

Job satisfaction among nurses in Botswana

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In this paper the authors examine the extent of job satisfaction and dissatisfaction in a national sample of 325 nurses working in hospitals, clinics and health posts in Botswana. The analyses explored the effects of background variables, work context variables, resources variables, recognition and support variables, and union membership on job satisfaction. The findings show that nurses were generally not satisfied with their jobs. Twelve of the 31 variables examined were found to be associated with job satisfaction. Age, basic level of education, level of nursing training, level of income, extent of satisfaction with income, type of health facility, adequacy of telecommunication facilities and overall health since posting were found to have strong and positive associations with job satisfaction. Adequacy of equipment, recognition from supervisors, and overall health before posting had moderate and positive effects on job satisfaction. Satisfaction with current workstation had a positive but weak relationship with job satisfaction. No relationship was found between job satisfaction and other work environment variables such as adequacy of transport, opportunity for in-service training and relationships with peers. Similarly, workload was not found to be an important determinant of job satisfaction among nurses, nor were community involvement and membership of nursing organisations.

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Introduction

Job satisfaction is one of the most widely discussed and enthusiastically studied constructs among scholars in the behavioural and organisational sciences and in schools of management (Cranny, Smith & Stone, 1992). Locke (1976) estimated that, as of 1976, about 3350 articles or dissertations had been written on the topic. By 1984 there were more than 6000 articles written on job satisfaction (Fitch, 1990).

A library search of several indexes indicates thousands of references to job satisfaction in the literature. For example, a search of the SOCIOFILE 1974–1998 database indicated 1655 references to job satisfaction and 473 articles (99 on nurses) with job satisfaction in the title. The

1993–1998 Cumulative Index to Nursing and Allied Health literature (CINAHL) indicated 1499 entries on job satisfaction with 995 on nurses. The Wilson's Business Abstracts showed 269 articles on job satisfaction between 1995 and 1998.

Job satisfaction is of interest to practising managers, supervisors, human resources specialists, workers and the public in general. It is an important topic in the health sector where the quality of patient care and the effectiveness of preventive, promotive, rehabilitative and other health interventions can become matters of life and death. As organisations become more complex and competitive, as changes in the work environment continue to occur at an unprecedented rate, and as demand for increased productivity increases, re-

search into job satisfaction and related constructs is likely to gain momentum. Job satisfaction refers to an employee's general attitude toward his/her job (Wexley & Yukl, 1975:1). It is a pleasurable or positive emotional state resulting from the appraisal of one's job or job experiences (Locke, 1976:1300). It is a feeling towards a job that results from a worker's comparison of actual outcomes with those that they desire, expect or feel that they deserve (Cranny, Smith & Stone, 1992:1).

There are many conceptual and operational definitions of job satisfaction emphasising different aspects of the construct. Cranny, Smith and Stone, (1992) have reviewed the literature on the construct of job satisfaction. Their review shows that operational definitions of job satisfaction can be divided into overall or general job satisfaction and satisfaction with specific facets of the job. The specific facet examined in this study, was satisfaction with current position.

The research problem

The Primary Health Care system in Botswana operates through a hierarchical referral system, starting at the bottom with a Mobile Health Stop, Health Post, Clinic without Maternity Ward, Clinic with Maternity Ward, and ending at the top with a hierarchy of hospitals. In all of these stages, the first contact person, and often the only one responsible for preventive, promotive, curative and rehabilitative health-care services, is a nurse. In the majority of cases, even the decision to refer a patient to a higher health-care facility rests with a nurse.

In 1988, out of the 3651 health personnel in Botswana, 2332 (63.9%) were nurses. Of the projected total 7377 health manpower personnel required by year 2002, 4800 (65%) would be nurses (Botswana Government, 1991). Their relative number means that nurses play a key role in the delivery of the Primary Health Care system that is at the centre of the overall health policy of the government of Botswana.

When adopting Primary Health Care as a strategy of providing services, the vision of the Ministry of Health in Botswana was to create a health service that inspired confidence in the user and gave job satisfaction to the health-care worker

(Mulwa, 1997). Improving job satisfaction can improve nurses' performance and the quality of care that patients receive (Tumulty, 1992), and commitment to their employing organisation (McNeese-Smith, 1996). Because nurses constitute the majority of health workers, their job satisfaction is a concern among health administrators faced with problems of their recruitment and retention (Douglas, Meleis, Eribs & Kim, 1996; McNeese-Smith, 1996). It is a concern for all those who wish to improve nursing productivity, the quality of nursing care and overall effectiveness of Primary Health Care.

Since the 1970s when the Botswana Government (1974) set up a Commission of Inquiry into the Health Department, dissatisfaction among nurses has continued to be a national issue debated in Parliament and reported in local newspapers throughout the 1980s and 1990s (Hwara, 1998). Between 1980 and 1985, 202 out of 825 nurses employed in central government departments left their jobs (Magowe, 1986). Mugisha and Mwamwenda (1991) found similar effects of job dissatisfaction among graduates of the University of Botswana employed in government. Graduates who had started in government had tended to move to parastatal organisations or private companies, and had reported increased job satisfaction after moving.

There has been widespread concern about nursing standards among members of the public (Mothobi, 1982). Owuor-Omondi and Kobue (1993) found that some nurses and midwives had negative attitudes towards patients. These nurses and midwives were dissatisfied with equipment and transport facilities for patients in need of referral to higher level health facilities. Many of the complaints about nursing care indicate that in addition to basic conditions of service, the work environment, staff shortages and type of health facility are some of the factors affecting the quality of nursing services.

In order, among other things, to improve nursing services and conditions of service for nurses the organisational structure of the nursing services was changed three times between 1969 and 1980. However, dissatisfaction continued to reverberate throughout the body of the nursing service in Botswana (Motlhasedi, 1982; Selelo-Kupe,

1993). In spite of three decades of complaints by and about nurses in Botswana, there has been very little systematic effort to study job satisfaction among nurses. Motlhasedi (1982), Rampa (1991), Otimile (1995) and Hwara (1998) are examples of the few pieces of student research on job satisfaction among nurses. These student projects were limited by sample sizes and relatively limited scope. The information vacuum regarding job-related attitudes of health-care workers in Botswana therefore, still needs to be filled.

In this paper the authors explore job satisfaction, and examine the extent of job dissatisfaction among nurses in Botswana. Factors that may help explain satisfaction or dissatisfaction among the nurses are explored. As an exploratory study, the paper does not seek to test any specific hypotheses, but rather to establish the strength and direction of association, if any, between job satisfaction and background variables, work context variables, resources variables, recognition and support variables, and union membership.

Comparative literature

Job satisfaction has been associated with several factors in the literature. Higher incomes and education have been linked to satisfaction and commitment to work (Bamundo & Kopelman, 1980; Kaldenberg, Becker & Zvonkovic, 1995). An association has been found between job satisfaction and age (McNeely, 1988). Perceived stress has been found to be the greatest contributor to job dissatisfaction (Wolfgang, 1991). Union membership has been found to be associated with lower levels of job satisfaction (Schwochau, 1987). Religious affiliation or degree of religious conviction, however, has no significant relationship with work-related attitudes (Chusmir & Koberg, 1988).

Studies have demonstrated a positive relationship between nurses job satisfaction and patient satisfaction (Parrinello, 1990; Shian, 1990), and between nurses job satisfaction and quality of care (Weiglein, 1988). Although the direction of causality between job satisfaction and productivity has been a matter of debate among researchers (Mortimer, 1986, Rothman, 1987), many studies have found a moderate to very strong positive relationship between job satisfaction and produc-

tivity (Greenberg & Baron, 1995; Cohen, 1980; Tett & Meyer, 1993). Igbaria, Meredith and Smith (1994) have shown that job satisfaction is the most important factor in determining intention to stay with an organisation.

Recent theory has linked adequacy of job-related resources (equipment) with job satisfaction (Bacharach & Bamberger, 1995; Conway, Williams & Green, 1987; Kalleberg, 1977). Brod, May and Stewart (1982) found dissatisfaction with equipment to be important for recruitment and retention. The amount and nature of equipment usually differ according to type of health facility, which has been shown to have an effect on job satisfaction (Heiskanen, 1988; Medcof & Wegener, 1992; Finlay, Martin, Roman & Blum, 1995).

Support from the employee's immediate supervisor has been found to have an effect on job satisfaction (Pincus, 1986; Garland, Oyabu & Gipson, 1989; O'Driscoll & Beehr, 1994). Research by Himle, Jayaratne and Thyness (1989), Huebner (1994), Newsome and Pillari (1991), Terry, Nielsen and Perchard (1993), found that the availability of work-related support from one's supervisor buffered the negative effects of work stress (role conflict and work overload). Baird and Deibolt (1976) found significant positive relationships between ratings of job satisfaction and frequency of communication with the supervisor.

Workload has been found to have negative effects on job satisfaction among nurse educators in Finland (Harri, 1996). Douglas and associates (1996) found that work overload was a frequent source of stress among Mexican nursing assistants, and that stress had negative implications for job satisfaction. Workload and kinship responsibilities have been found to be useful in predicting dissatisfaction (Blegen & Mueller, 1987). Supervisor support, however, was found to have a moderating effect on the relationship between workload and job satisfaction (Rauktis & Koeske, 1994).

The literature reports different results on the influence of age, years of service, occupational rank and educational attainment on job satisfaction. McNelly (1988) found that these variables explain very marginal amounts of the variance in

job satisfaction. Miller and Fry (1978) found few pronounced differences by rank in responses to items measuring job satisfaction and work strain in law enforcement organisations. Some studies, however, report strong positive associations between seniority, occupational rank and job satisfaction (Gray, 1984).

Data collection

The data for this exploratory study were collected as part of a national survey of nurses in Botswana. The questionnaire for the survey was developed in consultation with nurses, nurse educators and administrators, officials of the Ministry of Health and representatives of international health organisations in Botswana. Due to the lack of a sampling frame, questionnaires were distributed to nurses in all health facilities in the district with the help of regional health officers. However, nurses in referral hospitals, schools of nursing and the University of Botswana were not included in the sample. In all, questionnaires were sent to 600 nurses. Of these, 425 responded to the questionnaire. After discarding 100 questionnaires that had many unanswered sections including background information, 325 questionnaires were used in the analyses.

Job satisfaction was measured by asking nurses to indicate how satisfied they were with their current position. The extent of satisfaction was captured by an ordinal variable with five categories: (1) highly satisfied; (2) satisfied; (3) neither satisfied nor dissatisfied (i.e., neutral); (4) dissatisfied; and (5) highly dissatisfied. In order to facilitate the interpretation of results, the level of job satisfaction was re-categorised as satisfied, neither satisfied nor dissatisfied (i.e., neutral) and dissatisfied, in most of the analyses. All other satisfaction variables were similarly re-categorised. Similarly, marital status and religious affiliation were recoded from an initial long list of options to a few categories to facilitate analyses and interpretation.

Data analysis

Variables that have been reported in the literature to be possible determinants of job satisfaction or that were identified in preliminary discussions with nurses and nursing authorities as possible

determinants were included in the analyses. In all, the relationship between job satisfaction and each of thirty one independent variables was examined. These variables are listed in Table 1. Statistical analyses of the data explored the effects of individual background factors, type of health facility and work context factors, adequacy of resources, recognition and support factors, and union membership on job satisfaction. Contingency table analysis and Chi-squared tests of association and independence were used to investigate the nature and strength of relationships between job satisfaction and qualitative variables. Analysis of variance technique was used to assess the relationship between job satisfaction and quantitative variables.

Findings

Description of the sample

The 325 nurses in the sample were all females aged between 20 and 66 years deployed across 15 health regions. Most (72.3%) were deployed in regions other than their district of birth. These nurses included 17 family nurse practitioners, 11 community health nurses, 70 registered nurse midwives, 21 registered nurses, 37 enrolled nurse midwives, and 169 enrolled nurses. There were 210 nurses with Junior Certificate (obtained after three years of secondary school), 100 who had obtained a secondary school leaving certificate and 12 with a tertiary education qualification. The distribution of income levels in the sample was as follows: 30.1% high income; 43.7% medium income; and 26.2% low income.

The most common type of health facility in which nurses were based was a clinic without maternity ward (47.5%). Other nurses were based in clinics with maternity wards (29.6%), health posts (19.3%) and hospitals (4.0%). Most nurses (60.3%) were single and had never married, while 32.4% were currently married and 7.4% had been married at some point (but currently divorced or widowed). With respect to number of children, 20.6% had none, 32.5% had only one child; 26.0% had two children; and 20.9% had three or more children. Many nurses (44.4%) were members of Christian missionary churches such as (Roman Catholic, Methodist, etc.), 25.6% were members of independent African churches, while

29.9% belonged to other religions (including Muslim and indigenous religions). Many of the nurses (57.9%) were members of a non-governmental organisation in their community of deployment.

Extent of job satisfaction

Job satisfaction was found to be generally low among nurses in Botswana. Only eight nurses were highly satisfied with their jobs, 84 were satisfied, 49 were neither satisfied nor dissatisfied, 111 were dissatisfied, 60 were highly dissatisfied, and 13 did not state their level of satisfaction.

Job satisfaction by age, marital status and number of children

There was a positive relationship between age and job satisfaction. Older nurses tended to be more satisfied with their jobs than younger nurses. The average age of nurses who were satisfied with their job was 33.8 years, while that of dissatisfied nurses was 29.4 years. However, there was a small fraction (2.2%) of the younger nurses with an average age of 28.14 years who reported very high levels of satisfaction. There was no significant relationship between job satisfaction and marital status, number of children and religious affiliation. A summary of the relationship between job satisfaction and the independent variables is shown in Table 1.

Basic academic education and professional training

There was a strong positive relationship between job satisfaction and highest level of basic education. The data show that while 20% of the nurses with Junior Certificate were highly satisfied with their job, 44.1% of those with a secondary school leaving certificate and 71.4% of those with qualifications from tertiary education institutions were highly satisfied with their job. This suggests that the higher the level of academic education the higher the level of job satisfaction among nurses. It was also found that while 65.4% of nurses with Junior Certificate were dissatisfied with their job, 36.6% of those with a secondary school leaving certificate and 21.4% of those with tertiary education were dissatisfied. This suggests that the lower the level of basic academic education the higher

the level of dissatisfaction with a nursing job.

There was a significant relationship between level of professional nursing training and job satisfaction. The most satisfied categories were Registered Nurses and Registered Nurse-Midwives (both in the middle of the professional training hierarchy). Family Nurse Practitioners at the top of the hierarchy, and Enrolled Nurses at the bottom, were the least satisfied with their jobs. Community Health Nurses were almost as satisfied as registered nurses. The findings suggest that a registered nurse is more likely to be satisfied with the job than any other category below or above.

Level of income and satisfaction with salary

There was a strong positive association between job satisfaction and level of income. Among nurses who were satisfied with their job, 54.9% earned comparatively high incomes, 31.9% earned medium incomes and 13.2% earned relatively low incomes. Among nurses who earned relatively low incomes, a high proportion (71.6%) were dissatisfied with their jobs compared to a lower proportion (63.4%) of those who earned medium incomes and an even lower proportion (34.7%) of those who earned relatively high incomes. This suggests that the higher the income, the higher the level of job satisfaction.

Although most nurses (69.4%) were not satisfied with their salary, there was a strong positive association between job satisfaction and extent of satisfaction with salary. Most (66.7%) of those who were satisfied with their salary were also satisfied with their job. Similarly, the majority (70%) of those who were not satisfied with their salaries were also not satisfied with their jobs.

Type of health facility

A very strong positive association was observed between job satisfaction and the type of health facility in which nurses in Botswana worked. Eighty per cent of the nurses who worked in hospitals were satisfied with their job. By contrast, 29.8% of those who worked in a clinic with a maternity ward and 31.3% of those who worked in a clinic without a maternity ward were satisfied with their job. Only 16.7% of those who worked in a health post were satisfied with their job. This suggests that the higher the rank of health facility

Table 1 Association between job satisfaction among nurses and independent variables

No.	Variable	Test ¹ statistic	DF	Significance
Background variables				
1	Academic education	29.85	2	0.0000
2	Professional Training	72.98	10	0.0000
3	Age ¹	1 [7.62]	[2, 296]	0.0010
4	Number of children	10.43	6	0.1075
5	Marital status	7.06	4	0.1330
6	Religious affiliation	1.10	4	0.8942
7	Level of income	42.03	4	0.0000
Type of health facility and work context				
8	Type of health facility	20.50	6	0.0020
9	Satisfaction with salary	78.76	4	0.0000
10	Perception of health after posting	18.99	4	0.0008
11	Perception of health before posting	9.52	4	0.0493
12	Satisfaction with workstation	8.92	4	0.0633
13	Involvement with the community	2.21	2	0.3313
14	Perceived staff shortages	3.86	4	0.4254
15	Perceived workload	1.68	2	0.4310
16	Deployment in district of birth	0.80	2	0.6710
17	Consistency of work with training	0.78	2	0.6756
18	Conflict between admin. and nursing duties	2.20	4	0.6983
Adequacy of resources				
19	Adequacy of telecommunications	27.47	4	0.0000
20	Adequacy of equipment	13.80	4	0.0080
21	Adequacy of transport facilities	6.81	4	0.1460
Recognition and support variables				
22	Attendance of workshops/seminars	7.31	6	0.2930
23	Attendance of Mehary Project course	2.37	2	0.3060

Table 1 Association between job satisfaction among nurses and independent variables (Continued)

24	Attendance of refresher courses	4.79	6	0.5710
25	Recognition from superiors	11.75	4	0.0193
26	Reliance on workshops/seminars	8.38	8	0.3970
27	Reliance on supervisors	2.00	4	0.7358
28	Peer reliance	5.51	4	0.2390
29	Professional self-reliance	2.85	6	0.8270
Membership of Unions				
30	Registration with Nursing Council	2.42	2	0.2988
31	Registration with the Nurses Association	2.38	2	0.3040

¹The test statistic is Chi-squared except for variable number 3 (age) where F-statistic is used

in which nurses work the more satisfied they are likely to be with their job. Over 70% of nurses who worked in a Health Post were dissatisfied with their job. By contrast, only 10% of hospital-based nurses were not satisfied with their job. This suggests that the lower the rank of health-care facility in which nurses work the more dissatisfied they are likely to be with their job.

Overall Health before and after posting

Nurses were asked to indicate their overall health before and after they were posted to their present workstation. Overall health before posting was considered to have been good or excellent by 68.4% of the nurses, while a lower proportion (45.7%) regarded overall health as good or excellent after posting. There was a moderate positive relationship between overall health before posting and job satisfaction. On the other hand, there was a strong positive relationship between overall health after posting and job satisfaction.

Perceived workload and staff shortages

Most nurses (61.2%) found their duties to be heavy or extremely heavy. Likewise, the majority of nurses (88.4%) reported that they sometimes or always experienced staff shortages in their health facility. Although it might be expected that nurses who experience frequent staff shortages at their

health facility would be less satisfied than those who rarely experienced staff shortages, there was no significant relationship between experiencing staff shortages and job satisfaction. There was also no significant relationship between job satisfaction and perceived workload.

Consistency and conflict in work demands

Most nurses (62.6%) reported that they always did what they were trained for at their place of work. It might be expected that nurses who did not do what they were trained for should be less satisfied with their job than those who always did what they were trained for. However, there was no relationship between the extent to which nurses did what they were trained for and job satisfaction. Most nurses (61.9%) sometimes or always experienced conflicts between administrative and nursing duties. However, there was no relationship between the extent to which nurses experienced conflicts between administrative and nursing duties and job satisfaction.

Workstation, district of birth and community involvement

Nurses were asked to indicate the extent to which they were satisfied with their current workstation or community in which they worked. About half of the nurses (52.0%) reported that they were sat-

isfied or highly satisfied with their current workstation. About a quarter of the nurses (24.8%) were neither satisfied nor dissatisfied with their current workstation. The remaining 23.2% were dissatisfied or highly dissatisfied with their current workstation. There was a weak positive relationship between job satisfaction and satisfaction with current workstation. This suggests that nurses who are satisfied with the community in which they work are more likely to be satisfied with their jobs than those who are not satisfied with the community in which they work. However, there was no relationship between deployment in a district of birth and job satisfaction. Similarly, there was no relationship between belonging to a community organisation and job satisfaction.

Adequacy of equipment, telecommunications and transport

Nurses were asked to rate the adequacy of the equipment, telecommunications and transport in their health facility. The majority of nurses (76.1%) rated the equipment as average or above average while 23.9% rated the equipment as below average or extremely poor. A positive relationship was found between adequacy of equipment at the health facility and job satisfaction.

Most nurses (51.7%) found telecommunication facilities to be inadequate or extremely poor. Only 31.7% of nurses reported telecommunication facilities at their place of work to be above average or excellent. There was a significant positive relationship between job satisfaction and adequacy of telecommunications at workstation. Nurses who rated telecommunication facilities at their place of work as excellent tended to be more satisfied with their job than those who rated telecommunications as poor. Nurses who rated telecommunication facilities at their place of work as inadequate or extremely poor tended to be more dissatisfied with their job than those who rated telecommunications as adequate or excellent.

Although most nurses (61.3%) reported that transport facilities at their place of work were adequate or excellent, there was no significant relationship between adequacy of transport facilities and job satisfaction.

Recognition and support

Most nurses (77.5%) sometimes or always got recognition from their supervisors. We found a moderate positive relationship between recognition from supervisors and job satisfaction. Although most of the nurses (72.8%) reported that they sometimes or always learnt about new nursing practices from their supervisors, there was no significant relationship between the extent to which nurses learnt from their supervisors and job satisfaction. A very high proportion (81.6%) of nurses reported that they sometimes or always turned to nurses of their own rank for information about new nursing practices. However, there was no relationship between reliance on peers and job satisfaction. Although 92.3% of the nurses reported that they always or sometimes learnt about new nursing practices from reading on their own, there was no relationship between professional self reliance and job satisfaction.

Workshops and refresher courses

Most nurses (71%) had attended at least one seminar in the previous year. However, there was no significant relationship between seminar attendance and job satisfaction. Similarly, while most nurses (61.9%) had attended at least one refresher course in the previous year, there was no significant relationship between attendance of refresher courses and job satisfaction. Many nurses (54.6%) reported that they relied to a great extent on workshops and seminars for new information about their work. However, there was no significant relationship between reliance on workshops and job satisfaction.

The relationship between job satisfaction and attendance at the Botswana Maternal and Child Health/Family Planning (MCH/FP) Training Project, known as the Mehary Project, was examined. The Mehary project was initiated between May 1973 and September 1978 to train new nurses in Maternal Child Health and Family Planning and to re-orient those already practising through an intensive in-service program (Fako & Linn, 1994). Only 19.3% of the nurses in our sample had attended the Mehary project training. There was no significant relationship between attendance at the Mehary Project training course and job satisfaction.

Membership of the Nursing Association and Nursing Council

Although it is expected (but not required) that practising nurses would register with the Botswana Nurses Association, 72% had not registered. The majority of nurses (85.2), however, had, as required by the Nurses and Midwives Act, registered with the Botswana Nursing Council. There was no relationship between registration with the Nurses Association and job satisfaction.

Similarly, there was no relationship between registration with the Nursing Council and job satisfaction.

Discussion

This study found that nurses who were most likely to be satisfied with their jobs included those with the most academic education, a high level of professional training, and high income. These nurses received recognition and support from their supervisors and peers, and were satisfied with their salaries. They worked in health facilities that were up in the Primary Health Care hierarchy (such as hospitals as opposed to clinics), which had adequate equipment and telecommunication facilities.

The association found between job satisfaction and age is consistent with research (McNeely, 1988) which has shown that job satisfaction is related to life satisfaction for older women. This may be due to the fact that older nurses tend to command higher incomes by virtue of seniority and rank. Such nurses usually belong to the same age cohort as supervisors from whom they receive considerable support and recognition. This may explain why older nurses tended to be more satisfied with their jobs than younger nurses.

The results show high percentages of nurses (77.5%) that sometimes or always got recognition from supervisors and (71%) who had attended workshops and refresher courses. Recognition and support from supervisors may have offset the effects of work overload, staff shortages, inconsistency of work with training, conflict between administrative and nursing duties, and stress associated with family responsibilities, marriage and the raising of children.

Although this study found that aspects of recognition and support were not related to job satisfaction,

most of the literature has found a relationship between job satisfaction and supervisor support and recognition. Because of the positive relationship between supportive supervision and job satisfaction, nursing managers should strive to develop mechanisms by which supportive and positive supervisory and collegial relationships are enhanced and formalised. Nursing administrators in Botswana encourage and promote the use of periodic seminars, conferences, and semi structured activities where supervisors and workers have an opportunity to exchange ideas and share common concerns. Opportunities for periodic workshops and seminars should be distributed equitably if they are to have the widest impact on the nursing service.

The study found that although the nurses found their workload to be heavy, and often experienced staff shortages, these were among the least important factors affecting job satisfaction or dissatisfaction. This may suggest high levels of professionalism and commitment among the nurses. This could also be due to the high level of supervisor recognition and support that the nurses enjoyed.

Although union members have been found to report lower levels of job satisfaction than non-members do (Schwochau, 1987), this study found no relationship between registration with the Botswana Nurses Association or Botswana Nursing Council. This apparent contradiction may be explained by the basic differences between the roles of traditional workers unions and that of the Botswana Nursing Association and the Botswana Nursing Council.

Consistent with previous studies, some of the variables suggested by nursing administrators and educators such as adequacy of transport facilities, working in a hometown environment, involvement with the community, and religious affiliation had no effect on job satisfaction. Some of the variables found to have no association with job satisfaction need further attention and more carefully designed measures before firm generalisations are made regarding their effects on job satisfaction.

Conclusions

This study has found that job satisfaction was

generally low among nurses in Botswana. The findings show that basic education, professional training, income, type of health facility, and adequacy of the equipment were the most important factors affecting nurses' satisfaction or dissatisfaction with their jobs.

The study points to a need for continued efforts towards improving the conditions of service for nurses. It reinforces the need for supportive supervision in order to improve job satisfaction and associated productivity among the nurses. It also points to the significant role that good and adequate equipment has in producing positive attitudes toward work among nurses in Botswana.

Further analyses should explore the impact of job satisfaction on specific nursing practices. Analyses should also explore factors associated with work-related stress among nurses in Botswana. Future studies could examine the effects of social psychological factors such as self-esteem, self-motivation, personality type and other dispositions of the individual on job satisfaction among nurses.

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