

Motivation and Job Satisfaction among Hospital Nurses Working in Port-Harcourt, Rivers State

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Abstract

Background: Employee motivation and job satisfaction has been one of the single most important factor that determine work output in any organization. This also applies to the nurses who make up the majority (58.05%) of the health care services providers in the health sector in Nigeria (Omoluabi, 2014). This suggests that a lot of healthcare outcome is dependent on their work output in the health sector. It impacts on patient safety, staff morale, productivity, and performance, quality of care, and commitment to the organisation and profession. The prevalence of dissatisfaction among nurses has been given considerable importance in recent years as it affects patient satisfaction. Lack of satisfaction with work which could be as a result of several factors could have several consequences which are negative on the health sector at large. Which has led to emigration to other countries for greener pastures, leaving the nursing profession to go to other professions entirely or working at suboptimal levels thereby providing substandard healthcare.

Objective: The objectives of the study are: to find out how motivated nurses are in hospital environment, to find out the contributing factors to the motivation and job satisfaction, and to determine what factors influence their motivation the most. This will be examined using questionnaires developed and pre-tested, to be served to nurses in hospitals in the Port Harcourt metropolis.

Method: A cross-sectional study was conducted among nurses working in Port Harcourt, Rivers Hospitals. The study population consist of all the nurses that attend the mandatory continuous professional development program (MCPDP) for nurses in Port-Harcourt in March 2016. Non-probability sampling by consecutive recruitment of volunteers until all the nurses that are present at the centre are recruited. A questionnaire that was pre-tested before the study was used to obtain information on socio-demographic data and motivation variables. The data was analysed using Statistical Package for the Social Sciences (SPSS version 16.0) software. Frequencies and percentages were used to describe categorical variables. Similarly, continuous variables were described using the measures of central tendency (mean, median) and measures of dispersion (range, standard deviation) as appropriate. Statistical significance of differences between means was determined using analysis of variance (ANOVA). Significant association of job satisfaction and performance with socio-demographic, employment characteristics and leadership styles were tested using Pearson's Coefficient of Correlation for quantitative variables. Regression analysis made done using cumulative odds ordinal logistic regression with proportional odds. Statistical significance was considered at $P < 0.05$.

*Results: the study found the level of satisfaction to be just 32.1%. This is possibly because of the high cost of living in the study location and it has been shown in earlier studies that remuneration and cost of living is most associated with motivation and job satisfaction (Cortse, 2012; Hennessy and Minnaar, 2009). It also showed that the chances of a nurse who had diploma/RN/RM to be more satisfied and motivated to work is significant, this could mean there is more enthusiasm to work among the newly employed nurse who have not had additional education, and could mean additional education makes the nurses feel less than their actual worth. This is in concert with studies made by Timilsina et al, 2015. **Conclusion:** The level of motivation and job satisfaction among the nurses interviewed by the questionnaire is low as compared to other studies. The government and relevant authorities*

should look into ensuring that all the factors associated with job motivation and satisfaction among the nurses should be looked into and optimized so as to prevent nurses leaving their profession or worst travelling out of the country in search of better opportunities.

Keywords: Job satisfaction, and Motivation

Introduction

Employee motivation and job satisfaction has been one of the single most important factor that determine work output in any organization in any sector – both government and private. It is the drive that causes an employee to pursue the given tasks or goals of an organization.

According to the World Health Organization (2016), the health sector of a country is made up of the people, institutions and resources, in addition to the above, developing countries like Nigeria have not-for-profit health care providers as an important part of their health sector. In Nigeria, nurses make up the majority (58.05%) of the health care services providers in the health sector (Omoluabi, 2014). This suggests that a lot of healthcare outcome is dependent on their work output in the health sector. Nurses are found in virtually every health establishment in every part of Nigeria, no matter how local or urbanized.

Lack of satisfaction with work which could be as a result of several factors could have several consequences which are negative on the health sector at large. These could be emigration to other countries for greener pastures, leaving the nursing profession to go to another profession entirely or working at suboptimal levels thereby providing substandard healthcare.

Research problem

The lack of motivation and job satisfaction among the nurses in Nigeria has had devastating consequences on the healthcare system and on the nation at large. However, there is paucity of data on this subject in Rivers state, hence the need for this study. Also, there is no standardized job satisfaction score or index that is universally endorsed by both the WHO and national health departments but various previous studies have employed hierarchical answers to determine the level of satisfaction of nurses, this study developed a questionnaire that I hope will meet this need.

Significance of the study

This study provided the level of motivation the nursing services. The findings from this study may be an eye opener to the things the government and related authorities need to take important when trying to motivate and improve the job satisfaction of the nurses. This study could also reveal the lapses in the current system as perceived by the nurses. Employers can develop employees who are motivated, productive, and fulfilled which will ensure quality patient care and a higher satisfaction level for clients.

Objectives of the study

The objectives of the study are: to find out how motivated nurses are in hospital environment, to find out the contributing factors to the motivation and job satisfaction, and to determine what factors influence their motivation the most. This will be examined using questionnaires developed and pre-tested, to be served to nurses in hospitals in the Port Harcourt metropolis.

Definition of terms

Job satisfaction- it is simply how content an individual is with his or her job, in other words, whether or not they like the job or individual aspects or facets of jobs. Motivation- the reasons for people's actions, desires, and needs.

Motivation- it is a behavior that explains the reason why people take certain actions. It is what causes people to take certain actions and drives people to choose a goal and to do everything to achieve it.

Intrinsic Motivation - the personal satisfaction we get when we carry out a task.

Extrinsic Motivation - the drive that moves us to carry out an action to get something in return due to a promised reward or a threat of punishment.

MCPDP- Mandatory Continuous Professional Development Program

Scope of the study

The questionnaire was circulated to 100 nurses working in hospitals in the Port Harcourt metropolis. It comprises of two sections: 1. Basic and socioeconomic data. 2. Questions about job motivation and satisfaction. The questionnaire was self-administered and the nurses that took part ranged from recently employed nurses to Principal nursing officers, all within both the government and the private sector.

Literature review

Introduction

This section presents the relevant literature taken from primary and secondary sources of either research or conceptual literature.

The nursing and midwifery workforce services has the largest group of skilled health-care providers (WHO, 2010) who are actively involved in the prevention and control of diseases through surveillance, early detection, and the promotion of health and healthy living (Kemppainen *et al*, 2012). Nurses provide a wide range of services in both hospital and primary healthcare settings, from disease control to accident and emergency through to palliative care.

Despite their contribution, nurses and midwives are usually not regarded as important stakeholders when making health policies (WHO, 2010). Knowing that motivation and job satisfaction goes a long way in determining the wellbeing and consequently, the decisions and work output of an employee (Halcomb and Ashley, 2016; Kumar *et al*, 2016; Galletta *et al*, 2016, Chang *et al*, 2015), it is of paramount importance for both parties because when motivation and satisfaction is optimum in a job, the quality of service/profits can be maximized. Before now, the level of motivation and satisfaction among several categories of health workers has been extensively researched in different parts of the world (Harris and Burman, 2016; Dimitrova and Veselinova, 2015; Talucci *et al*, 2015; Hickson, 2015; Ogiwara and Araki, 2006; Mozaffari *et al*, 2015; Spence and Fida, 2015; Omolase *et al.*, 2010). Urden (1999) found out that job satisfaction is the single most important reason why nurses choose to stay in a particular job.

Measures of determining motivation

Several components have been identified as key measures of determining motivation and job satisfaction, this includes: job security (), opportunities for advancement (Al-Aameri, 2000; Tzeng, 2002a), support for additional training (Lu *et al*, 2007), monthly salary (Price, 2002; Lu *et al*, 2007), working hours (Adams and Bond, 2000), recognition (Price, 2002), independence (Masroor and Fakir, 2010), relationship with superiors (Saifuddin *et al*, 2008; Aiken *et al.*, 2001), hospital management (Tzeng, 2002b; Cortse, 2012; Lephallala *et al*, 2008), work environment (Saifuddin *et al*, 2008) among others.

Every nurse leader wants to motivate their staff and keep them engaged when they are at work so as to provide safe care to clients, however this is a challenge especially in this tough times. One method according to Grensing-Pophal (2013) is to use positive Recognition- they are rewarded for performance. This should be done equitably so that they feel that they are appreciated. It does not necessarily need to be money.

Nurse leaders and motivation

One of the ingredients a leader needs to boost the morale of their staff is motivation because it improves productivity. It is also a challenge to keep employees motivated, hence leaders should find out what drives individual workers because people are unique and

different. What drives one person may differ from the other. Some staff need to be praised, recognized and approved by colleagues. While some just want to have job security to flourish or even compliments. Motivation of nurses is of great utmost importance and is inversely related to patient satisfaction and high quality service. That is why it is of utmost importance for nurse managers to implement the appropriate motivational strategies. Therefore, both monetary and non-monetary incentives be used to motivate nurses. (Lambrou et al 2010 and Prytherch et al. 2013).

Motivation is a big challenge in the work place for managers especially in a world that is constantly changing. Praise is a motivator, it helps to release – serotonin and dopamine which are neurotransmitters (Salamone, J. D. et al. 2012). They provide an incentive for people to repeat a behavior and also gives one a sense of pride. So we need not under estimate the power of praise. In a study carried out by Fletcher (2001), it was found that one of the demotivating factors was the feeling of their job not be valued by administrators and others. Nurses perceive that the profits were placed above patients.

Nurse autonomy is another key motivator that enhances job satisfaction as demonstrated by Yolanda (2009). Nurses strive when they practice autonomously where they have the freedom to practice and take decision based on the knowledge they have acquired.

Finally nurse leaders need to know that they cannot force their staff to be motivated because it is an intrinsic quality but they need to create the enabling environment that will inspire and awaken the desire for them to be motivated. Using both the intrinsic and extrinsic motivators will help in keeping their drive for efficiency and satisfaction level high.

Intrinsic motivation is the personal satisfaction we get when we carry out a task while the extrinsic is the drive that moves us to carry out an action to get something in return. The intrinsic and extrinsic (money, power, recognition) motivation factors are good for the individual and the employer. Negarandeh, et al, (2015)

Methodology

Study location

The study was carried out among the nurses that attended the Mandatory Continuous Professional Development Program (MCPDP) for nurses in Port-Harcourt in March 2016.

Type of study

This study was a cross-sectional study that was collected from a representative subset of nurses living and working in the Port Harcourt metropolis that attended an MCPDP programme. All the nurses in attendance were served the questionnaire.

Sample size/population

The study population consisted of all the nurses that attended the MCPDP who are also practicing as nurses and working within Rivers State. A total of 90 nurses attended the program. Only those who accepted to be part of the study and meet the inclusion criteria were recruited, totaling 87 nurses. A response rate of 96.7%.

Sampling strategy

Non-probability sampling (convenience sampling) by consecutive recruitment of volunteers until all the nurses that are present at the centre are recruited

Selection criteria for the subjects

Inclusion criteria

- i. Qualified nurses practicing and working within Port Harcourt, Rivers State
- ii. Nurses older than 18 years
- iii. Nurses that are from Nigeria.
- iv. Informed consent to be enrolled

Exclusion criteria

- i. Nurses who are not practicing
- ii. Those who declined consent
- iii. Nurses practicing outside Port Harcourt, Rivers State

Materials

Proforma/questionnaire was used to obtain information on socio-demographic data; and was pre-tested before the study. The questionnaire had 3 pages and is divided into two sections: section A and section B. Section A contained sociodemographic data like age, gender, marital status etc. Other work related questions are also present in section A. Section B contained data about job motivation and satisfaction in twenty eight (28) domains (Appendix C). The second section was scored using a liekart scale from very satisfied (VS) to satisfied (S) to neutral (N) to dissatisfied (DS) to very dissatisfied (VDS).

Subject assessment

Informed consent obtained from all the subjects participating in the study. They were then assessed using the study proforma.

Statistical analysis

The data was analysed using Statistical Package for the Social Sciences (SPSS version 16.0) software. Frequencies and percentages were used to describe categorical variables. Similarly, continuous variables were described using the measures of central tendency (mean, median) and measures of dispersion (range, standard deviation) as appropriate. Statistical significance of differences between means was determined using analysis of variance (ANOVA). Significant association of job satisfaction and performance with sociodemographic, employment characteristics and leadership styles were tested using Pearson's Coefficient of Correlation for quantitative variables. Regression analysis made done using cumulative odds ordinal logistic regression with proportional odds. Statistical significance was considered at $P < 0.05$.

Ethical clearance

Ethical clearance was obtained from the Ethics and Research Committee of the (Nursing dept) Ministry of health, Rivers State, Nigeria.

Results

This section presents the results of the study based on the sequence by which the research questions were raised. The profile of the respondents is presented first followed by the results and discussion.

Respondent's profile (Age, sex and years of qualification)

Majority of the respondents were female (96.6%) and are less than 45 years old (77.0%) as shown in table 1. The mean age was 39.37 ± 9.01 . Seventy-two (72.8%) were married, while all were Christians. Also, the average number of years of qualification is 15.72 ± 9.94 , which is divided into; ≤ 10 years (37.9%), 11–20 years (32.2%), 21 – 30 years (18.4%), ≥ 31 years (10.3%). Most of them (73.6%) have spent less than six years in their present ward/unit, while equal numbers (4.6%) have spent between twenty-one and thirty and greater than thirty years respectively.

Respondent's profile (Education, position and employer)

Table 1. Sociodemographic characteristics of the respondents

Variable		N = 87	
		Frequency	Percentage
Age Group (Years)	< 35	35	40.2
	36 – 45	32	36.8
	46 – 55	15	17.2
	> 56	5	5.7
	Mean ± SD	39.37±9.01	
	Median (Range)		
Gender	Male	3	3.4
	Female	84	96.6
Marital Status	Single	15	17.2
	Married	72	82.8
Religion	Christianity	87	100.0
	Islam	0	0.0
	Traditionalist	0	0.0
Education	Diploma/RN/RM	58	66.7
	B.Sc (Nursing)	20	23.0
	Postgraduate	9	10.3

Educationally, 66.7% had Diploma/RN/RM, while the remainder (23.0% and 10.3%) had B.Sc (Nursing) and postgraduate degrees respectively. Most (55.2%) of the respondents are nursing officer I or II, followed by senior nursing officers (16.1%) and chief nursing officers (12.6%), the others are assistant chief nursing officers (6.9%), principal nursing officers (5.7%), assistant director nursing services (2.3%), and deputy director nursing services (1.1%). Government employees (comprising of federal (18.4%), state (29.9%), and local government (1.1%)) makes up 49.4% of the respondents, others are private hospital employees, company hospital employees, and missionary hospital employees, and these all make up 33.3%, 13.8% and 3.4% respectively. Other information about the ward/unit where they work and their shift duty are as shown in table 2.

Table 2. Characteristics related to work of the respondents

Variable		N = 87	
		Frequency	Percentage
Years of Qualification			
	≤ 10	33	37.9
	11 – 20	28	32.2
	21 – 30	16	18.4
	≥ 31	9	10.3
	Mean ± SD	15.72 ± 9.94	
	Median (Range)		
Years in present ward/unit			
	≤ 5	64	73.6
	6 – 10	15	17.2
	11 – 15	4	4.6
	≥ 16	4	4.6
	Mean ± SD		
	Median (Range)	3.00 (31.50)	
Last promotion (Years)			
	Median (Range)	3.00 (19.00)	
Ward/Unit			
	A&E	3	3.4
	Administration	3	3.4
	Antenatal	4	4.6
	Family Medicine	2	2.3
	General Ward	11	12.6
	Health Centre	1	1.1
	Intensive Care Unit	3	3.4
	Labour Ward	3	3.4
	Maternity	14	16.1
	Medicine	13	14.9
	Mental Health	1	1.1
	Nursing	2	2.3
	Out-Patient Department	5	5.7
	Orthopedic	4	4.6
	Paediatrics	5	5.7
	Primary Healthcare Centre	2	2.3
	Postnatal	1	1.1
	Renal	1	1.1
	Sickbay	1	1.1
Surgery	6	6.9	
Theatre	2	2.3	
Rank			
	Nursing Officer I or II	48	55.2

	SNO	14	16.1
	PNO	5	5.7
	ACNO	6	6.9
	CNO	11	12.6
	ADNS	2	2.3
	DDNS	1	1.1
Institution			
	Private	29	33.3
	Missionary	3	3.4
	Company	12	13.8
	Government	43	49.4
	Federal	16	18.4
	State	26	29.9
	Local Government	1	1.1
Shift Duty			
	Yes	66	75.8
	No	21	24.1

Motivation and job satisfaction

About job security, 57.5% were at least satisfied while the rest were either indifferent, dissatisfied or very dissatisfied and slightly more than half (55.1%) are satisfied with the opportunities for advancement in their current position. A reasonably low percentage (28.7%, 21.8%, 35.6%, 20.7% and 26.4%) of the respondents are satisfied with their monthly salary, rate of promotion, leadership style of the hospital management, duration of last promotion and the benefits/hazard allowance respectively. Also, more than 52% (and in some cases up to 88.5%) of the respondents were at least satisfied with respect to other questions about support, work hours and volume, recognition, independence, supervision, number of workers, surrounding and work condition, availability of tools and consumables/instrument and equipment, waste disposal, relationship, patients care, and work schedule as shown in table 3.

Table 3. Response of the respondents about different factors affecting job motivation and satisfaction.

Question	Frequency (Percentage)
1. Job security	
Very Satisfied	20 (23.0)
Satisfied	30 (34.5)
Neither	13 (14.9)
Dissatisfied	17 (19.5)
Very Dissatisfied	7 (8.0)
2. The opportunities for advancement in this position	
Very Satisfied	15 (17.2)
Satisfied	33 (37.9)
Neither	19 (21.8)
Dissatisfied	12 (13.8)
Very Dissatisfied	8 (9.2)
3. Support for additional training and education	
Very Satisfied	19 (21.8)
Satisfied	29 (33.3)

Neither	12 (13.8)
Dissatisfied	12 (13.8)
Very Dissatisfied	15 (17.2)
4. Monthly salary	
Very Satisfied	13 (14.9)
Satisfied	12 (13.8)
Neither	19 (21.8)
Dissatisfied	21 (24.1)
Very Dissatisfied	22 (25.3)
5. Hours worked each day and week	
Very Satisfied	13 (14.9)
Satisfied	37 (42.5)
Neither	18 (20.7)
Dissatisfied	14 (16.1)
Very Dissatisfied	5 (5.7)
6. Recognition for work accomplished	
Very Satisfied	16 (18.4)
Satisfied	39 (44.8)
Neither	9 (10.3)
Dissatisfied	16 (18.4)
Very Dissatisfied	7 (8.0)
7. Degree of independence associated with work role (autonomy)	
Very Satisfied	15 (17.2)
Satisfied	45 (51.7)
Neither	13 (14.9)
Dissatisfied	10 (11.5)
Very Dissatisfied	4 (4.6)
8. The way supervisor relates	
Very Satisfied	21 (24.1)
Satisfied	43 (49.4)
Neither	13 (14.9)
Dissatisfied	9 (10.3)
Very Dissatisfied	1 (1.1)
9. The rate of promotion	
Very Satisfied	4 (4.6)
Satisfied	15 (17.2)
Neither	10 (11.5)
Dissatisfied	31 (35.6)
Very Dissatisfied	27 (31.0)
10. The volume/amount of work done	
Very Satisfied	7 (8.0)
Satisfied	41 (47.1)
Neither	11 (12.6)
Dissatisfied	14 (16.1)
Very Dissatisfied	14 (16.1)
11. The way supervisor delegates work to staff members	
Very Satisfied	13 (14.9)
Satisfied	43 (49.4)
Neither	11 (12.6)
Dissatisfied	15 (17.2)
Very Dissatisfied	5 (5.7)

12. The number of workers in units	
Very Satisfied	6 (6.9)
Satisfied	31 (35.6)
Neither	6 (6.9)
Dissatisfied	32 (36.8)
Very Dissatisfied	12 (13.8)
13. Leadership style of the hospital management	
Very Satisfied	7 (8.0)
Satisfied	24 (27.6)
Neither	17 (19.5)
Dissatisfied	23 (26.4)
Very Dissatisfied	16 (18.4)
14. The physical surrounding (neatness, flower, l and scapping, paint colour)	
Very Satisfied	22 (25.3)
Satisfied	32 (36.8)
Neither	13 (14.9)
Dissatisfied	10 (11.5)
Very Dissatisfied	10 (11.5)
15. Physical work conditions (light, water, air-conditioning etc)	
Very Satisfied	21 (24.1)
Satisfied	26 (29.9)
Neither	7 (8.0)
Dissatisfied	19 (21.8)
Very Dissatisfied	14 (16.1)
16. Availability of tools and consumables	
Very Satisfied	16 (18.4)
Satisfied	30 (34.5)
Neither	12 (13.8)
Dissatisfied	15 (17.2)
Very Dissatisfied	14 (16.1)
17. Availability of instruments and equipment	
Very Satisfied	15 (17.2)
Satisfied	33 (37.9)
Neither	9 (10.3)
Dissatisfied	16 (18.4)
Very Dissatisfied	14 (16.1)
18. Availability of personal protective devices (gloves, facemask, goggles, boots)	
Very Satisfied	19 (21.8)
Satisfied	25 (28.7)
Neither	10 (11.5)
Dissatisfied	17 (19.5)
Very Dissatisfied	16 (18.4)
19. Safe means of waste disposal	
Very Satisfied	17 (19.5)
Satisfied	36 (41.4)
Neither	7 (8.0)
Dissatisfied	17 (19.5)
Very Dissatisfied	10 (11.5)
20. The spirit of co-operation among my co-workers	
Very Satisfied	14 (16.1)

Satisfied	54 (62.1)
Neither	8 (9.2)
Dissatisfied	8 (9.2)
Very Dissatisfied	3 (3.4)
21. Relationship with my supervisors	
Very Satisfied	15 (17.2)
Satisfied	55 (63.2)
Neither	9 (10.3)
Dissatisfied	6 (6.9)
Very Dissatisfied	2 (2.3)
22. Relationship with my subordinates	
Very Satisfied	19 (21.8)
Satisfied	58 (66.7)
Neither	5 (5.7)
Dissatisfied	3 (3.4)
Very Dissatisfied	2 (2.3)
23. Working relationship between Doctors and Nurses	
Very Satisfied	7 (8.0)
Satisfied	53 (60.9)
Neither	11 (12.6)
Dissatisfied	13 (14.9)
Very Dissatisfied	3 (3.4)
24. Professional dignity and respect as a nurse	
Very Satisfied	22 (25.3)
Satisfied	42 (48.3)
Neither	9 (10.3)
Dissatisfied	11 (12.6)
Very Dissatisfied	3 (3.4)
25. Patients care	
Very Satisfied	26 (29.9)
Satisfied	46 (52.9)
Neither	6 (6.9)
Dissatisfied	8 (9.2)
Very Dissatisfied	1 (1.1)
26. Work schedule	
Very Satisfied	7 (8.0)
Satisfied	52 (59.8)
Neither	12 (13.8)
Dissatisfied	11 (12.6)
Very Dissatisfied	5 (5.7)
27. Benefits/hazards allowance, health insurance, life insurance	
Very Satisfied	4 (4.6)
Satisfied	19 (21.8)
Neither	7 (8.0)
Dissatisfied	24 (27.6)
Very Dissatisfied	33 (37.9)
28. Duration of last promotion	
Very Satisfied	2 (2.3)
Satisfied	16 (18.4)
Neither	16 (18.4)
Dissatisfied	21 (24.1)
Very Dissatisfied	32 (36.8)

Overall satisfaction

Overall, a high percentage (48.36%) of the respondents are neither satisfied nor dissatisfied with their job, other are satisfied (28.7%), dissatisfied (19.5%) or very satisfied (3.4%) (Fig. 1). There was a positive correlation between all the components of job satisfaction and the overall job satisfaction as shown in table 4.

Table 4. Correlation between determinants of Job satisfaction and overall job satisfaction in the respondents

Question	N	r	p – value
Job security	87	0.373	< 0.001
The opportunities for advancement in this position	87	0.498	< 0.001
Support for additional training and education	87	0.560	< 0.001
Monthly salary	87	0.631	< 0.001
Hours worked each day and week	87	0.261	0.015
Recognition for work accomplished	87	0.531	< 0.001
Degree of independence associated with work role (autonomy)	87	0.484	< 0.001
The way supervisor relates	87	0.518	< 0.001
The rate of promotion	87	0.520	< 0.001
The volume/amount of work done	87	0.558	< 0.001
The way supervisor delegates work to staff members	87	0.540	< 0.001
The number of workers in units	87	0.497	< 0.001
Leadership style of the hospital management	87	0.686	< 0.001
The physical surrounding (neatness, flower, land scapping, paint colour)	87	0.649	< 0.001
Physical work conditions (light, water, air-conditioning etc)	87	0.669	< 0.001
Availability of tools and consumables	87	0.710	< 0.001
Availability of instruments and equipment	87	0.696	< 0.001
Availability of personal protective devices (gloves, facemask, goggles, boots)	87	0.682	< 0.001
Safe means of waste disposal	87	0.671	< 0.001
The spirit of co-operation among my co-workers	87	0.528	< 0.001
Relationship with my supervisors	87	0.490	< 0.001
Relationship with my subordinates	87	0.365	0.001
Working relationship between Doctors and Nurses	87	0.484	< 0.001
Professional dignity and respect as a nurse	87	0.555	< 0.001
Patients care	87	0.429	< 0.001
Work schedule	87	0.555	< 0.001
Benefits/hazards allowance, health insurance, life insurance etc	87	0.700	< 0.001
Duration of last promotion	87	0.495	< 0.001

On multiple regression analysis, the odds of respondents working in the private to be satisfied is 0.207 times (95% CI, 0.063 – 0.683) times that of workers in other institutions, a statistically significant effect, $X^2 = 6.687$, $p = 0.010$. (Table 5).

Table 5. Regression analysis of the predictors for overall job satisfaction amidst the respondents.

Variable	df	Wald (X^2)	Odds Ratio	95% CI	p – value
Age	1	0.009	1.006	0.894 – 1.131	0.926
Years qualified as a nurse	1	0.005	1.004	0.893 – 1.129	0.945
Length in current ward/unit	1	0.370	1.033	0.931 – 1.145	0.543
Education (Diploma)	1	0.230	1.631	0.221 -12.023	0.631
Education (B.Sc Nursing)	1	0.011	0.899	0.127 – 6.374	0.915
Marital Status	1	0.006	0.952	0.267 – 3.388	0.939
Shift Duty	1	1.967	2.330	0.714 – 7.601	0.161
Institution	1	6.687	0.207	0.063 – 0.683	0.010

Discussion of findings

This study shows that most of the nurses were not dissatisfied about their levels of satisfaction about their job as was found out by Saifuddin *et al*, 2008 and Lashonda-Bare, 2004. It is also noteworthy that all of the individual factors had positive significant correlation with the overall job satisfaction. This is consistent with the findings of Best and Thurston, 2004 and the more recent study of Edoho *et al*, 2015. Almost all of the respondents in this study are females as expected, probably because most of the people in the nursing profession in Nigeria are females. Our study shows that agewise, most of the nurses are in their thirties and early to middles forties. This compares with other studies carried out in Kano and Al-Mukramh were their where most of their respondents are between the ages of 31–40 years and 40–45 years respectively.

The nurses in this study are not as dissatisfied with their job security as much as they are with their monthly income and their rate of promotion. This is not surprising as Lu *et al*, 2007 has shown that monthly income is the single most important factor for nurses leaving their jobs. Although nurses in Canada and the United States feel more satisfied with their salary (Lu *et al*, 2007), their counterparts in Nigeria feel that their pays are not comparable with the pay of other health care providers, especially doctors. Baruwa, 2001; Esiekpe, 2003; and Akah *et al*, 2011 also made findings regarding this in Nigeria. Infact, there has been reports that nurses feel as just assistants in the hospital setting and not as clinicians, and feel threatened with replacement (Norrish and Rundall, 2001). And there is evidence that nurses esteem relationship than pay (Murrells *et al*, 2008).

In the past, association between hours worked, recognition, advancement opportunities, support for training, independence, leadership styles, supervision, physical surrounding and work conditions, availability of tools, instruments and personal protective devices and work itself has been documented (Aiken *et al*, 2001; McShane and Glinow, 2010; Adams and Bond, 2000; Hennessy and Minnaar, 2009; Kettle, 2001; Tzeng, 2002a; Tzeng, 2002b, Lephalala *et al*, 2008; Castle, 2006, Ojeme, 2009), and this has been shown to correlate strongly with overall job satisfaction, this was also shown in our study. This is in contrast with a very recent report of Ugwa, 2016 which showed a weak relationship.

Although other studies have shown very high levels of overall job satisfaction among nurses (Ofili *et al*, 2004; Ayanlowo *et al*, 2013; Edoho *et al*, 2015), our study found the level of satisfaction to be just 32.1%. This is possibly because of the high cost of living in the study location and it has been shown in earlier studies that remuneration and cost of living is most associated with motivation and job satisfaction (Cortse, 2012; Kemppainen *et al*, 2012; Hennessy and Minnaar, 2009).

Our study showed that the chances of a nurse who had diploma/RN/RM to be more satisfied and motivated to work is significant, this could mean there is more enthusiasm to work among the newly employed nurse who have not had additional education, and could mean additional education makes the nurses feel less than their actual worth.

Summary, limitations, conclusions, and recommendations

Summary

This study examined how motivated the nurses working in Port Harcourt metropolis of Nigeria are to their job and how satisfied they are with their jobs. The study also examined the factors associated and to what extent what factor affect the overall score of job motivation and satisfaction. This was examined using a pretested questionnaire designed in two sections; 1. The sociodemographic section and 2. The section about the questions of motivation and job satisfaction. Eighty-seven (87) nurses were served with the questionnaire and the same were collected and analysed. Frequencies and percentages were used to describe categorical variables. Similarly, continuous variables were described using the measures of central tendency (mean, median) and measures of dispersion (range, standard deviation) as appropriate. Statistical significance of differences between means was determined using analysis of variance (ANOVA). Significant association of job satisfaction and performance with socio-demographic, employment characteristics and leadership styles were tested using Pearson's Coefficient of Correlation for quantitative variables. Regression analysis made done using cumulative odds ordinal logistic regression with proportional odds. Statistical significance was considered at $P < 0.05$. The results show that monthly income (salary) has tremendous effect on motivation and job satisfaction for the respondents and that the overall level of job satisfaction is 32.1%. All the individual components of job satisfaction correlates positively with the overall job satisfaction and working in the private sector could predict satisfaction for the nurses.

Limitations

The lack of finance and time were the constraints to the study as it was not funded by any facility and this puts all the financial burden on the researcher. The researcher did not receive any grant to fund this research project in any way, this placed a limitation on the number of nurses the researcher could reach as this would mean additional money be spent. Provision of fund would make this study be able to include more people from more diverse background and get the perspective of more people on the subject matter in Rivers state.

Conclusion

The level of motivation and job satisfaction among the nurses interviewed by the questionnaire is low as compared to other studies. The government and relevant authorities should look into ensuring that all the factors associated with job motivation and satisfaction among the nurses should be looked into and optimized so as to prevent nurses leaving their profession or worst travelling out of the country in search of better opportunities.

Recommendation

A bigger study with larger sample size and covering larger population could be beneficial to really get the outlook of other nurses on a larger scale. This study will include nurses in the rural areas of Rivers state and could even be as large as research the whole south-south geopolitical region of Nigeria. The relevant authorities should not take with levity the perception of the nurses of their level of motivation and job satisfaction.

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