85.2%) and 50(54.9%) respectively.

**Table 1: Demographic and Job Characteristics of Respondents**

Characteristic	Number (%)		$\chi^2$	P
	Rural N= 88n (%)	Urban N= 91n (%)		
<b>Age in Years</b>				
20 – 29	27 (30.7)	21 (23.1)	6.26	0.100
30 – 39	26 (29.5)	40 (44.0)		
40 – 49	25 (28.4)	26 (28.6)		
50 – 59	10 (11.4)	4 (4.4)		
<b>Sex</b>				
Male	26 (29.5)	29 (31.9)	0.370,	0.861
Female	62 (70.5)	62 (68.1)		
<b>Marital Status</b>				
Single	21 (23.9)	28 (30.8)	1.559,	0.459
Married	58 (65.9)	57 (62.6)		
Separated	9 (10.2)	6 (6.6)		
<b>Educational Level</b>				
Primary	4 (4.5)	2 (2.2)	24.66,	0.000
Secondary	18 (20.5)	22 (24.2)		
Post-secondary	66 (75.0)	67 (73.6)		
<b>Health Worker Category</b>				
CHEWs	38 (31.8)	19 (20.8)	24.66,	0.000
CHOs	35 (34.1)	27 (29.7)		
Nurse	12 (13.6)	27 (29.7)		
Pharmacist	2 (2.3)	5 (5.5)		
Doctor	1 (1.1)	13 (14.3)		
<b>Length of Service (Years)</b>				
0 – 9	62 (70.5)	58 (65.0)	2.27	0.893
10 – 19	19 (21.6)	24 (27.1)		
20 – 35	7 (7.9)	9 (4.4)		

**Table 2: Respondents’ Opinion on Current Job**

	Rural N= 88		Urban N= 91		$\chi^2$	P
	Yes	No	Yes	No		
<b>Likes Current Work</b>	76 (86.4)	12 (13.6)	67 (73.6)	24 (26.4)	3.760	0.053
<b>Reasons for Liking</b>	<b>N = 76</b>		<b>N = 67</b>			
Better Pay	29 (38.2)		28 (41.8)		0.07	0.786
Better Job Prospects	55 (72.4)		53 (79.1)		0.55	0.459
Better Staff Relationship	49 (64.5)		26 (38.8)		8.41	0.004
Career Development Opportunities	9 (11.8)		23 (34.3)		9.11	0.003
<b>Reasons for Not Liking Job</b>	<b>N = 12</b>		<b>N = 24</b>			
Poor salary	7 (58.3)		8 (33.3)			
Poor job satisfaction	9 (75.0)		12 (50.0)			
Poor staff relationship	1 (8.3)		1 (4.2)			
No/poor accommodation	1 (8.3)		1 (4.2)			
No/poor work equipment	3 (25.0)		17 (70.8)			
No career development	3 (25.0)		7		(29.2)	
Lack of promotion after additional qualification	2 (16.7)		8 (33.3)			
No school services for children	0 (0.0)		3 (12.5)			

Multiple responses are allowed; values are numbers (%).

In terms of availability of work tools and career development opportunity, more rural health workers agreed there were resources to improve their effectiveness, had sufficient materials to perform each task, had the right equipment available, prompt repairs of broken equipment and had available opportunities for promotion (Table 3).

As regards some administrative job issues, majority of both groups felt the doctors’ presence was necessary. More rural health workers than urban attested they had clear job description 78(88.6%); their supervisors were capable and qualified 88(100%); and usually discussed new plans with them, felt comfortable discussing problems with their supervisors 61(69.3%),  $p < 0.001$ ; and 71(80.7%) understood clearly the kind of decisions they could make on their own  $p = 0.03$ . (Table 4).

Up to 55(62.5%) rural and 60(66.7%) urban claimed they were never denied any tasks they were capable of doing. More rural than urban workers were satisfied with their present job 71(84.1%) and 62(68.1%) and perceived their last personal evaluation was helpful to them 71(80.7%) and 66(72.5%) respectively. Socio-demographics such as age, sex, marital status, educational level, health worker category and length of years in service did not have any significant association with job satisfaction. However, job-related issues such as better staff relationship, better job prospects, autonomy, rural allowance, having resources (equipment, consumables etc) to improve effectiveness, clear job description and respondents’ being able to discuss problems with superiors were significantly associated with job satisfaction.

**DISCUSSION**

**Likes and Dislikes Continuum**

This study tried to assess the level of job satisfaction of rural and urban health workers. More rural than urban health workers demonstrated better satisfaction. It was therefore not surprising the disparity found between rural and urban workers in their likes and dislikes continuum and the factors of attraction to their current job. Up to 64.0% of rural workers cherished staff relationship to be an important component they liked about their job,

**Table 3: Job Related Issues and Perception on Availability**

Variable	Availability, N(%)			
	Rural	Urban	$\chi^2$	P
<b>Resources to Improve Effectiveness</b>				
Agreed	53(60.2)	17(18.7)	34.571	<0.05
Not Sure	9(10.2)	10(11.0)		
Disagreed	26(29.5)	64(70.3)		
<b>Opportunities for Promotion</b>				
Agreed	71(80.7)	71(78.0)	0.1034	0.908
Not Sure	6(6.8)	7(7.7)		
Disagreed	11(12.5)	13(14.3)		
<b>Sufficient Materials to perform each Task</b>				
Agreed	43(48.9)	9(9.9)	36.119,	<0.05
Not Sure	12(13.6)	11(12.1)		
Disagreed	33(37.5)	71(78.0)		
<b>The Right Equipment</b>				
Agreed	42(47.7)	10(11.0)	30.218,	<0.05
Not Sure	8(9.1)	9(9.9)		
Disagreed	38(43.2)	72(79.1)		
<b>Prompt Repairs of Broken Down Equipment</b>				
Agreed	38(43.2)	6(6.6)	33.032,	<0.05
Not Sure	5(5.7)	5(5.5)		
Disagreed	45(51.1)	80(87.9)		

**Table 4: Respondents' Views on Some Administrative Issues**

Issues	Number (%)						$\chi^2$	P
	Rural			Urban				
	Yes	No	Don't Know	Yes	No	Don't Know		
Doctors' presence is unnecessary	20(22.7)	56(63.6)	12(13.6)	31(34.1)	53(58.2)	7(7.7)	3.722	0.156
Supportive supervision will enhance work effectiveness & relationship	87(98.9)	1(1.1)	0(0.0)	87(95.6)	3(3.3)	1(1.1)	1.950	0.377
I have a clear job description that describes my routine duties in detail	78(88.6)	7(8.0)	3(3.4)	53(58.2)	30(33.0)	8(8.8)	21.297	<0.05
My supervisors are capable & qualified	88(100)	0(0.00)	0(0.00)	72(79.1)	9(9.9)	10(11.0)	20.556	<0.05
Supervisors usually discuss new plans with me before changes are made	61(69.3)	20(22.7)	7(8.0)	26(28.6)	54(59.3)	11(12.1)	0.549	<0.05
I feel comfortable discussing problems with my supervisors	82(93.2)	3(3.4)	3(3.4)	61(67.0)	20(22.0)	10(11.0)	19.374	<0.05
I understand clearly the kind of decisions I can make on my own	71(80.7)	12(13.6)	5(5.7)	60(65.9)	15(16.5)	16(17.6)	6.971	0.031
When I need approval, I don't have to wait long before decisions are made	41(46.6)	23(26.1)	24(27.3)	20(22.0)	58(63.7)	13(14.3)	24.0613	<0.05

whereas urban workers perceived career development as a major reason for liking their job.

Whereas rural allowance and improved staff relationship were the dominant motivating factors, the urban health workers believed that career opportunity and flexible work hours played important role as motivating factors. This difference was significant and may perhaps be related to the differences in value system and geographic exposure between the two groups.

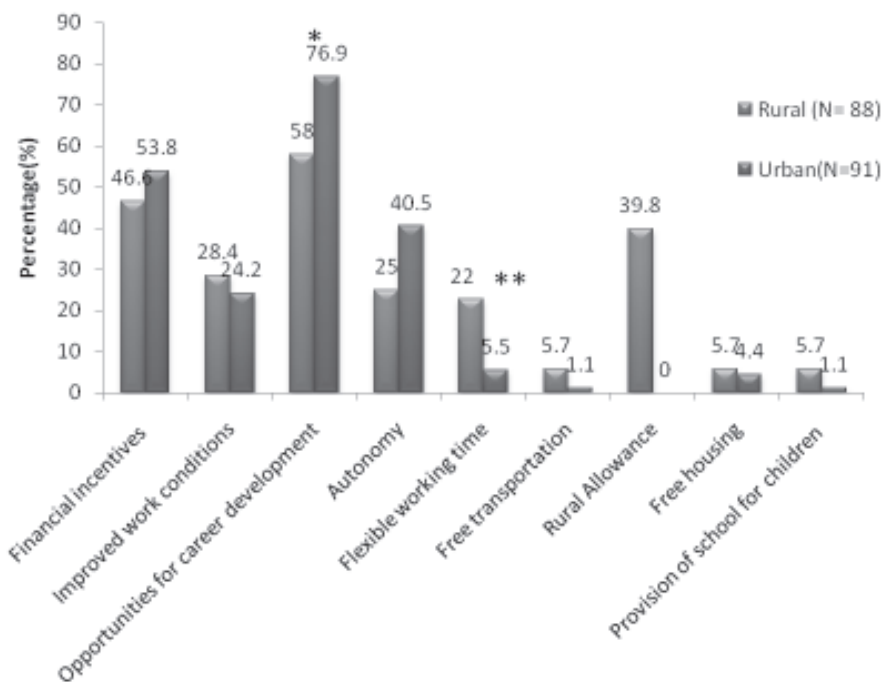
Incentives, such as pay, promotion, and conducive work climates have different values and meaning to members of the work force at one time or the other<sup>5</sup>. The urban health workers in this study cited better job prospects and opportunities for career development as motivating factors/incentives in their current jobs. The rural health workers signified better staff relationship, better client-provider relationship, community recognition of work as sources of incentive and motivation. They both however recognized better salary, autonomy (ability to make decision on their own) and better job prospect as reasons for liking their job.

**Other Job Issues**

Concerning other job issues, the study found important differences about attractors to present job. More urban workers cited opportunities for career development as attractors to their current job. Rural allowance and flexible working time were considered attractors to current job by rural workers.

**Influencing Factors**

Influencing factors of a worker's like or dislike for a job may include the quality of relationship with supervisor, the quality of the physical environment in which they work, degree of fulfilment in their work, work-life balance, bureaucracy and politics, compensation, company and administrative policies, interpersonal relations and work itself<sup>6</sup>. Our findings corroborate the above finding as a very high proportion of rural health workers had cordial relationship with their supervisors as 87(98.9%) rural and 87(95.6%) urban health workers believed supportive supervision would enhance their work effectiveness and relationship, a very high proportion also believed their



**Figure 1: Motivators to Present Job. Differences in opportunity for career development and flexible working time were significant ( $p < 0.05$ )**

supervisors were capable and qualified. Their supervisors usually would discuss new plans with them before changes were made in well over half of the rural LGA facilities and a quarter of urban. This is a pointer to better motivated rural staff, as they actively participate in the decision making process with management. A higher proportion of rural staff felt comfortable discussing problems with their supervisors, understood clearly the kind of decision they could make on their own and did not have to wait long to get approval before decisions were made. This is similar to the findings of Sri Lanka study.<sup>7</sup>

However, the level of reward derived in this study was lower than Sri Lanka<sup>7</sup> as indicated by the very low response of all the respondents as it pertained their perception on motivating factors/job satisfiers.

### Propensity to Leave Present Job

Job satisfaction can be viewed in the context of two decisions people make about their work in joining and remaining in the organisation (decision to feel belonged) and working hard in pursuit of high levels of task performance (decision to perform).<sup>1</sup> A very large proportion of both groups of respon-

dents would prefer to continue working in their health facilities. This is a demonstration of some level of satisfaction with some job aspects as was reported from South Eastern Nigeria<sup>8</sup> and Lagos.<sup>4</sup>

The difference observed between the two groups in this study may be due to higher expectations (occupational success) from urban health workers in terms of work output; type of services rendered and expected quality, increased employees' dedication to duties in an environment besieged with distractions, cumulative with higher living standard, and the level of job satisfaction itself.

### Perception on Availability of Tools

Differences in availability of tools and consumables in the workplace and progress towards personal professional goals are important.<sup>9</sup> In this study the rural health workers were portrayed as having more resources available to improve their effectiveness and the right equipments than their urban counterparts. Also significant were enough time to perform each task, and requirements for prompt repairs of broken down equipments. Non-availability and none / late repairing of faulty equipments may hamper work output and constitute sources of job dissatisfaction.

## CONCLUSION

There are similarities in the factors influencing job dissatisfaction while subtle dissimilarities exist for liking the job between rural and urban health workers. Rural health workers demonstrated better satisfaction on availability and relationship with supervisors. Both groups felt their supervisors were capable and well qualified. Human resource policy should address attitudes and responsibilities of government in response to the variety of factors influencing job satisfaction at the different levels of the health care delivery system.

## REFERENCE:

1. Kebriaei A, Moteghedhi MS. Job satisfaction among community health workers in Zahedan District, Islamic Republic of Iran; 1156 *La Revue de Santé de la Méditerranée orientale*. 2009; **15**: 5.
2. Awofeso N. Managing brain drain and brain waste of health workers in Nigeria. (Online) 2008. Available: [http://www.who.int/bulletin/bulletin\\_board/82/stilwell1/en/](http://www.who.int/bulletin/bulletin_board/82/stilwell1/en/) (Accessed 10 August 2008).
3. Osatohanmwon E. Job satisfaction of healthcare workers in Lagos University Teaching Hospital. MPH Project, University of Lagos 2008; pp 37–38.
4. Aiken LH, Patrician PA: Measuring organizational traits of hospitals: The revised nursing work index. *Nurs Res* 2000, 146–153.
5. Onyene OV. *Interpersonal Skills for Effective Personnel Administration: The Fads and the Facts*. Vitaman Educational Books, Lagos, 2007; p. 15.
6. Michael SJ, Marsland DW, Ulmer D. Job Satisfaction: Putting Theory into Practice <http://www.aafp.org/fpm/991000fm/26.html>. Accessed 7th March, 2010
7. Senarath Tennakoon, Job satisfaction of health workers, <http://www3.interscience.wiley.com/journal/113307520/abstract?CRETRY=1&SRETRY=0> Accessed 21/03/10
8. Okaro AO, Eze CU, Ohagwu CC. Survey of job satisfaction among Nigerian Radiographers in South-Eastern Nigeria. *European Journal of Scientific Research*. 2010; **39**: 448–456.
9. Oluwabunmi O, Chirdan, Akosu JT, Ejembi CL, Bassi AP, Zoakah AI. Perceptions of working conditions amongst health workers in state-owned facilities in northeastern Nigeria. *Annals of African Medicine*. 2009; **8**: 243–249.