

**KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY,
KUMASI
INSTITUTE OF DISTANCE LEARNING**



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**THE IMPACT OF JOB SATISFACTION ON STAFF ATTITUDE TOWARDS
PATIENTS/CLIENTS IN THE PUBLIC HEALTH INSTITUTIONS – A CASE
STUDY OF WEST AKIM MUNICIPALITY, ASAMANKESE E/R.**

BY

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**A DISSERTATION SUBMITTED TO THE INSTITUTE OF DISTANCE
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ADMINISTRATION**

MAY, 2009

DECLARATION

I hereby declare that this submission is my own work towards the Commonwealth Executive Masters of Business Administration (CEMBA) and that, to the best of my knowledge, it contains no material previously published by another person nor material which has been accepted for the award of any other degree of the University, except where due acknowledgement has been made in the text.

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DEDICATION

This piece of work is dedicated to my lovely wife Dora Maame Afua Ampadu-Agyei for her encouragement and support during the period of my study.

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All praise and honour belong to God Almighty for his guidance, providence and kindness. My God is dependable, in Him; I derive fullness of life and satisfaction.

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LIST OF ABBREVIATIONS/ACRONYMS

ADHA	Additional Duty Hours Allowance
AGH	Asamankese Government Hospital
CCD	Clinical Care Directorate
CEO	Chief Executive Officer
CHPS	Community-Based Health & Planning Services
DDNS	Deputy Director of Nursing Services
DG	Director-General
GHS	Ghana Health Service
HSA	Health Services Administrator
HC	Health Center
HMT	Hospital Management Team
HSC	Health Service Council
HSS	Health Sector Salary Structure
IQ	Intelligent Quotient
Med. Supt.	Medical Superintendent
MHD	Municipal Health Directorate
MoH	Ministry of Health
OPD	Out-Patients' Department
NHIS	National Health Insurance Scheme
RCH	Reproductive and Child Health
SPSS	Statistical Package for Social Sciences
WAM	West Akim Municipality
WAMA	West Akim Municipal Assembly

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ABSTRACT

Fiscal constraints and health reforms all over the world have prompted greater demand for quality of health care services from health care providers in public health institutions. Even though health workers in such institutions are doing their best with respect to key indicators for quality of care, one indicator always fall short of expectations of patients/clients and that is **staff attitude**. MoH/GHS realizing the need to improve staff attitude instituted the Additional Duty Hours Allowance to serve as motivation to improve job satisfaction thereby improving staff attitude. The policy came with its associated problems culminating in the merging of the ADHA with basic salary in 2006 in what has come to be known as “Health Sector Salary Structure”. This has been in place since its introduction in 2006. It is in the light of the above that the researcher decided to study the area of using salary as job satisfaction tool to improve attitudes of health workers in public health institutions in the West Akim Municipal Area. The specific objective of this study is to assess whether there is a relationship between motivation and job satisfaction on one hand and attitude of health workers. Among the general objectives are:

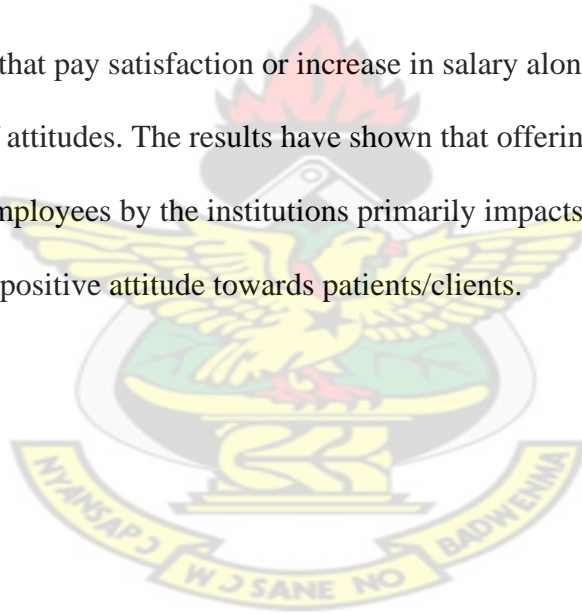
- to study how health workers are satisfied with their jobs in relation to their remuneration and other motivational factors
- to assess the aspect of the job that they are satisfied or dissatisfied with hence the kind of attitude towards patient/clients

A descriptive study involving health workers of all profession in West Akim Municipal area and interview of key health care managers in public health institutions in West Akim

was conducted. Statistical Package for Social Sciences (SPSS) was used to analyse the responses from the questionnaire.

Ninety (90) respondents representing 90% response rate was achieved. 42.2% of the respondents were males and 57.7% were females. 61.1% of the respondents were trained nurses. 56.7% were middle level managers and 58.9% had been working in the municipality between one and five years. 68.9% strongly agreed with the statement that their jobs contribute to success of their institutions.

The study concludes that pay satisfaction or increase in salary alone is not enough to change negative staff attitudes. The results have shown that offering excellent benefits (non-salary) for its employees by the institutions primarily impacts on job satisfaction which translates into positive attitude towards patients/clients.



APPENDIX 1

Kwame Nkrumah University of Science and Technology Institute of Distance Learning (IDL)

Questionnaire

Dear Respondent,

As part of the requirements for the award of an Executive Master's degree in Business Administration, I am conducting a study on the topic "Job Satisfaction and Staff Attitude towards Clients in the Public Health Institutions – The Case of the West Akim Municipal of Ghana Health Service". This questionnaire is the data collection instrument for the study and I would be grateful if you could provide me with necessary information. The information gathered will be treated as confidential and used for academic purposes only.

Thank you for co-operation.

Biodata:

- a. Gender.....
- b. Age
- c. Highest Level of Education: Secondary (), Polytechnic (), Nurses' Training (), University (), Postgraduate Degree (), Others ()
- d. Rank of Respondent: Lower Level (), Middle Level (), Senior (), Other ().

1. How long have you been working in this municipality?

- a. 1-5 years ()
- b. 6-10 years ()
- c. Above 10 years

2. How would rate your overall satisfaction with your current job? (Check One)

- a. Very satisfied
- b. Satisfied
- c. Neither satisfied nor dissatisfied
- d. Dissatisfied
- e. Very dissatisfied

3. Please rate how much you agree or disagree with each statement.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Undecided
My job contributes to the success of this institution	()	()	()	()	()
My work environment (i.e.	()	()	()	()	()

work area, office equipment, etc.)
enables me to work effectively and
efficiently

My job schedule interferes with my life outside of work () () () () ()

4. How do you agree or disagree with the following statements?

	Strongly Agree	Agree	Disagree	Strongly Disagree	Undecided
My job is meaningful in terms of meeting district health goals	()	()	()	()	()
my job restricts me from making decisions which affect my ability to meet my patients' needs	()	()	()	()	()
I receive a feeling of accomplishment from my work.	()	()	()	()	()

5. How would you rate your overall satisfaction with your personal career growth at this institution? (Check One)

- a. Very satisfied
- b. Satisfied
- c. Neither satisfied nor dissatisfied
- d. Dissatisfied
- e. Very dissatisfied

6. How do you agree or disagree with the following statements?

	Strongly Agree	Agree	Disagree	Strongly Disagree	Undecided
Feedback from my superior has been helpful in improving my performance.	()	()	()	()	()
Discussions with my superior have been helpful in planning my career	()	()	()	()	()
Not having a degree impedes growth opportunities for me at this institution	()	()	()	()	()

I receive institutional training to continuously improve my skills () () () () ()

7. How would you rate your overall satisfaction with your ability to serve patients at this institution? (Check One)

- a. Very satisfied
- b. Satisfied
- c. Neither satisfied nor dissatisfied
- d. Dissatisfied
- e. Very dissatisfied

8. Please rate how much you agree or disagree with each statement...

	Strongly Agree	Agree	Disagree	Strongly Disagree	Undecided
Policies and procedures limit my ability to serve my patients	()	()	()	()	()
The teamwork that exists between myself and my co-workers enhances my ability to serve my clients	()	()	()	()	()
Given my current workload I have time to adequately serve my patients	()	()	()	()	()
I have access to resources which provide answers to my questions	()	()	()	()	()

9. Please rate how much you agree or disagree with each statement...

	Strongly Agree	Agree	Disagree	Strongly Disagree	Undecided
This institution offers excellent benefits (non-salary) for its employees	()	()	()	()	()
I know and understand my department's goals	()	()	()	()	()

My salary () () () () ()
equitably reflects my
grade and work
performance

Team goals () () () () ()
motivate me to improve
my individual
performance

My leave days are () () () () ()
commensurate with my
grade and the effort I put
in my work.

10. What is your salary range?

- a. Gh100 – Gh300
- b. Gh400 – Gh600
- c. Gh700 – Gh900
- d. Gh1,000 – Gh1,200
- e. Above Gh1,300

11. Do you sometimes get angry with your patients/clients?

- a. Yes
- b. No

12. If Yes, what makes you angry?

- a. Lack of co-operation
- b. Failure to take instructions
- c. Lack of respect from patients/client
- d. Increased workload
- e. All the above

13. What is your impression about policy interventions like free maternal care and national health insurance scheme? (Check One)

- a. Very good
- b. Good
- c. Neither good nor bad
- d. Bad
- e. Very Bad

14. How would you rate your overall satisfaction with the performance of the management staff of this institution? (Check One)

- a. Very satisfied
- b. Satisfied
- c. Neither satisfied nor dissatisfied
- d. Dissatisfied
- e. Very dissatisfied

15. If you had a chance to switch jobs, would you move to a private health organisation or another institution in the Ghana Health Service?

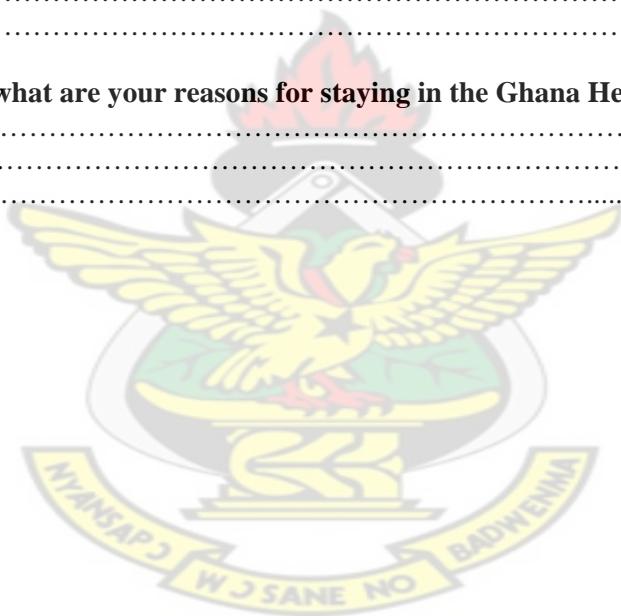
- a. Private Health Organisation
- b. Ghana Health Service

16. If yes to option (a) what are your reasons for wanting to leave?

.....
.....
.....

17. If yes to option (b) what are your reasons for staying in the Ghana Health Service?

.....
.....
.....



CHAPTER ONE

BACKGROUND TO THE STUDY

1.1. Introduction

In a period of fiscal constraints and health reforms, people around the world are demanding greater quality in the health care they receive and accountability in the health care system. Evidence for the need to improve quality care is widespread. Health care workers are doing their best to improve the quality of service they provide. However, it seems like their best is not enough because clients still complain about the quality of the services at our health facilities.

The Ghana Health Service, in responding to concerns raised by clients on quality of care at its health care facilities in the country, developed a manual (August 2005) on Health Care Quality Assurance aimed at standardising the various measures to address quality of care and issues of clients' satisfaction. To this end, a team of quality experts in health service were put together to develop indicators for the measurement of clients' satisfaction. Notable among the indicators are:

- Seen in less than 2hrs
- No unnecessary delay
- Patients examined
- Told diagnosis
- Told instruction about illness
- Told if to return or not

- Privacy

Others are:

- Received all drugs
- Understood Pharmacist's instructions
- Staff attitude
- Hospital very clean
- Emergency seen quickly and
- Patients very satisfied

(Source: Health Care Quality Assurance Manual, Second Edition August 2005)

Even though health workers are doing their best in all the indicators to improve quality of care to gain clients' confidence thereby improving their satisfaction, one indicator i.e. **staff attitude** continue to receive low rating anytime a patient's satisfaction survey is conducted. (Source: Patients' Satisfaction Survey Conducted among Health Care Institutions in Eastern Region, Annual Performance Review. February 2008).

Health workers such as Doctors, Nurses, Health Services Administrators (HSAs), Pharmacists, Dieticians, Laboratory Technicians, Ward Assistants, Orderlies, to mention but a few, on daily basis interact with patients, their relatives and visitors who visit various health facilities for their health care needs. According to some clients from the surveys the way some of these workers behave towards them needs much to be desired. Various interventions have therefore been put in place to address this perceived negative staff attitude. One of these interventions is the Additional Duty Hours Allowance (ADHA) which was aimed at motivating staff and thereby improving their attitude.

The administration of ADHA as a motivating scheme was fraught with a lot of problems because of the multi-faceted nature of professionals in Ghana's health sector coupled with the desire by each professional group to satisfy its members with sometimes attendant agitations. The government, realising the problems associated with the ADHA and its negative impact on the delivery of health care, merged the basic salary and the ADHA in 2006 to forestall any further agitation by health professionals.

The new Health Sector Salary Structure (HSS) which is partly intended to remedy the problem of staff attitude has been in place since 2006 but from all indications it has not achieved its intended purpose. It is in the light of the above that this study seeks to ascertain whether the introduction of the Health Sector Salary Structure as a way to motivate staff and improve job satisfaction has had any impact at all on staff attitude especially within the West Akim municipal area.

1.2. Problem Statement.

The Ghana Health Service is charged with the responsibility of providing health care at the regional, district, and community level. In recent times, the Service like others has come under a lot of criticism for poor staff attitude. Much as there seems to be some degree of truth in the charge of poor staff attitude in the public health facilities, little empirical studies have been done to ascertain the facts and establish the underlying causes and thus help in fashioning out needed remedies.

The researcher therefore seeks to study how job satisfaction has impacted on attitude of health workers such as Doctors, Nurses, Pharmacy Staff, Laboratory Staff, Records and other allied health professionals in the West Akim Municipality in the Eastern Region of Ghana.

1.3. Objectives of the Study

The general objective is to assess whether or not there is a relationship between motivation and job satisfaction on one hand and attitude of health workers.

The specific objectives of the study would be as follows:

- to evaluate how health worker satisfaction relates with their remuneration and other motivational factors
- to assess sources of job satisfaction and dissatisfaction which lead to poor staff attitudes
- to assess how increased workload affects staff attitude
- to identify other staff motivational factors and
- to suggest ways to effectively maintain or improve positive staff attitudes.

1.4. Relevance of the Study

The study reveals the factors responsible for negative staff attitude towards clients and remedies for such factors so as to improve the poor staff attitude towards clients in the GHS facilities in the West Akim Municipality in particular and the nation as a whole. It also reveals whether negative staff attitude could affect patronage of services by clients in the study area.

1.5.0. Methodology

1.5.1. Data Collection

Data was obtained from both primary and secondary sources:

- a). With respect to primary data collection, a well designed questionnaire was used to elicit the requisite information for the study. Again unstructured interviews were conducted with key managers of health care services in the municipality.
- b). Secondary data on various publications from sources such as Ghana Health Service Clinical Care Division, Ministry of Health and the other international bodies were also used for the purpose of this study.

1.5.2. Sampling and Population Size

Survey methodology was adopted on a limited scale in collecting data. Since it was not economically feasible to reach all employees of GHS in West Akim municipal area, a simple random sample of health staff was obtained. In all, questionnaire was administered on one hundred (100) health workers of all categories. Some of the key issues solicited by the questionnaire were on how the staff rate their overall satisfaction with their personal career growth at their institutions, how they rate their overall satisfaction with the performance of the management staff at their institutions and whether they would switch job to private health organisations if they have the chance.

1.5.3. Analysis of Data

Data obtained have been analysed and presented in tables and graphs and are part of the write up. A copy of the questionnaire has also been attached as an appendix. Discussions,

recommendations and conclusions have been drawn from the analysis of the data.

Statistical Package for Social Sciences (SPSS) was used to analyse the data generated.

1.6. Limitations of the Study

The study was limited by time since it was conducted at the same time as the face to face sessions were running. Again, financial constraint was also a limitation to the researcher's ability to cover a larger population of the health workers in the municipality. Official schedules of the researcher was also another limiting factor that affected extensive work on the subject area.

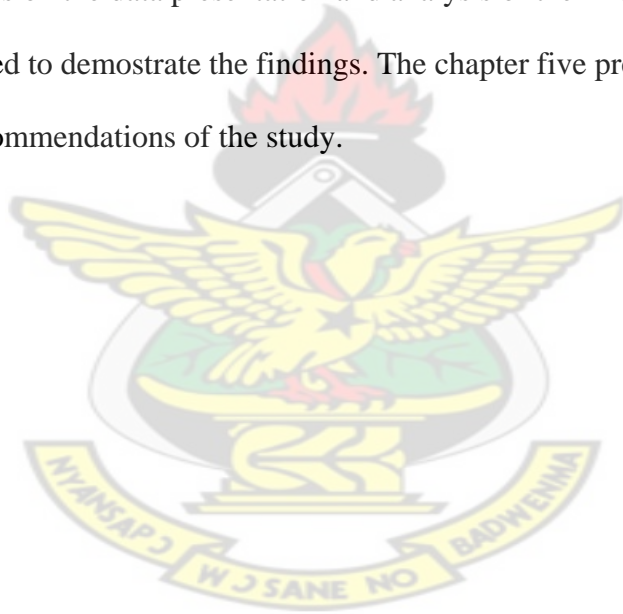
1.7. Scope of the Study

The study sought views of key health care managers in the municipality such as the Municipal Director of Health Services, West Akim, Medical Superintendent, Asamankese Government Hospital, Deputy Director of Nursing Services Asamankese Government Hospital, and other clinical and paramedical staff at the hospital. Also Medical Assistants at Adeiso and Osenase Health Centres were interviewed. The researcher also observed some workers' attitude at some service delivery points such as the Records Department, History Room, Consulting Rooms, Laboratory, Pharmacy, Maternity and other wards at Asamankese Government Hospital, Adeiso and Osenase Health Centers.

1.8. The Organisation of the Study

The study is divided into five (5) main chapters. Chapter one deals with the introductory aspect of the study, made up of statement of research problem, objectives of the study, and methodology that was adopted. It also states how the study is organised. Chapter two reviews the relevant literature on the subject of attitude and job satisfaction. Chapter three details the profile of West Akim Municipality, methods of data collection and analysis employed for this study.

Chapter four focuses on the data presentation and analysis of the findings. Tables and pie charts have been used to demonstrate the findings. The chapter five presents the summary, conclusion, and recommendations of the study.



CHAPTER TWO

LITERATURE REVIEW

2.1.0. Introduction

This chapter reviews some of the conceptual framework on motivation and job satisfaction in relation to attitude which will be the focus for explaining and interpreting the findings of the study. The chapter presents empirical literature available on definition of attitude, the power of attitude on a team, the attitude “U-turn”, negative attitude – the success blocker, the possible causes of negative attitude among others. The concept of job satisfaction and its impact on attitude are explained by giving a sharp focus on the health managers and other professional staff within the health service organisations.

2.1.1. Definition of Staff Attitude and Language in Health Sector

According to Brobbey-Mpiani Y. (2005), attitude basically is an overt or covert behaviour that relates to:

- The way and manner a health worker thinks and feels about the services being offered
- Relations with colleagues and the team
- Relations with patients and clients
- The promptness or otherwise with which a staff responds to duty call

On the other hand, issues on language in health service delivery look at:

- Courtesy (politeness) of language
- Warmness and cordiality
- Tone of language e.g. harsh or otherwise

- Lack of respect and dignity
- Indifference

Indifference could be applicable to both attitude and language, and may include;

- Lack of interest, feeling or reaction towards the concerns of patients, clients and fellow colleagues.
- Body language or facial expression that portrays lack of commitment to the task or disrespect.

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2. 1.2. Discussions Related to the Characteristics of Attitude on a Team

According to Maxwell (2003), people's attitude have the power to lift up or bring down a team because attitude is always a player on the team. He argues that although good attitude among players of members of the team do not guarantee a team's success, bad attitude on the other hand guarantees its failure. In *The Winner's Edge* Waitley (1994) stated "The real leaders in business, in the professional community, in education, in government, and in the home also seem to draw upon a special cutting edge that separates them from the rest of society. The Winner's Edge is not in a gifted birth, in a high IQ, or in a talent. "The Winner's Edge is in the attitude and not aptitude".

Maxwell believes that unfortunately, too many people resist that notion and they want to believe that talent alone (or talent with experience) is enough. But plenty of talented teams out there never amount to anything because of the attitude of their players.

He gives a summary of the various attitudes that may impact a team that comprises highly talented players as follows:

Abilities	+	Attitude	=	Result
Great Talent	+	Rotten Attitudes	=	Bad Team
Great Talent	+	Bad Attitude	=	Average Team
Great Talent	+	Average Attitude	=	Good Team
Great Talent	+	Good Attitude	=	Great Team

(Source: Waitley 1994, Winner's Edge)

He maintains that if you want to yield outstanding results then you need good people with great talent and awesome attitudes. When attitudes go up, so does the potential of the team. Likewise, when attitudes go down the potential of the group goes down.

2.1.3. When An Attitude Is Exposed to Others

In his book *Attitude*, Maxwell (2003) argues that there are several things that are not contagious on a team, that is to say: talent, experience, and willingness to practice. But you can be sure of one thing that attitude is catching. He emphasizes that when someone on the team is teachable and his humility is rewarded by improvement, others are more likely to show similar characteristics. He goes on to say that when a leader is upbeat in the face of discouraging circumstances, others admire that quality and want to be like him or her. When a team member displays a strong work ethic and begins to have a positive impact, others emulate him. People become inspired by their leader. He emphasizes the

fact that people have a tendency to adopt the attitudes of those they spend time with - to pick up on their mind-sets, beliefs, and approaches to challenges.

He proceeds by giving an interesting account of Roger Bannister as an inspiring example of how attitudes “compound”. During the first half of the twentieth century, many sports experts believed that no runner could run a mile in less than four minutes. And for a long time they were right. But then on May 6, 1954, British runner and university student Roger Bannister ran a mile in 3 minutes 59.4 seconds during a contest in Oxford. Australian John Landy also broke the four minute barrier. Suddenly there after, dozens and then hundreds of others broke the record. Why? Because the best runners’ attitudes changed as they began to take on the mind-set and beliefs of their peers. According to Maxwell, Bannister’s attitude and actions compounded when exposed to others. His attitude spread. Every world-class runner who competes at that distance can run a mile in less than four minutes today. Attitudes are contagious!

2.1.4. The Attitude “U-Turn”

In his book *Pivot: How One Turn in Attitude can Lead to Success*. Zimmerman (2006) has noticed that attitude makes a huge difference in determining a person’s level of success in life. He made this assumption following an extensive observation after speaking for various organizations for more than twenty years. In essence, he argues that attitude seems to make a bigger difference than age, sex, race, education, circumstance, or any other factor. Two people can have the same background and face the same

situations, but may experience very different outcomes because of their attitude, he asserts.

Unfortunately, many people have no idea how important attitude is. They do not realize that their positive or negative attitudes may be making or breaking them on or off the job. They may not even realize they have the “wrong” attitudes. Dr. Zimmermen asserts that one may think that this talk about attitude is a bunch of fluff. However, he exhibits a psychological evidence to back up his claims by presenting, among others, a research from Dr. Martin Seligman. In his book, *Learned Optimism*, one of the important things that Dr. Seligman discovered was that attitude was a better predictor of one’s success than IQ, grade point average, or almost any other factor. He discovered that people with negative attitudes get sick more often, are divorced more frequently, and they tend to raise kids who get involved in more trouble related situations.

In this research, Martin Seligman (1998) also found out that negative people even make less money. He present a one long-term study of 1,500 people out of which 83 percent, in group A, chose their particular jobs with a belief of making a lot of money whereas group B which comprised only 17 percent chose their jobs because they had positive attitudes towards those jobs. After twenty years had gone by, both groups had produced 101 millionaires. The most exciting thing about this study was that only one of those millionaires came out of group A and the rest came from group B. Another amazing fact was that more than 70 percent of these millionaires never went to college. In addition, more than 70 percent of those who became CEOs graduated in the bottom half of their

class. Seligman concluded that what determined their altitudes in life were their attitudes rather than their aptitudes. He maintains that in no uncretain terms that positive thinking is the charateristic of successful people.

Zimmerman claims to find similar trends in all organizations where he addresses and consults respectively. He always asks members of his audience to make a list of the words they would use to describe a winner and the list tends to be consistent regardless of the group and the first ten words on the list include attitude, enthusiasm, determination, motivation, confidence, optimism, dedication, happiness, balance and patience.

According to Zimmerman, none of these qualities has anything to do with one's physical or mental ability, they all relate to attitude in some way or another.

Although he is not a physcian, Dr. Zimmerman states that he has the privilege of working with some of the finest doctors in the world while doing his program for organizations such as Kettering Medical Center and Mayo Clinic. Whereas his program centers on the mind, the medical doctors focus more on the body. Nevertheless, according to him, they both see the definite connection between the two: your attitudes affect your health. He argues that there is medical evidence that attitude can affects one's physical health. In a research done by Dr. Thomas Hackett, a Harvard psychiatrist, it was found out that sick people who minimize the seriousness of their condition by emphasizing their optimism, hope, trust, and humor have higher survival rates than those who embrace worry as a chronic syndrome. He said, "Sometimes the best medicine is in your head...a positive attitude has a life saving effect"

Zimmerman maintains that attitudes have a definite biochemical effect on the body. An attitude of defeat or panic applies pressure on the blood vessels and has a debilitating effect on the entire endocrine system. On the contrary, an attitude of confidence and determination activates compassionate, therapeutic secretion in the brain.

According to a research carried out by Dr. James Strain, the director of Behavioural Medicine and Consultation Psychiatry at Mount Sinai Hospital, a positive attitude can help in the prevention and also in the recovery from disease. This was discovered after making a comparison of pessimistic men and optimistic men who had experienced heart attacks. It was revealed that while twenty-one men died within eight years of the heart attack in the first group of twenty-five pessimists, only six of the twenty-five optimistic men died in that time (Kohan & O'Conner 2002).

Dr. Zimmerman strikes the difference between negative attitude and positive attitude as follows:

- Whereas the winner is always a part of the answer, the loser is always part of the problem.
- Whereas the winner always has a program, the loser always has an excuse.
- Whereas the winner says, "Let me help you", the loser says "that is not my job"
- Whereas the winner sees an answer for every problem, the loser always sees the problem in every answer.

- Whereas the winner says, “It may be difficult but it is possible ,” the loser says, “It may be possible but it’s too difficult”.

2.1.5. Negative Attitude - The Success Blocker

Zimmerman (2006) asserts that the end of nursing negativity is that we wind up with millions of people who never come close to using their full potential. Worse still, we end up with millions of people who spend more time tearing themselves down than they do building themselves up. He believes that incidentally very few people are fully aware of the negativity in their lives and most of them have no idea how much damage they do to themselves by nursing the negative attitude. Owing to the fact that negativity comes in different forms, he argues that most people do not realize that they may be their own worst enemies.

Zimmerman suggests that, excuses, fear, pain avoidance, bad habits, and lack of goals, among others, are some of the ways through which negativity may have infiltrated one’s life or may be getting in the way of one’s success.

2.1.6. Negative Attitude - Possible Causes

- **Excuses**

Although one’s excuses may sound perfectly reasonable or even justifiable, Zimmerman maintains that making excuses is one of the ways through which one may be sabotaging himself or herself unknowingly. According to Zimmerman, someone who is good at making excuses is rarely good for anything else. He argues that the difference between

winners and losers is the way they view their circumstances. Whereas losers use their circumstances as an *excuse* to give up, winners use their circumstances as a *reason* to get going and that is one of the reason why some people become winners while others become losers in the same situation.

He proceeds by giving an account of Walt Disney, a man who decided to use his circumstances as a reason to work harder instead of excusing himself. From a tender age, Walt Disney was a dreamer who loved to dwell in the world of fantasy, entertainment, and cartoon. But his success as a cartoonist did not come easy; it took determination.

In his first attempt, Walt approached a Kansas City newspaper with his drawings and the editor responded, “These won’t do. If I were you, I’d give up this work. From these sketeches, it is obvious your talent lies elsewhere.”

Nevetheless, despite the editor’s negative consideration, Walt was determined to persue his strong desire of becoming a cartoonist. Walt experienced rejection after rejection as he attempted other newspapers as well. With perseverance, he kept knocking on doors until he eventually was offered a job of drawing publicity material for churches.

Thereafter, Walt embarked on a studio search and all he could find was old mouse-infested garage. However, while in that garage studio Walt continued to draw his cartoons and write. It was from that determined humble beginning that he eventually became world famous (Zimmerman 2006).

Zimmerman suggests that under the circumstances, Walt could have developed a negative attitude as he had the opportunity of easily making the excuses for not pursuing his dream to be a cartoonist. Nevertheless, Walt understood that someone who is good at making excuses is rarely good for anything else.

- **Fear**

According to Zimmerman , fear is another possible avenue through which someone may yeild to negative attitudes. The fear of failure can stop you from fulfilling your goal. Author John Gardner once said, “One of the reasons mature people stop learning is that they become less and less willing to risk failure”. Zimmerman point out that although some of the fears are normal and healthy because they point out the dangers of life thereby by prectecting someone from harm; a lot of people are burdened with abnormal fear that prevents them from living a full life of having a productive career. He also argues that abnormal fear can prohibit action as it hinders people from trying. Instead of making progress, abnormal fear encourages people to make excuses. (Zimmerman,2006).

He maintains that sometimes people can get a glimpse of new opportunities and approaches to for instance, communication or management, but cannot dare to give it a try because they are stifled by the fear of failure. As Shakespear once wrote, “ Our fears do make us fail to try and gain the heights that are possible for us”. (Zimmerman, 2006).

Zimmerman suggests that the choice is yours; either allow fear to dominate your life or you can choose to dominate your fears.

- **Avoiding Pain**

According to Zimmerman, an increase desire to keep away from pain can be another avenue through which negative attitudes can find their way into one's life. He argues that by someone thinking that a particular goal would be too hard to attain, is rather a "rational" attempt to avoid pain. Someone may not be willing to do what it takes to achieve a given goal simply because it may hurt. He agrees with the saying "no pain, no gain". Since most people do not want to experience any pain, they would rather give up on their goals. Zimmerman said, " People often refuse to do things they have to do to get the results they want. Once again, negative attitudes block success".

He asserts that whereas some people get stuck in their old ways by refusing to do what needs to be done in order to achieve a given goal or number of goals, there are those who put things off instead of doing them immediately. While those with a negative mentality think it is too hard, people with a positive attitude undersand that things worth having are worth the effort.

Taking physical fitness as an example, he suggests that at times you may have to do things you don't want to do, for instance, working out day after day whether you like it or not in order for you to build the body that you desire. He claims that whereas many people know they should change, and they are aware that those changes will bring about something far better than what they presently have, they are not willing to go through the pain and discormfort that is needed to get there. At times they keep on postponing doing the things they hate in order to create those things they love.

- **Lack of Goals**

According to Zimmerman, negative attitudes can hinder someone from setting goals. He views this as being disastrous because there is a clear connection between setting goals and higher achievement. By writing down goals, it helps give one's mind something to focus on which in turn enables the mind to go to work in achieving them.

Zimmerman maintains that if someone has a negative attitude, it has a tendency of showing up in that person's lack of goals. He argues also that one's lack of goals will lead to a lack of discipline as well. Concerning goals, he gives an example of how a goal can lead a person to set his or her alarm for 5 a.m., and motivates him or her to get out of bed and into the gym for morning exercise.

According to Zimmerman, lack of goals leads to lack of wisdom. Hence those who lack goals will spend most of their time on activities that are tension relieving other than goal achieving. He suggests that if you want to be wildly successful, it is imperative to get rid of negative attitudes and engage in setting goals. In the light of negative attitudes, he attests to the fact that most people do fail in life because they don't think the thoughts and do the things that will change their circumstances.

2.1.7. Understanding the Influence of Attitude

In his book *Attitude Is Everything*, Harrell (2003) emphasizes the fact that it is imperative to manage and control the quality of one's life through the influence of a positive attitude.

According to Harrell, attitude can be viewed as the foundation and support of everything we do; a key element in the process of controlling one's destiny and attaining mastery in one's personal and professional life. For anyone who desires a positive attitude, there is going to be a need to be committed enough to cultivate it. He says that "the most valuable asset you can possess is a positive attitude toward your life". He argues that if a person changes his thinking, he can change his beliefs. He further believes that by changing one's beliefs, then that person can change his actions. And finally by changing one's actions, then that person can change his life.

Harrell (2003), maintains that your attitude has the ability to influence your entire personal and professional life. According to him, what we think about the most has the ability to influence the way we feel, thereby influencing our attitude. He believes that we are constantly heading in the direction of our dominant thought of life, that is to say, healthy and positive thoughts propel us into developing a positive attitude and the reverse is true where unhealthy and negative thoughts are concerned. Harrell asserts that attitude is one's perception of life which could either be a failure-reinforcing perspective or a success-reinforcing perspective. Attitude can be viewed as the means through which a person can attain a given level of performance in all that he or she does, which could either be constructive or destructive. A person's attitude can either be a powerful means for positive action or can stifle one's ability to fulfill his or her potential.

Harrell argues that although we cannot control the circumstances that befall us, we can decide to choose how we respond to those circumstances. While people with a positive

attitude are influenced by what goes on within them, those with a negative attitude are influenced by what goes on around them. He mentions that one of the ways our circumstances can be improved upon is by improving our response to them.

Harrell reports that according to Martin Seligman, a noted psychologist at the University of Pennsylvania, optimists (Individuals with positive attitudes) are more successful than similarly talented people with pessimistic or negative attitudes. His research also shows that negative attitudes can be changed to positive attitudes. Seligman's research has revealed that our attitudes – positive or negative-can affect whether we succeed or fail in reaching our goals. In his book *Learned Optimism* (1998), he offers empirical data where life insurance agents with optimistic attitudes had sold more policies than their pessimistic colleagues. In this research, pessimists blamed their failed sales efforts on themselves, which decreased that self-esteem and led to lower sales volumes. On the other hand, however, instead of the optimists taking the rejections personally, they had logical reasons to explain why prospects did not buy policies. Not only did the optimists sell 37 percent more policies as compared to their pessimist colleagues, but they also remained on the job longer. Whereas the optimists chose to search for specific remedies for their challenging situation, the pessimists put the blame on themselves that they were the reason for their poor performance. The perssimists continued to do the same old things the same old way, expecting different results thereby deteriorating their self-esteem to the extent that most of them quit their jobs in the end.

Harrell suggests that each of us can make a decision to change our negative attitude or improve upon our positive attitude. He argues that it is amazing how most people pay attention to having a health or dental checkup, or even periodically they take their vehicles for maintenance, and yet they ignore carrying out an attitude checkup. He further suggests that probably you need an attitude check up if you haven't been getting what you want out of life, or perhaps people are not responding well to you.

2.1.8. Attitudes and Organisations

In his book *Attitudes In and Around Organisations*, Brief (1998) explores how the attitudes that people bring with them to the workplace (attitudinal baggage) have the ability to affect thoughts, feelings and actions in organisations. He also addresses the question about how the attitudes of those outside the organisation – stockholders, customers, suppliers, governmental officials, and the public-at-large in which the firm operates – may affect the organisation. To this group he also adds prospective employees and clients. He argues that the reasons as to why the management of an organisation should pay attention about the attitudes of these various groups around it are more obvious. For instance, favorable organisational attitudes held by outsiders may enable the firm to charge premium prices (Klein and Leffler, 1981), to attract better-quality job applicants (Stigler, 1962) and to boost access to capital markets (Beatty & Ritter, 1986). The attitudes of those outside the organisation matter, as suggested by Baron (1996), due to the following reasons:

1. Negative attitudes may force organisations to take costly actions in attempting to avoid being damaged. For example in light of the negative attitudes held by some

- environmental groups toward its disposable diaper product line, Proctor & Gamble produced and mailed pamphlets with such titles as “diapers and the environment” to 14 million households.
2. Positive attitudes may lead to organisations benefiting from sustained support. For example, satisfied customers increase purchases for those goods and services where volume discretion is possible, decrease their purchases much less sharply in the face of increasing prices, and less attentive to competitive overtures (Andersen et al. 1994; Karyanaram & Little, 1994).
 3. Positive attitudes are associated with establishing implicit contracts, understandings and expectations that can be more efficient than explicit bargaining and contracting. For example, Barney and Hansen (1994) argue that goodwill, in the form of trustworthiness, can serve as a substitute for more costly means of governing economic exchange relationships such as that between a buyer and a seller of raw material.

The organisation’s brand equity (Farquhar, 1989), corporate reputation (Weigelt & Camerer, 1988), and goodwill (Kieso & Weigandt, 1992) are all factors that can be influenced by attitudes of outsiders. Brief (1998) suggests that owing to the fact that goodwill (i.e., the positive attitudes held by outsiders) appears to be linked to organisations avoiding costs and reaping benefits, one assumes that they engage in a lot of activities that are aimed at promoting goodwill.

- **Goodwill and Customer Satisfaction**

Brief (1998) argues that goodwill among customers, principally in the form of customer satisfaction, can be so attractive to an organisation. He suggests that word of mouth is a potentially significant means of spreading goodwill (or negative attitudes) pertaining to a given organisation. He believes that negative customer attitudes (at least in non monopolistic markets) can be expected to lead to a loss of business, whereas on the other hand, customer satisfaction promotes loyalty.

- **Employees Attitudes**

Brief (1998) agrees with Pugh (1997), who, building on a study by Rafaeli and Sutton, (1989), asserted that the emotions employees express on their jobs are related to those they feel and, based on the research work by Hatfield et al (1994), that customers “catch” these expressed feelings. He agrees with Pugh (1997) that these “caught” feelings influence customer perception of quality and satisfaction with service. He maintains that since feelings experienced at work are a sign of the effect of job satisfaction, in the same manner, feelings experienced by customers during a service encounter are indicative of the sentimental component of their satisfaction with the service received. Therefore, “the feelings to be addressed (moods and emotions) speak to the attitudes of employees and customers”.

- **“Leaky” Attitudes**

Rafaeli and Sutton (1989) asserted that internal feelings exert a major impact on the display of the emotions at the place of work. According to Stenross & Kleinman (1989),

these displayed emotions or expressed behaviors include facial expressions, bodily gestures, tone of voice, and language. Ekman (1993) has revealed that, that particular experienced emotions are associated with certain universal and spontaneous facial expressions. His research shows that even when people try to hide or fake a particular emotion with their facial expressions, true emotions “leak” through. In a research done by Ambady and Rosenthal (1992), it was revealed that although an organisation’s display rules may order service workers to express positive emotions to customers, it should be predicted that at least sometimes, workers’ true feelings will leak through and be interpreted accurately by customers.

- **“Caught” Attitudes**

Brief (1998) reports that according to climate for service researchers, one of the consequences of customers reading the job attitudes of service providers is that customers tend to adopt the attitudes expressed by the service workers they encounter (Schneider & Bowen, 1992). According to Hatfield et al. (1992), “emotional contagion” is “the tendency to automatically mimic and synchroize facial expressions, vocalizations, postures, and movements with those of another person and, consequently to converge emotionally”. The essence with emotional contagion is the notion that through interaction with another person, for instance, a service provider, one catches that person’s feelings.

Job satisfaction has a lot of bearing on employees attitude. The Oxford Advanced Learner’s Dictionary defines job as work for which you receive regular payment.

Therefore job satisfaction would mean how satisfied an employee or worker derived from performing that job.

2.2.0. Definitions of Job Satisfaction

A review of general literature indicates that job satisfaction is an effective reaction to a job that results from the comparison of actual outcomes with those that are desired.

According to Lofquist and Dawis (1969), satisfaction is “a function of the correspondence between the reward system of the work environment and the individual’s needs”. Locke (1976), on one hand also stated that job satisfaction can be viewed as “a pleasurable or positive emotional state resulting from the appraisal of one’s job or job experience”. Locke and Henne (1986) further wrote that “the achievement of one’s job values in the work situation results in the pleasurable emotional state known as job satisfaction”. Porter et al. (1975) also characterized satisfaction as a feeling about a job that “is determined by the difference between the amount of some valued outcome that a person receives and the amount of outcome he feels he should receive”. In essence, job satisfaction can be defined as how people feel about their jobs and different aspects of their jobs (Spector, 1997).

2.2.1. Determinants of Job Satisfaction

Job satisfaction is one of the central variables in work and organizational psychology. It is seen as an important indicator of working life quality. From literature, it can be argued that job satisfaction can be influenced by a variety of factors, including the quality of relationships with superiors and colleagues, the degree of fulfilment at work and

prospects for promotion. Job satisfaction is associated with increased productivity, lower absenteeism and lower employee turnover (Hackman & Oldman 1980). The implication is that, satisfied employees tend to be more creative and productive.

Researchers such as Judge et al., (1977) and Locke (1976) argue that Maslow's hierarchy of needs theory laid the foundation for job satisfaction theory. Maslow's theory (1954) explained that people seek to satisfy five specific needs in life. These are Physiological needs, Safety, Love/belonging, Esteem, and Self- actualization. Put simply, a level of satisfaction is achieved when a person's needs at a particular point on the hierarchy are met. Maslow's model served as a good basis from which early researchers developed job satisfaction theories. Clarke (1998), Zeffane (1994) and others have also proposed a number of determinants of job satisfaction including demographic characteristics (age, gender, educational level, race, marital status), job characteristics (absolute and relative wages, number of hours worked, tenure, attitude towards work), and employer characteristics (number of staff).

2.2.2. Job Characteristics

This section takes a look at what Abraham Maslow (1954) and Frederick Herzberg (1966) stated that *job satisfaction is caused by individuals' desires to fulfill personal needs, which include intrinsic and extrinsic needs. Researchers adopting this approach argue that an individual's job satisfaction is determined by the degree to which job characteristics will fulfill the person's needs (Locke, 1976; Argyris, 1973).*

Pay Satisfaction and Career Growth: Satisfaction with pay and the need for career growth may be classified as two predictors of job satisfaction because of their linkage to the formation of individual job attitudes. According to Cotton and Tuttle (1986) and Hom and Griffeth (1995), if individuals are satisfied with pay and promotional opportunities, the costs of leaving their organizations would be greater to them. As a result, they are likely to develop more positive attitudes toward their jobs. These studies (ibid) have also shown that the deterioration of pay and lack of promotional opportunities are associated with job dissatisfaction of public employees and their tendency to leave the Civil Service.

Task Clarity: According to Hackman and Oldham (1976) “*Task clarity refers to the degree to which job tasks and the rules affecting how to perform them are clearly communicated to individuals*”. It affects individuals' sense of knowing what is expected of them and what to do. Hackman and Lawler (1971); Hackman and Oldham, (1976) and Ting, (1996) have shown that an accurate understanding of job requirements can help them adjust to their jobs by reducing uncertainty and minimizing risks of learning through trial and error, and lead to positive job attitudes.

Skill Utilization: According to Yuan (1997), *skill utilization refers to the degree to which jobs allow individuals to utilize their skills and abilities*. Yuan (1997) has also shown that skill utilization is a strong predictor of job satisfaction, since individuals desire jobs that allow them to make good use of their skills and abilities. In a study of United States (US) federal government employees, Ting (1996) has shown that the degree to which employees can utilize their skills at work is a major contributing factor to their job attitudes, such as motivation and job satisfaction.

Task Significance: Hackman and Oldham (1975) defined task significance as “*the degree to which individuals perceive their jobs as contributing to organizational missions*”. They state that task significance affects individuals' experience of the meaningfulness of their jobs, and has strong effects on individuals who have greater intrinsic needs. Crewson (1997) also stated that the nature of public services requires a heavy reliance of professional employees, who, more likely, have greater intrinsic needs for task significance.

2.2.3. Organizational Characteristics

Researchers working from the human relations perspective (Argyris, 1964; McGregor, 1960; Vroom, 1964) maintained that experiences that individuals have had with respect to the broader organizational environment, in which jobs are performed, also play an important role in the formation of job attitudes. These researchers have shown that job satisfaction is determined not only by job characteristics, but also by factors that describe the relationship between individuals and their work units and organizations, for example, commitment toward the organizations and interactions with co-workers and supervisors.

- **Organizational Commitment:** Organizational commitment is defined as *individuals' belief and trust in organizational goals and values, and affections toward the organization* (Meyer and Allen, 1984). Studies have shown that individuals are likely to become psychologically attached to the organization before they develop affectionate attitudes toward their jobs, and employees often

develop job satisfaction consistent with the level of organizational commitment (Witt, 1993).

- **Relationship with Co-Workers and Supervisors:** The job satisfaction of individuals within a work group can be influenced by both co-workers and supervisors, especially as tasks performed by individuals become more interrelated (Smith et al., 1969). Cooperative and supportive relationships with co-workers and supervisors are expected to contribute to the higher level of job satisfaction. Blau (1960) and other researchers have shown that individuals are likely to have high levels of job satisfaction if co-workers and supervisors provide them support and cooperation in completing their tasks.

2.2.4. Individual Characteristics

According to Yuan (1997), many researchers working from the job and organizational characteristics perspectives have argued that individual differences play an insignificant role in determining job satisfaction, and have ignored these characteristics in their studies of job satisfaction. However, Hackman et al., (1975) have suggested that individuals often "interpret" their jobs and organizations based on personal characteristics, such as their own beliefs and values. This, according to Hackman et al. (1975) can also affect their level of job satisfaction. The following is a brief overview of some these characteristics.

- **Public Spirit :** Foote and Folta (2002); Lin and Chen, (2004); and Susskind et al., (2000), have postulated that individuals are attracted to organizations that they perceive as having values similar to their own, and choose careers that fit with their own beliefs and values. According to this perspective, many individuals are drawn to public service to satisfy their beliefs and desires to serve the public and place more emphasis on public spirit motivation than do private employees (Houston, 2000 and Perry et al, 1990).
- **Age:** Organizational behavior researchers have found that older employees are likely to develop a better fit between personal needs and jobs/organizations than younger employees. According to Bedeian et al., (1992), older employees are more likely to cognitively justify remaining in the organization. They (ibid) further argued that if the older employees leave their current employers, they have limited alternative employment opportunities and greater costs than younger employees. As a result, older employees are likely to develop more positive attitudes toward their jobs, such as satisfaction and commitment.
- **Education:** Employees with more education can improve job satisfaction by "rationalizing" the available alternatives for changing jobs or leaving employers. However, Eskildsen et al. (2003) have maintained that more educated employees have a greater number of job alternatives and thus are less likely to become stuck in any job or organization. As a result, they are less likely to develop great affections toward their jobs and organizations. This becomes more plausible

when we consider that more educated employees often have higher expectations which jobs or organizations may not be able to meet. This, in turn, will adversely affect individual attitudes toward their jobs, organizations and level of satisfaction.

- **Race and Sex:** Racial and sex differences in jobs have long been believed to affect job satisfaction, although research findings are inconsistent (Oshagbemi, 2003). Studies have shown that while women and minorities have made some progress from equal employment opportunity laws, many still perceive they are being treated unfairly concerning personnel matters. They also believe that they have to overcome more barriers than their male and white counterparts. Consequently, it seems reasonable to expect that a perception of inequality can affect job satisfaction of female and minority employees (Yuan, 1997).

2.2.5. Determinants of Employee Turnover

Studies which examined the relationship between job satisfaction and quitting behaviour (Freeman, 1978; Akerlof et al., 1988; Gordon and DeNisi, 1995) indicated that the causality in this respect runs from job satisfaction to employee turnover. Clark et al. (1999) also found that the relationship between job satisfaction and quitting outcomes in cross-sectional studies was robust.

Quitting outcomes have been shown to be a good predictor of actual employee turnover (Mercer, 1979; Steel and Ovalle, 1984). The determinants of employee turnover have

generally been identified using limited dependent variable regression techniques (Clark, 2001) or structural measurement models (Lambert et al., 2001). Studies have found that demographic characteristics, work environment, and job satisfaction are sources of employee turnover. Taylor et al. (1999) examined the sources of General Practitioners' retention (Taylor et al., 1999) and focused on new entrants into general practice who were 35 years of age or less. Gender, practice size, and the health authority were found to be good predictors of retention. However, the study did not consider the effect of job characteristics or job satisfaction on quitting outcomes, a facet that will be explored in this study.

2.2.6. Models of Job Satisfaction

Locke's *Range of Affect Theory* (1976) is arguably the most famous job satisfaction model. The main premise of this theory is that satisfaction is determined by a discrepancy between what one wants in a job and what one has in a job. Further, the theory stated that how much one values a given facet of work (e.g. the degree of autonomy in a position), moderates how satisfied or dissatisfied one becomes when expectations are met or are not met. When a person values a particular facet of a job, his satisfaction is more greatly impacted both positively (when expectations are met) and negatively (when expectations are not met).

The *Core Self-evaluations Model*, proposed by Judge in (1998), argued that there are four Core Self-evaluations that determine one's disposition towards job satisfaction. These are self-esteem, general self-efficacy, locus of control, and neuroticism. Judge (1998) stated

that higher levels of self-esteem (the value one places on himself) and general self-efficacy (the belief in one's own competence) lead to higher work satisfaction. Having an internal locus of control (believing one has control over his own life, as opposed to outside forces having control) leads to higher job satisfaction. Finally, he stated that lower levels of neuroticism (the tendency to have negative emotions) lead to higher job satisfaction.

Frederick Herzberg's (1966) two-factor theory (Motivator-Hygiene Theory), is another famous theory that explains job satisfaction. This theory states that satisfaction and dissatisfaction are driven by different factors which are motivation and hygiene.

Motivators, according to Herzberg (1966) are aspects of the job that make people want to perform and provide people with satisfaction, for example recognition. He referred to Hygiene factors as the aspects of a job that do not make people satisfied, such as pay. He contended, however, that the absence of motivators and hygiene factors would cause dissatisfaction.

2.2.7. Importance of Job Satisfaction

Given the numerous theories that have been propounded to explain job satisfaction, one is not left in doubt as to the importance attached to this area in work and organizational psychology. A number of intangible but important variables have been linked to job satisfaction in one way or the other and are inter-related. Self-esteem, performance, commitment, absenteeism and turnover are examples of intangible variables which can be linked to job satisfaction (Silverstone, 1991; Waters and Moore, 2002).

Self-esteem refers to the evaluation that individuals make and customarily maintain with regard to themselves. Reviews by Kaplan (1975, 1980), Silverstone (1991) and Waters and Moore (2002), have shown that low self-esteem is related to psychological problems, unemployment and maladaptive behaviours. According to Greenhaus and Badin, (1974), Inkson (1978), Kohli (1985) and Teas, (1981, 1982), a number of studies have provided support for the contention that high self-esteem is correlated with job satisfaction. In a study conducted by Hall and Foster (1977), it was established that when students had feelings of successes in a task, they had feelings of increased self-esteem.

Again it was established that the feeling of psychological success as a result of performance caused an increase in self-esteem Hall and Foster (1977). This can be interpreted to mean that when one is satisfied on the job (because one perceives himself or herself to be performing well) one will have an increased self-esteem.

According to Lopez (1982), self-esteem moderates the relationship between job performance and satisfaction. Lopez, (1982) suggested that Chronic, Task Specific, and Social components of self-esteem are unrelated to both performance and satisfaction. These findings provided support for the idea that self-esteem moderates the job performance-job satisfaction relationship.

Brayfield and Crockett (1995), Petty, McGee and Cavender (1984) and Laffaldano and Muchinsky (1985) have disputed the extent to which increased job satisfaction leads to

improved performance. Laffaldano and Muchinsky (1985) argued that the relationship has been only weakly manifested. While Brayfield and Crocket (1995) argued that there is no evidence of the relationship between job satisfaction and performance. Petty et al., (1984) also provide evidence to the contrary, that there is a strong relationship between job satisfaction and job performance.

Despite these disagreements about the relationship between job satisfaction and productivity, other studies Carsten and Spector, (1987); Locke (1976); Tett and Meyer (1993); Hackman and Oldham, (1975); Farrell and Stamm, (1998) and Morgan (1991) reveal that satisfied employees are more likely to have low absenteeism and turnover and this normally translates into higher productivity.

Organizational commitment is an effective response to the whole organization and the degree of attachment or loyalty employees have towards the organization. Job involvement represents the extent to which employees are absorbed in or preoccupied with their jobs and the extent to which an individual identifies with his job. Parasuraman, (1982). Bluedorn (1982), James *et al.*, (1982) and Rizzo *et al.* (1970) focused on the relationship between job satisfaction, organisational commitment and one's intention to leave. They suggested that, satisfaction and organizational commitment were related but distinguishable attitudes, in that commitment was an effective response to the entire organization, whereas job satisfaction represents an effective response to specific aspects of the job (Igbaria, 1991; Tifft, 1989; Williams and Hazer, n.d.). The findings of Cotton and Tuttle (1986), and Michaels and Spector (1982) provided evidence that job

satisfaction had a direct effect on turnover intentions as well as an indirect effect through organizational commitment.

In general, studies examining the causal relationship between job satisfaction and organizational commitment have been sparse and their result often contradictory. For example, Porter et al., (1974) suggested that satisfaction represents one specific component of commitment. Steers (1977) proposed that satisfaction would probably influence commitment more than would job characteristics. Meanwhile, Williams and Hazer (1986) found that satisfaction causally affects commitment, while a study by Bateman and Strasser (1984) showed that commitment is causally antecedent to job satisfaction. On the other hand, Curry et al., (1986) found no support for either of the causal linkages between job satisfaction and commitment.

The conventional wisdom, however, is that there is definitely some kind of relationship between job satisfaction and organizational commitment. In general, the literature on employee turnover indicates that when an employee's overall satisfaction level is low, the person will develop a behavioural intention to quit his or her job and find alternative employment. According to Udo et al., (1997), an employee's intention to quit due to a stressful work environment is mediated by the person's level of satisfaction on the job. They argued that when an employee is satisfied with his or her job, he or she develops affective commitment towards the organisation and may resolve to stay with the organisation despite the presence of stressors.

One important discovery is that job satisfaction is correlated with life satisfaction. This correlation is reciprocal, meaning people who are satisfied with life tend to be satisfied with their job and people who are satisfied with their job tend to be satisfied with life. Judge et al., (1998).

Judge et al. (1998) continued to argue that there is evidence that job satisfaction is positively correlated with absenteeism. That is, people who are dissatisfied with their job tend to miss more work. In general, people will readily deem extraneous situations to be justifiable reasons to miss work. For example, a dissatisfied worker may not miss work on a warm, sunny day but will be more likely to miss on a cold, rainy day.

Along the same lines as absenteeism, job satisfaction also is correlated with turnover. People are much more likely to quit their job when they are dissatisfied, and people are even more likely to have intentions of quitting when they are dissatisfied.

CHAPTER THREE

PROFILE OF WEST AKIM MUNICIPALITY AND METHODOLOGY

3.0. Introduction

This chapter takes a look at the profile of West Akim municipality and the methodology used for the study.

3.1. West Akim Municipal Profile

3.2. Location and Size

West Akim District is one of the twenty-one (21) districts in the Eastern Region located at the southern part of the region. It lies between longitude 0.25 west and 0.17 west and latitudes 5°40 north and 6° north. The municipality covers an area of about 1,018sq km. It shares common boundaries with districts namely: Kwaebibirem to the north, Agona District and Ewutu Afutu Senya to the west, Akwapim South and Ga West to the south, Suhum Kraboa Coaltar and Atiwa to the east. Asamankese, the district capital, is located at 75km North-West of Accra.

3.3. Topography

The topography of West Akim Municipality is generally mountainous and undulating characterized by lowland and highlands. The highest point, which is around the Atiwa range is 1,250 ft above sea level and is located between Pabi Wawase and Asamankese in the northern part of the municipal area. The Atiwa Range Extension Forest Reserve occupies most of the northern areas.

The medium range rises gradually between 500ft and 1,200 ft above sea level. This can be found at the eastern part of the municipality. The relative lowland occupies the rest of the district. The general height is between 350 ft and 500 ft above the sea level.

3.4. Climate and Vegetation

West Akim municipality falls under the semi-equatorial climatic zone. The municipality, like many part of the country is marked by two main seasons, the dry and rainy seasons with a double maximum rainfall regime. The mean annual rainfall is between 1,238mm and 1,660mm. The rainy season runs from March to October with the months of June and July experiencing the heaviest downpour of rains. The dry season sets in at the beginning of November and spans through to the middle of March with a peak in January and February. Temperatures are high throughout the year. The mean annual temperature ranges between 25.2C and 27.0C. Relative monthly humidity is between 55 percent and 95 percent.

West Akim has a wide range of natural resources, which include gold, clay, diamond, and forest products. Most of these are unexploited.

3.5. Population

The estimated population of the municipality in 2008 was 172,297 with an annual growth rate of 1.4 percent per annum. The population density is 160 persons per square kilometre. There are about 271 settlements but only four (4) can be described as urban with populations greater than 5000. The urban areas are Asamankese, the municipal

capital with a population of 38,062, Adeiso of 8,905, Osenase (6,927) and Asuokaw (5005). The rest of the settlements may be described as rural (proportion of 64). Other major settlements are Mepom, Asikasu and Akanteng with population of above 3,000. Table 3.1. provides relevant data on the population distribution in the respective sub-municipals.

Table 3.1: Population Distribution by Sub-Municipal in West Akim

SUB-DISTRICT	ESTIMATED POPULATION	% OF POPULATION
Asamankese	69986	40.6
Adeiso	32668	19.0
Osenase	23533	13.6
Brekumanso	15452	9.0
Abamkrom	11740	6.8
Mepom	18917	11
TOTAL	172,297	100

Source: Municipal Health Directorate, West Akim (2008)

3.5.1. Demographic Characteristics

Age and sex structure of the population is that of a developing country. It is characterized by large proportion of children less than 15 years and a small proportion of elderly persons 64 years and more. The population of children less than 15 years dropped from 48.7% in 1984 to 43% and that of the elderly above 65 years increased from 4.3% in

1984 to 6%. This indicates that fertility is falling and the population has aged slightly.

Fifty one percent (51%) of the population is in the active age group of 15-64 years. Table 3.2: provides data on population distribution by age groups in West Akim Municipality.

Table 3.2: Population Distribution by Age Groups in West Akim Municipality

TARGET GROUP	ESTIMATED POPULATION	% OF POPULATION
WIFA (12-44yrs)	39081	23.0
Children 0-11mths	6797	4.0
Children 12-23mths	6797	2.7
Children 0-59mths	33984	20.0
Pop. 24-59mths	14953	8.8
Pop. > 15 yrs	71365	42.0
Expected Pregnancy	6797	4.0
Expected deliveries	6797	4.0

Source: Municipal Health Directorate, West Akim (2008)

3.5.2 . Existing Health Facilities:

1. Hospital - 1
2. Health Centres - 2
3. Reproductive & Child Health Centres (RCH) - 4
4. CHPS zones - 39
5. Functional (CHPS) compounds - 6

6. Maternity Homes	- 2
7. Private Clinics	- 7

3.6. The Ghana Health Service

The Ghana Health Service was established by an act of Parliament, Act 525, in 1996 under the leadership of a Director-General. Also referred to as “the Service”, its membership is made up of health personnel, and any other paramedical staff employed by the Service.

The main objectives of the Ghana Health Service is to implement approved policies for health delivery in the country, increase access to improved health services and manage prudently, the resources available for provision of health services. For the purpose of achieving this objective, the following functions have been outlined for the service:

- Ensure access to health services at the community, sub-district, district and regional levels by providing health services or contracting out service provision to other recognized health care providers
- Manage and administer health institutions within the Service
- Promote the efficiency and advancement of health workers through in-service and continuing education.

The Governing body of the Service is the Health Service Council. The ‘Council’ consists of a chairman and eleven (11) other members who are appointed by the President in consultation with the Council of State (Act 525).

3.7. Research Design

In addressing the problem of perceived negative staff attitude towards patients/clients in GHS facilities in West Akim municipal area, the researcher made use of primary data collected from administering the questionnaires. Information gathered was analyzed and the results discussed to ascertain the relationship between the level of job satisfaction and staff attitude towards clients in GHS facilities in the West Akim municipality of Ghana. The case study approach was chosen on the basis that it allows for an in-depth study of a phenomenon as compared to other research designs (Saunders et al., 2000). The case study approach was also used because it was not feasible to capture every unit in the Ghana health sector.

3.8. Research Area

The study was limited to the Eastern Region, specifically the West Akim Municipal Area, due to time available and financial constraints. The West Akim Municipality was chosen because the area is representative of whatever situation is prevailing in the health sector in the country.

3.9. Research Population

The population for the study was made up of the employees of the Ghana Health Service in the West Akim municipality. The municipality was chosen primarily because of its sensitivity and importance in matters of national development. The municipality has also recorded low percentage on client satisfaction survey in recent times in the area of Staff Attitude even though Health Sector Salary Structure that was intended to address this

problem has been in place for the past three years which suggests that there is an underlying problem that must be investigated.

3.10. Sampling

A total of 100 respondents were sampled for the study. Random sampling was used in administering the questionnaires. The sample was chosen from the public health facilities in the West Akim municipal area namely: Asamankese Government Hospital, Adeiso and Osenase Health Centres

3.11. Data Collection

The data for the study was collected using questionnaires. The questionnaires were structured in order to make the analysis simpler and less prone to errors and were designed in line with the five-point Likert scale. Respondents were asked to answer each question in terms of degree of agreement or disagreement, satisfaction or dissatisfaction, with 1 indicating very satisfied or strongly agreed through to 5, which means very dissatisfied or undecided (see appendix A for sample of questionnaire). The questionnaires also sought to elicit information on job attitudes, the relative importance of the job satisfaction and attitude factors in line with work, the intention to quit jobs and the factors for quitting jobs.

3.12. Data Analysis and Presentation

The data was analyzed using the Statistical Package for Social Sciences (SPSS). The SPSS was chosen due to its simplicity and user-friendliness. The use of this software was

also to reduce the number of errors likely to be made if the data were analyzed manually. The results were presented using frequency distribution tables, descriptive statistics and percentages to ensure clarity.

3.13. Conclusion

This chapter describes the profile of West Akim Municipality and the methodology used for the study. It has also stated the population and sample size as well as how data collected was analysed.



CHAPTER FOUR

ANALYSIS AND DISCUSSION OF FINDINGS

4.1. Introduction

This chapter presents an analysis of the research data and discussion of the findings. The first part of the chapter deals with the demographic characteristics of the respondents while the second part deals with characteristics of individuals who were interviewed on the job and organizational characteristics in relation to job satisfaction and staff attitude in the GHS institutions in the West Akim municipality. Graphs and pie charts have been used to depict some of the responses from the field data.

4.2. Demographic Distribution of Respondents

In all, hundred (100) questionnaires were administered and out of this, ninety (90), which represents a ninety percent (90%) response was achieved. The respondents were made up of thirty-eight (38) males and fifty-two (52) females with their corresponding percentages (see Table 4.1).

Table 4.1: Gender Distribution of Respondents in West Akim Municipality

Component	Variable	Frequency	Percentage
Gender	Male	38	42.2
	Female	52	57.7

Source: Field Data, March 2009

Table 4.2: Age Distribution of Respondents in West Akim Municipality

Component	Variable	Frequency	Percentage
Age	20 - 29 years	29	32.2
	30 - 39 years	16	17.8
	40 - 49 years	21	23.3
	50 - 59 years	23	25.6
	60 and Above	1	1.1

Source: Field Data, March 2009

The age distribution of the ninety (90) respondents are shown in table 4.2: twenty-nine (29) respondents, representing 32.2% were between the ages of 20-29 years; sixteen (16), representing 17.8% were between the ages of 30-39 years; twenty-one (21), representing 23.3%, were between the 40-49 years age group while the 50- 59 years recorded a total of 23 respondents, representing 25.6%. Finally, sixty (60) years and above recorded one (1) respondent, representing 1.1%

Table 4.3: Level of Education of Respondents in West Akim Municipality

Component	Variable	Frequency	Percentage
Level of Education	Secondary	6	6.7
	Polytechnic	11	12.2
	Nursing Training	55	61.1
	University	7	7.8
	Postgraduate	1	1.1
	Others	10	11.1

Source: Field Data, March 2009

Six (6) of the respondents, representing 6.7% indicated they attended secondary school, eleven (11) of them representing 12.2% completed polytechnic, fifty-five (55) of the respondents representing 61.1% attended nursing training. Seven of the respondents (7), representing 7.8% were university graduates, one (1) respondent, representing 1.1% holds postgraduate degree while ten (10) respondents, representing 11.1% were others. The level of education of ninety (90) respondents is shown in table 4.3 above.

Table 4.4: Level of Rank of Respondents

Component	Variable	Frequency	Percentage
Level of Rank	Senior Level	9	10
	Middle Level	51	56.7
	Lower Level	28	31.1
	Other	2	2.2

Source: Field Data, March 2009

Level of ranks of the ninety (90) respondents is shown in table 4.4 above. Nine (9) of the respondents, representing 10% of the population, indicated they were senior level managers; fifty-one (51) of respondents, representing 56.7% were middle level managers. Twenty-eight (28) of them said they were lower level. The remaining respondents of two (2) representing 2.2% belong to others.

Table 4.5: Years of Service in the Municipality

Component	Variable	Frequency	Percentage
Years of Service	1 – 5 years	53	58.9%
	6 - 10 years	20	22.2%
	Above 10 years	17	18.9%

Source: Field Data, March 2009

In terms of years of service, fifty-three (53) respondents (58.9%) had been in the municipality between 1-5years, twenty (20) of them representing (22.2%) had been working in the municipality for 6 – 10years. Finally, seventeen (17) of the respondents (18.9%) had been in the municipality for 10years and above as indicated on table 4.5 above.

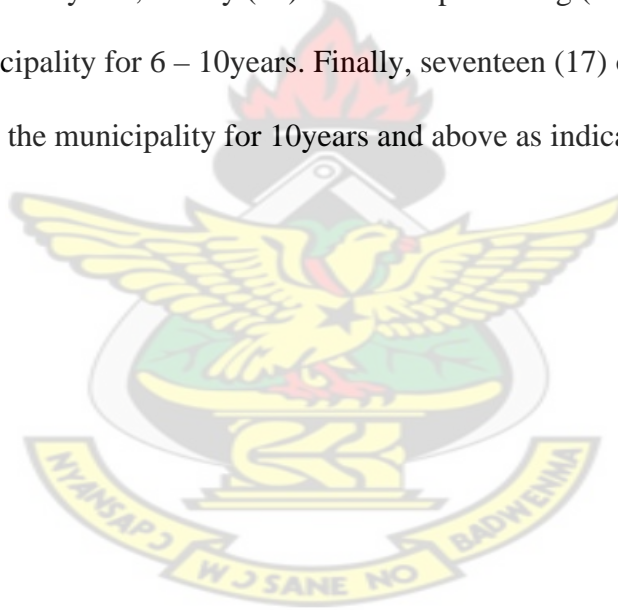
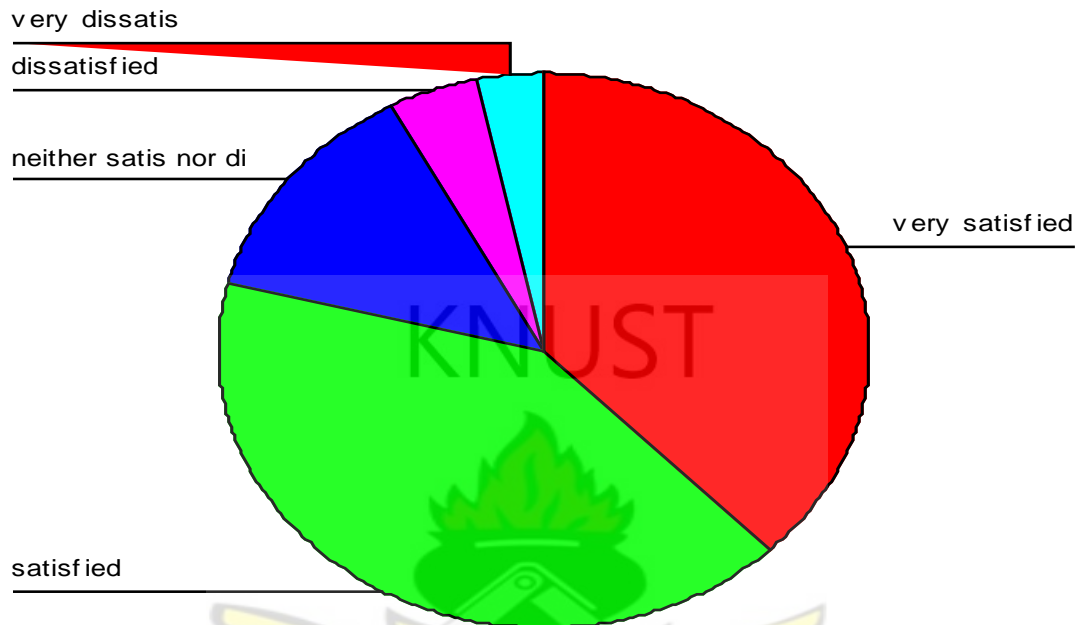


Figure 4.1: Overall Satisfaction with Personal Career Growth at the Institutions



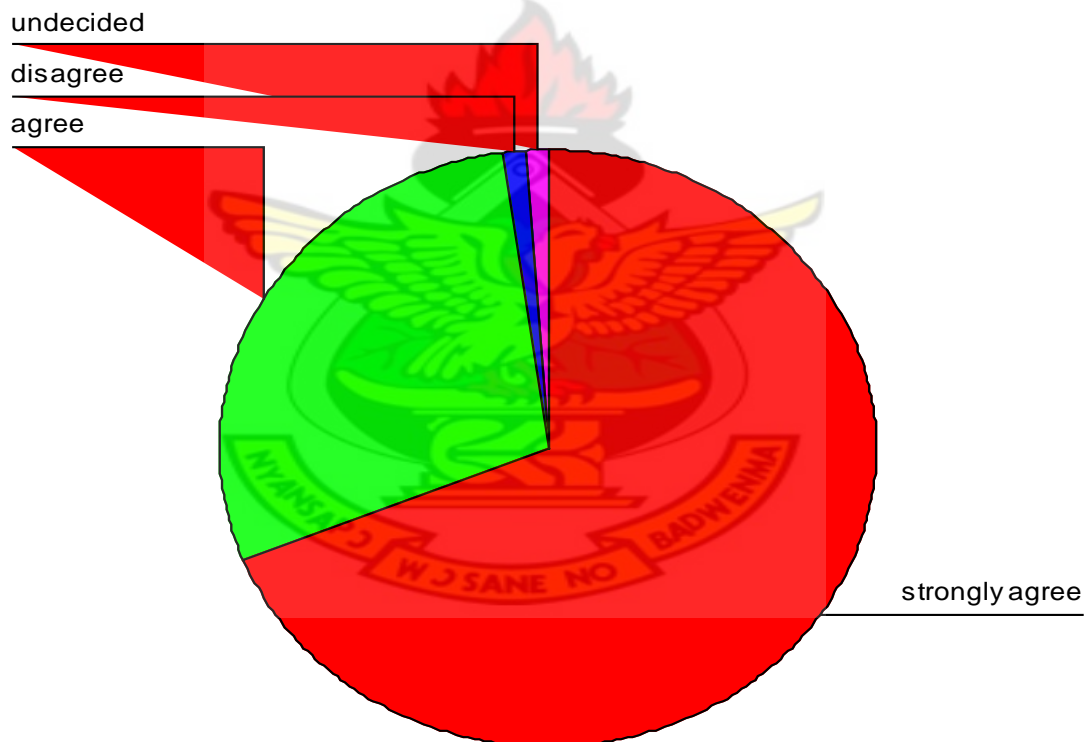
Source: Field Data, March 2009.

With respect to the overall satisfaction with the personal career growth at various public health intitutions in the municipality, thirty-four (34) representing 37.8% said they were very satisfied. Thirty-seven (37), representing 41.1% said they were satisfied, twelve (12) representing 13.3% said they were neither satisfied nor dissatisfied, four (4) representing 4.4% said they were dissatisfied. The remaining three (3) representing 3.3% said they were very dissatisfied. This is dipicted in figure 4.1. above.

On how they see their jobs contributing to the success of their respective institutions, sixty-two (62) respondents representing 68.9% strongly agreed to this statement. Twenty-

six (26) of them representing 28.9% were in agreement with the statement, one (1), representing 1.1% disagreed with the statement while the remaining one (1) representing 1.1% was undecided. This is shown in figure 4.2. The figure is also an indicative of the fact that majority of the staff (41.1%) were satisfied with their personal career growth at the institutions and therefore dissatisfaction or satisfaction might not be responsible for the negative staff attitudes.

Figure 4.2: Jobs Contributing to Success of Institutions

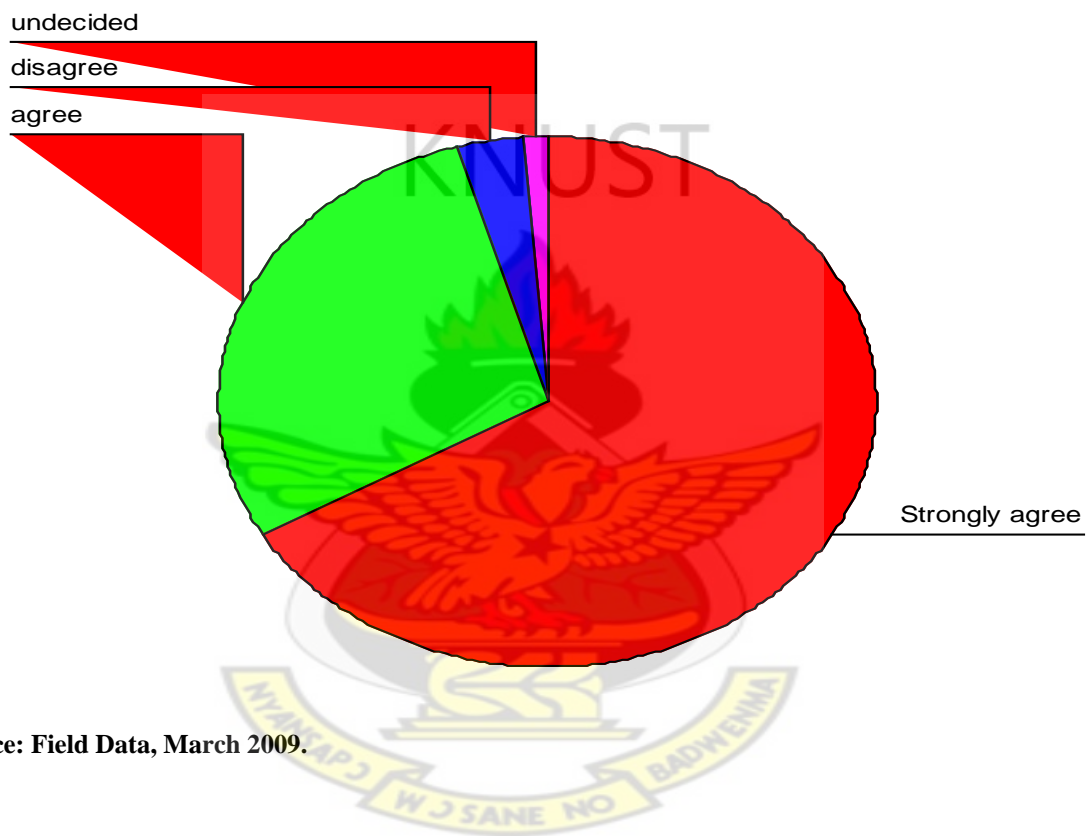


Source: Field Data, March 2009

Regarding how meaningful they see their jobs in terms of meeting health goals of the municipality, sixty (60) respondents representing 66.7% said they strongly agreed with

the statement. Twenty-six (26) respondents representing 28.9% agreed with the statement, three (3) representing 3.3% disagreed with the statement while one (1) respondent, 1.1% was undecided. This is shown in figure 4.3.

Figure 4.3: Job Meaningful in Terms of Meeting Municipal Health Goals

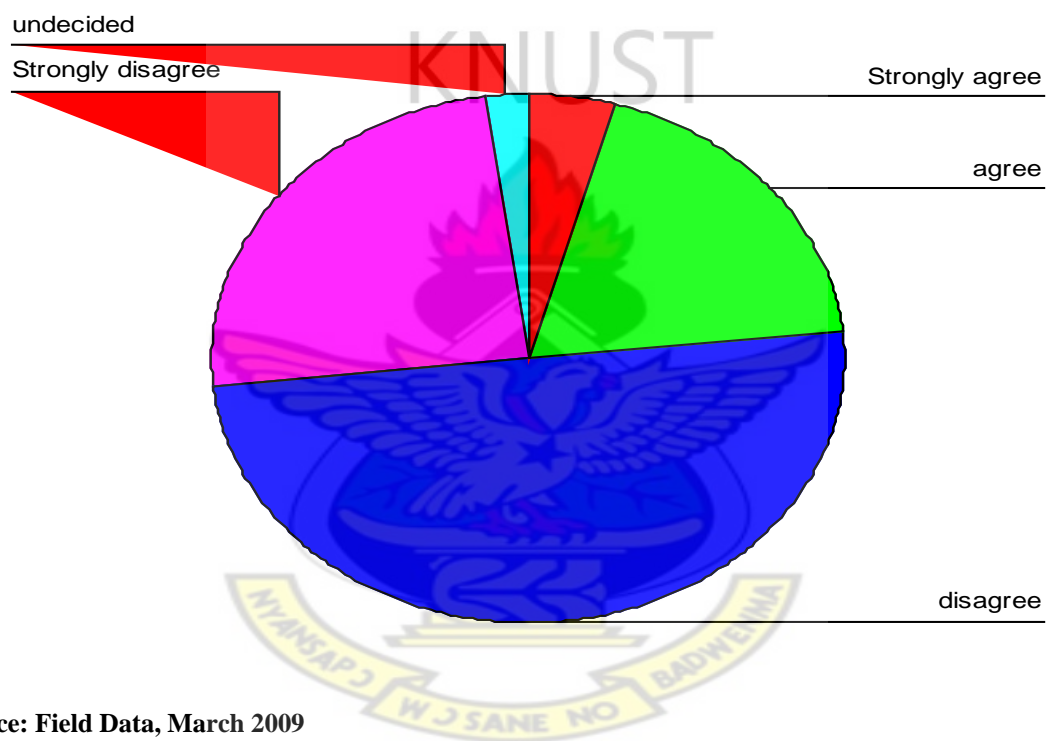


Source: Field Data, March 2009.

On the intitutions offering excellent benefits (non-salary) for its employees, four (4) respondents representing 4.4% strongly agreed with the statement; seventeen (17) representing 18.9% said they were in agreement with the statement. Forty-five (45) respondents, 50% disagreed with the statement, twenty-two (22) representing 24.4% strongly disagreed with the statement while the remaining two (2) respondents representing 2.2% were undecided.

There is strong indication here that majority of staff of GHS at West Akim municipal area 74.4% strongly disagreed or disagreed with the statement that the institutions offers excellent benefits (non-salary) for its employees which might relate to negative staff attitude. This is depicted in figure 4.4. below.

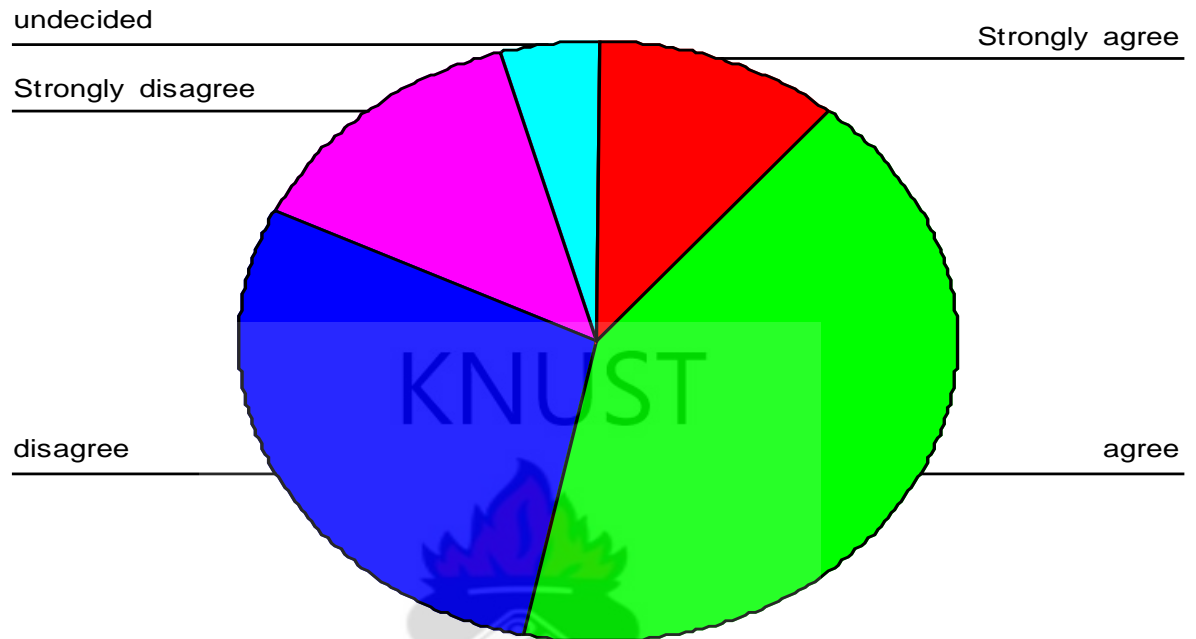
Figure 4.4: Institutions Offering Excellent Benefits (Non-salary) for its Employees



Source: Field Data, March 2009

As regards how equitably their salaries reflect their grades and job performances, ten (10) respondents representing 11.1% strongly disagreed with the statement; thirty-eight (38) 42.3% respondents said they were in agreement with the statement. Twenty-six (26) of them representing 28.9% disagreed with the statement, twelve (12), representing 13.3% strongly disagreed with the statement while the remaining four (4), 4.4% were undecided. The response is shown in figure 4.5.

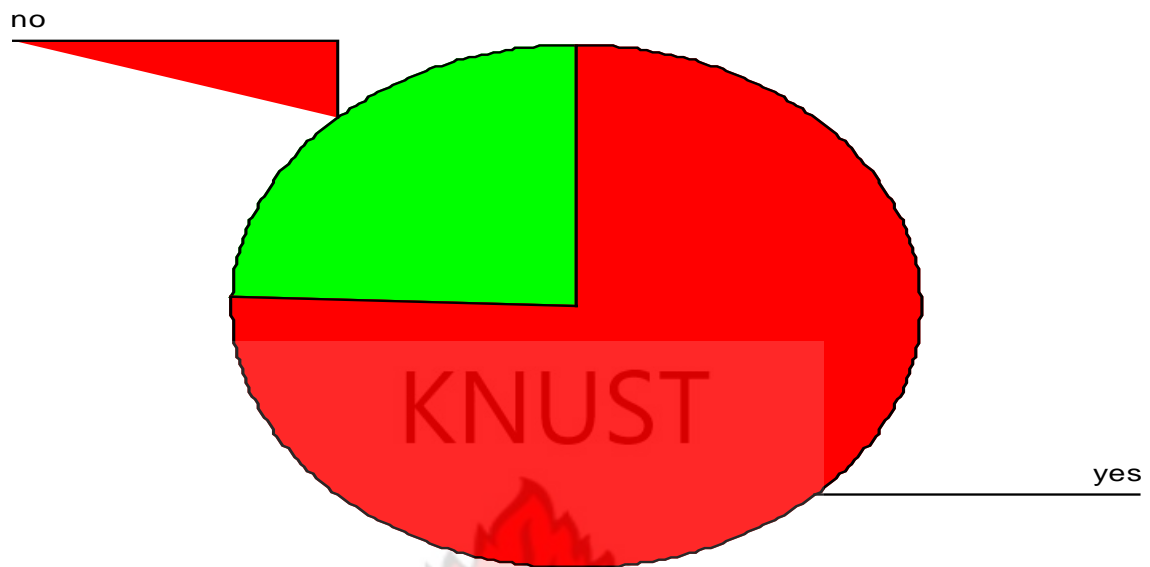
Figure 4.5: Salary Equitably Reflects My Grade & Work Performance



Source: Field Data, March 2009

It is also clear from the response gathered in figure 4.5. that majority of the staff (42.3%) agreed with the statement that their salaries equitably reflects their grade and work performance. It can therefore be concluded that equitable salary as a reflection of grade and work performance cannot influence the perceived negative attitude from staff of GHS in West Akim municipal area.

Figure 4.6: Health Workers Sometimes Getting Angry with patients



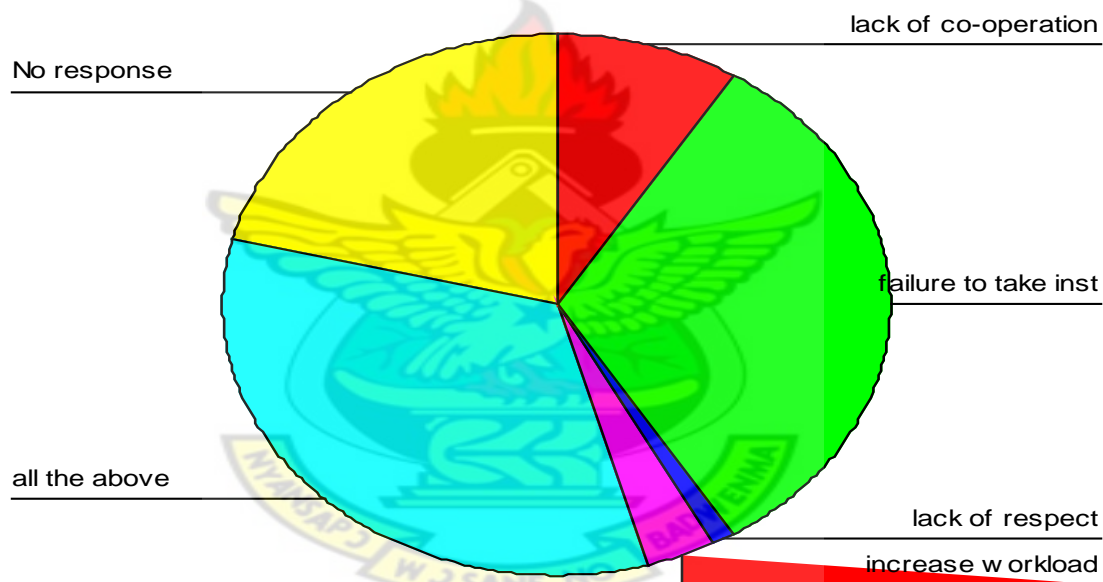
Source: Field Data, March 2009

When asked whether they sometimes get angry with the patients/clients, sixty-eight (68) representing 75.6% of the respondents said yes and the remaining twenty-two (22) respondents, 24.4% said no indicating that majority of health workers sometimes vent their anger on patients/clients. This is shown in figure 4.6. above.

Probing further to know what might have been responsible for such behaviour, the following responses emerged. Eight (8) of the respondents representing 8.9% said lack of co-operation from patients/clients make them angry, twenty-nine (29) representing 32.2% attributed their anger to failure to take instructions by patients/clients. One respondent representing 1.1% said lack of respect make him/her angry; three of them 3.3% said increase workload was responsible for their anger while the remaining thirty (30)

respondents representing 33.3% attributed their anger to all the above factors. Nineteen (19) respondents representing 21.1% responded no to the question as to whether they get angry sometimes with patients/clients. There is strong evidence (78.9%) that patients themselves contribute to anger of staff and in such circumstances, naturally the response from staff would be negative. This is depicted in figure 4.7. below.

Figure 4.7: Some of the Reasons Why Health Workers get Angry with Patients/Clients

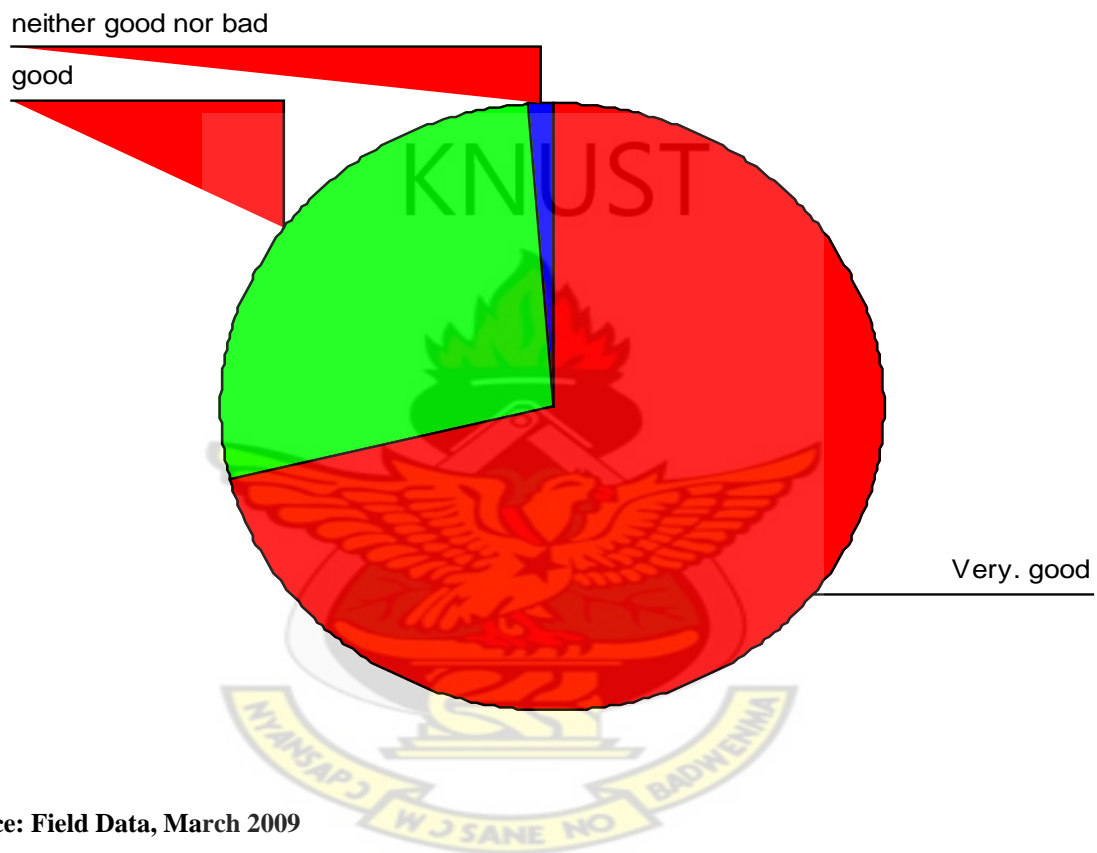


Source: Field data, March 2009

On their impression about policy interventions like free maternal care and National Health Insurance Scheme (NHIS) from the government, sixty-four (64) respondents representing 71.7% said it is very good. Twenty-five (25) of them representing 27.8%

said it is good and the remaining one, 1.1% said it is neither good nor bad. This is shown in figure 4.8.

Figure 4.8: Health Workers Impression of Policy Interventions like NHIS and Free Maternal Care

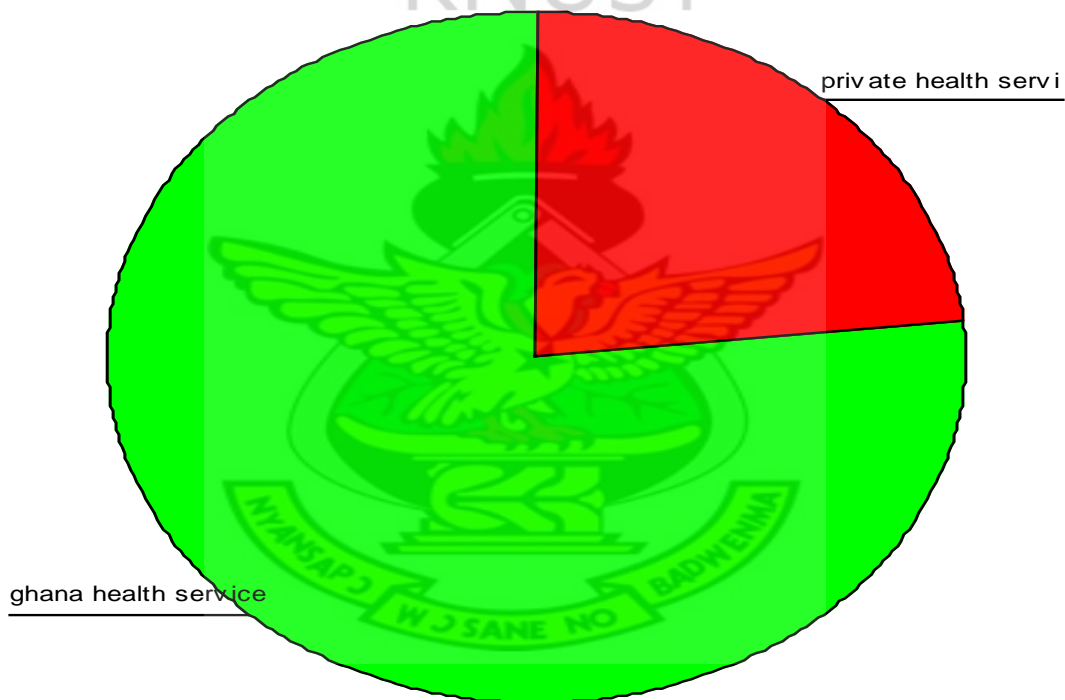


Source: Field Data, March 2009

On the rating of overall satisfaction with performance of the management staff of their respective institutions, seventeen (17) of the respondents representing 18.9% said they were very satisfied with the performance of management. Sixty-seven (67) of them representing 74.4% said they were satisfied while the remaining six (6), 6.7% said they were neither satisfied nor dissatisfied.

Finally, when asked whether they would like to switch job if they had the chance to work in a private health organisation or another institution in Ghana Health Service (GHS), twenty-one of the respondents representing 23.3% said they would like to change job if they have the chance while the remaining sixty-nine (69) representing 76.7% said they would stay with GHS which is an indication that staff were happy with GHS at West Akim municipal area. This is shown in the figure 4.9.

Figure 4.9: Health Workers to Switch Jobs if they have the Chance



Source: Field Data, March 2009

4.3. Conclusion

This chapter has analysed some of the responses from the questionnaire administered which has been presented in tables and pie charts.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1. Introduction

This chapter provides a summary of the purpose and major findings of the study, the conclusions drawn from the study as well as the recommendations made as a result of the findings of the study.

5.2. Summary

This study expands our understanding of the role played by job satisfaction in relation to staff attitude, and individual characteristics in determining the job satisfaction in West Akim municipal area. Using the data from questionnaires administered to the workers in the Health sector specifically in West Akim municipality, findings have been made from the responses. The results support the notion that pay satisfaction or increase in salaries alone is not enough to change the negative staff attitude towards clients who patronize public health facilities. Other motivational factors like promotional opportunity, personal career progression or growth at the institutions, clarity of task, skills utilization, and significance of task or job could impact positively on staff attitude.

On the issue of institutions offering excellent benefits (non-salary) for its employees, only 4.4% of the total respondents said they were in strong agreement with the statement. This means that though workers may be satisfied with the pay or salary, other benefits must also be considered. This and other contributory factors may compel some health workers to sometimes get angry with the patients. Moreover a strong organizational

commitments as well as good relationships with supervisors and co-workers have significant effects on the job satisfaction and positive attitude of Ghana Health Service employees.

5.3. Recommendations

From the study, the following recommendations are made to the health authorities for consideration:

- In the first place, the practice of using monetary factor to motivate employees in a service oriented sector like Ghana Health Service is not likely to be most effective when the practice does not relate to job satisfaction. It therefore has minimal effect on positive attitude of health staff towards clients in West Akim Municipal Area. For example, the results from this study have shown that task clarity, offering excellent (non-salary) benefit at the institutional levels and capacity or skill development are important determinants of job satisfaction. These results suggest that Ghana Health Service should work to enhance the presence of other motivational factors in designing (or redesigning) jobs for employees. To achieve this objective, Ghana Health Service should eliminate any task or job uncertainty that employees may have experienced by providing them with the necessary information about job description and what course of action should be taken to perform the tasks.
- Secondly, the results from this study showed that institutional commitment is one of the most important determinants of the job satisfaction and positive attitude of

employees in public health institutions in West Akim municipality. This assertion is based on the fact that the low level of satisfaction within the Ghana Health Service culminated in an overwhelming response rate of health workers sometimes getting angry with patients/clients. These results clearly suggest that Ghana Health Service should recognize the critical component of employees' job satisfaction in relation to their negative attitude toward the clients. To foster such commitment, Ghana Health Service should share a clear sense of goals with employees by allowing them to become part of the process for developing institutional goals. This allows employees to internalize and accept these goals. Consequently, employees will have greater job satisfaction and behave better towards clients.

- Thirdly, health care managers should be made to enforce the Ghana Health Service Code of Conduct and Disciplinary Procedure that has clearly stated the misconducts and the appropriate sanctions that go with them. Non enforcement or adherence to provisions in the Code was clearly manifested when the Researcher sampled opinions of some key health managers in the municipal area. Some cited the Traditional Authorities and other influential people coming to plead for staff who are sanctioned for acting contrary to the dos and the don'ts of the Code. Because of such behaviours, some staff violates the Code with impunity and are not punished thereby culminating in breakdown of discipline in some situations. Some managers believe that strict application of the Code of Conduct and Disciplinary Procedures including dismissing recalcitrant staff would ensure discipline and compliance and eventually lead to positive staff attitude towards

clients. It was also clear that managers do not document offences which accounted for the inability to act decisively when it matters most.

- Among other recommendations, the institutions need to empower their employees by building and maintaining an environment that fosters employees' commitment toward the Service. By doing so, everyone in the organization will aim at the same goals and clearly understand where they will fit in and how they will contribute to Ghana Health Service targets. The process of building such commitment can be time-consuming. However, institutions perform much better when everyone shares a sense of coherence with the institution and work toward the same mission.

5.4. Conclusion

From the organizational viewpoint, some important implications can be drawn from this study. First, the results have shown that offering excellent benefit (non-salary) for its employees by the institutions is primarily a function of job satisfaction which translates into positive attitudes towards clients. Consistent with structural theories, these results suggest that the attitude of health sector employees in West Akim depends primarily on job satisfaction derived from performing specific tasks contained within the organization, rather than characteristics of individuals occupying the jobs.

Furthermore, the results from this study show that not only pay or salary should be considered, but also the broader organizational context that surrounds jobs, such as co-worker and supervisory relationships, career progression, and other factors must be taken into account to find out how individuals are satisfied with their jobs. It can thus be

concluded that much of individuals' job satisfaction may be derived from interactions within the broader job context, and not simply from the increase in pay.

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