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## ASSESSMENT OF JOB SATISFACTION AMONG PHARMACY PROFESSIONALS IN SOUTH-WEST ETHIOPIA

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### ABSTRACT:

**Background:** Job satisfaction represents one of the most complex areas facing today's managers when it comes to managing their employees. The level of job satisfaction among pharmacy personnel is of importance because it may affect performance and retention.

**Objective:** To assess the level of job satisfaction and factors associated with it among pharmacy professionals working at selected health facilities in south west Ethiopia.

**Method:** Institutional based cross sectional study was conducted among pharmacy professionals working in selected towns, Jimma, Agaro and Limmu Genet, of Southwest Ethiopia from June 30-July 15, 2011 using self-administered semi-structured questionnaires. Statistical analysis was carried out using the Statistical Package for the Social Sciences (SPSS), version 16.0. Participants' written informed consent to participate in the study was obtained after explaining about the purpose and procedure of the study.

**Results:** Out of 97 pharmacy professionals included in the study, 59 (60.8%) were satisfied and 38(39.2%) were dissatisfied in their job. The major reasons reported for satisfaction were helping the needy 28(28.9%) and professional gratification 23 (23.7%). The major reasons identified for dissatisfaction were inadequate salary 24 (24.75%), poor interaction with other health care team members 15 (15.5%), lack of motivation 12 (12.4%), insufficient on service training 11 (11.34%) and poor health institution infrastructure 10 (10.31%).

**Conclusion:** More than half of the respondents were satisfied about their job which was explained by helping the needy and professional gratification. More than one third of the participants were dissatisfied mainly due to inadequate salary and lack of adequate interaction with other health care team member. Thus, policy makers and health service managers should act in order to improve the quality and quantity of health care services.

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**INTRODUCTION:** The term job satisfaction refers to the attitude and feelings people have about their work. Positive and favorable attitudes towards the job indicate job satisfaction. Negative and

unfavorable attitudes towards the job indicate job dissatisfaction<sup>1</sup>.

Research has demonstrated the importance of job satisfaction to an organization in terms of its positive relationship with individual performance, productivity, employee relations, physical and mental health and life satisfaction<sup>2,3</sup>.

Job satisfaction is the collection of feeling and beliefs that people have about their current job. People's levels of degrees of job satisfaction can range from extreme satisfaction to extreme dissatisfaction<sup>4</sup>. Job satisfaction is a complex and multifaceted concept which can mean different things to different people. Job satisfaction is more of an attitude, an internal state. It could, for example, be associated with a personal feeling of achievement, either quantitative or qualitative<sup>5</sup>.

Human resources are at the very heart of a health system. Health systems cannot function effectively without sufficient numbers of skilled, motivated and supported health workers<sup>6</sup>. Job satisfaction is inextricably linked to motivation, and both involve cognitive, affective, and behavioral processes, with worker motivation commonly understood as the reason why workers behave as they do towards achieving personal and organizational goals. Neither job satisfaction nor motivation is directly observable, but both have been identified as critical to the retention and performance of health workers<sup>7</sup>.

Job satisfaction was viewed as an important indicator of staff turnover and retention. Factors identified as increasing pharmacist retention in the United States were good salary, good relationships with co-workers and flexible schedules. Factors increasing staff turnover included high stress, insufficient or unqualified staff and poor salary<sup>8</sup>.

According to the study conducted in US, most respondents were satisfied with their positions, with 68% "more" satisfied and 32% "less" satisfied. Pharmacists in independent and inpatient hospital pharmacies reported the highest rates of satisfaction (80% and 78%, respectively) while pharmacists in chain pharmacies reported much lower rates of satisfaction 53% than those in all other settings ( $P < 0.05$ ) and were 66% less likely to be satisfied than those in independent pharmacies<sup>9</sup>.

In contrary, a study conducted in Great Britain concerning the link between job satisfaction and intentions to quit the profession, pharmacists appeared to be satisfied with their work, although female pharmacists were more satisfied than their male counterparts. Pharmacists working in the community sector were less satisfied than those in other sectors. Salary was consistently ranked as one of the aspects of their work that pharmacists found least satisfying, regardless of age, sex, or sector of practice. Strength of desire to practice pharmacy was a predictor of both job satisfaction and intentions to quit pharmacy<sup>10</sup>.

A study conducted in china on job satisfaction among young hospital pharmacist showed that, about 90% of respondents were satisfied with their working environment, utilization of skills, and promotion. Almost all young hospital pharmacists were satisfied with his/her supervisors, coworkers and workload. However, only about 76% of young hospital pharmacists were satisfied with their work pay and their job satisfaction was decreased as the age increased ( $p < 0.05$ )<sup>11</sup>.

Health worker motivation reflects the interactions between workers and their work environment. Because of the interactive nature of motivation, local organizational and broader sector, policies have the potential to affect motivation of health workers either positively or negatively, and as such to influence health system performance. Yet little is known about the key determinants and outcomes of motivation in developing and transition countries<sup>12</sup>.

A key constraint to achieving the millennium development goals (MDGs) is the absence of a properly trained and motivated workforce. Loss of clinical staff from low and middle-income countries is crippling already fragile health care systems. Health worker retention is critical for health system performance and a key problem is how best to motivate and retain health workers<sup>13</sup>.

At the heart of each country's health system, health workers Struggle to provide high-quality care to growing patient loads in increasingly challenging working conditions. In developing countries, especially in sub-Saharan Africa, pharmacists were facing shortages of supplies, poor compensation, inadequate management systems, and heavy workloads. Job satisfaction among employees is an

indicator of organizational effectiveness, and is influenced by organizational and dispositional factors<sup>14,15</sup>.

In Southwest Ethiopia, there was no study done addressing job satisfaction of pharmacy professionals, which is a vital for health care system quality improvement and achieving definite outcome of the patient in the health institution. Thus, the aim of this study is to assess the level of job satisfaction and factors associated with it among pharmacy professionals working at selected health facilities in south west Ethiopia.

**MATERIALS AND METHOD:** Health facility based cross sectional study was conducted in three selected towns of Southwest Ethiopia: Jimma, Agaro, and Limmu Genet towns, on drug dispensers working at health facilities from Jun 30-July 15, 2011. The total population of the three towns were 179,222 and the total number of pharmacy professionals (druggists and pharmacists) working both in the private and public health institutions in the study area were 102, with pharmacy professional to population ratio of 1:1757 in this specific study area. All pharmacy professionals who were available at each health facility during data collection period were included in the study.

The questionnaire was prepared in simple English to make it clear and easy to understand. Adequate instruction was included in the first page of the questionnaire. Data was collected using a semi-structured and self-administered questionnaire prepared in English. The questioners include socio-demographic characteristics of study participants, satisfaction/dissatisfaction to their work and reasons for dissatisfaction. The collected data was sorted and categorized by compilation of the questionnaire and it was analyzed using SPSS version 16 statistical software and presented using tables and figures.

The authors defined the following terms for the ease of understanding of this research work: Druggist as a diploma holder person in pharmacy licensed to prepare, and dispense drugs upon written order (prescription) from a licensed practitioner such as a physician, dentist, health officers and nurses. Health personnel as men and women health professionals working in the provision of health services. Independent pharmacies are pharmacist-owned, privately-held businesses in varying practice settings.

In-patient pharmacy is the main primary unit which supplies drugs to patients in the wards and specialized clinics in the hospitals.

Job satisfaction is a state of being satisfied by individuals for opportunities that he/she achieves success in his/her life. Motivation is internal and external factors that stimulate desire and energy in people to be continually interested in and committed to a job, role, or subject, and to exert persistent effort in attaining a goal. Pharmacist is degree holder person responsible to prepare, formulate, dispense, and provide clinical information on drugs or medications to health professionals and patients. Professional gratification is pleasure, especially when gained from the satisfaction of a desire. Psychometric scale is a scale used for the measurement of psychological variables such as intelligence, aptitude, and personality traits.

Drug dispensers is pharmacist, druggist or pharmacy technician who is responsible to prepare, formulate, compound, and dispense drugs to clients with appropriate drug related information.

Before the data collection an official letter from department of pharmacy was written to the responsible body of the study areas (Jimma, Agaro, and Limmu Genet) town health offices. To get written consent, a brief explanation about the objective of the study was given to the study participants and their willingness was asked before administering the question. Those who refuse to participate in the study were excluded.

**RESULTS:** A total of 97 drug dispensers (63 druggists and 34 pharmacists) working in public and private health facilities of selected towns of Southwest Ethiopia were included in the study. Majority 72(74.2%) of the participants were males, and 25(25.8%) were females. Most 63(64.9%) of the participants were between age groups of 24-35 years. Of those drug dispensers involved in the study 63(64.9%) were druggist and 34(35.1%) were pharmacists.

Regarding their ethnicity, 52(53.6%) were Oromo and 23(23.7%) were Amhara. Concerning marital status of the respondents 58(59.8%) were single, 38(39.2%) were married and only 1(1%) was divorced. Of the total respondents 36 (37.1%) were orthodox, 29(29.9%) were protestant, and 28(28.9%)

were Muslims in their religion. More than two thirds 71(73.2%) of the participants were working in private health facilities.

More than two third of the participants 66(68%) served for 1-5 years and only 3(3.1%) of the participants served for over 15 years. More than one third 36(37.1%) of the participants' monthly salary was greater than 2300 Ethiopian birr and relatively few participants, 8(8.2%) got monthly salary between 1800-2300 Ethiopian birr (table 1).

Considering the working position, 57(59%) of respondents claimed their job satisfaction in the working position by responding either strongly agree or agree with satisfaction level. With regard to working environment 61(63%) of the study population claimed their job satisfaction with a satisfaction level of strongly agree and agree in the working environment where they were working and 79%(77) of respondents claimed either strongly

agreed or agreed with satisfaction in their profession (table 2).

**TABLE 1: SOCIO-DEMOGRAPHIC CHARACTERISTICS OF DRUG DISPENSERS IN SELECTED TOWNS OF SOUTH WEST ETHIOPIA. JUNE 30-JULY 15 2011**

Variables	No	%
<b>Age group in Year</b>		
<24	18	18.6
24-35	63	64.9
>35	16	16.5
Total	97	100
<b>Sex</b>		
Male	72	74.2
Female	25	25.8
Total	97	100
<b>Monthly income (Ethiopian Birr)</b>		
800-1300	41	42.3
1300-1800	12	12.4
1800-2300	8	8.2
>2300	36	37.1
Total	97	100

1Ethiopian birr= 17.0631 US dollar

**TABLE 2: GENERAL SATISFACTION OF DRUG DISPENSERS WITH THEIR WORKING POSITION, ENVIRONMENT, AND PROFESSION IN SOUTH WEST ETHIOPIA JUNE 30-JULY15 2011**

Variables	No	%	
Working position	Strongly agree	14	14.4
	Agree	44	45.4
	Disagree	26	26.8
	Neither agree nor disagree	4	4.1
	Strongly disagree	9	9.3
Working environment	Strongly agree	11	11.3
	Agree	50	51.5
	Disagree	27	27.8
	Neither agree nor disagree	1	1.0
	Strongly disagree	8	8.2
Profession	Strongly agree	21	21.6
	Agree	56	57.7
	Disagree	12	12.4
	Neither agree nor disagree	4	4.1
	Strongly disagree	4	4.1

As far as general satisfaction in their job is concerned, 59(60.8%) of the respondents were satisfied with their job. And from these 6(6.2%) were working in hospitals, 4(4.1%) were working in health centers, and the majority 49(50.5%) were working in private health facilities. Level of job satisfaction shows that the majority of respondents 26(26.8%) were highly satisfied and 25(25.8%) of the respondents were with medium level of satisfaction (figure 1).



**FIGURE 1: LEVEL OF JOB SATISFACTION OF DRUG DISPENSERS IN SELECTED TOWNS OF SOUTH WEST ETHIOPIA. JUNE 30-JULY 15 2011**

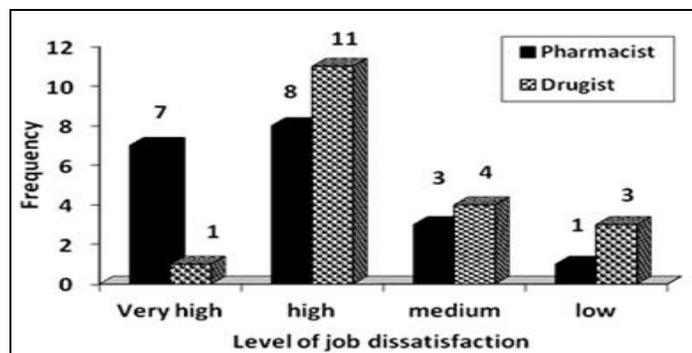
In this study, 59(60.8%) of the respondents were satisfied with their job. The major factors mentioned for satisfaction were: satisfaction in helping the needy 28(28.9%) and professional gratifications 23(23.7%) accounts the highest score (**table 3**).

**TABLE 3: FACTORS CONTRIBUTING FOR JOB SATISFACTION OF DRUG DISPENSERS WORKING IN SELECTED TOWNS OF SOUTH WEST ETHIOPIA, JUNE 30-JULY 15 2011**

Factors for satisfaction	No	%
Satisfaction in helping the needy	28	28.9
Professional gratification	23	23.7
Professional gratification and helping the needy	2	2.1
Job security	2	2.1
Salary	1	1
Availability of in service training	1	1
Professional gratification and salary	1	1
Satisfaction in helping the needy and salary	1	1
<b>Total</b>	<b>59</b>	<b>60.8</b>

With regard to job dissatisfaction, 38(39.2%) of respondents were [claimed] dissatisfied with their job. From these 19(19.6%) were pharmacist and 19(19.6%) were druggist. When we come to the distribution of level of job dissatisfaction of drug dispensers, 8(8.2%) claimed very highly dissatisfied, 19(19.6%), 7(7.2%), and 4(4.1%), claimed high, medium, and low level of dissatisfactions respectively (**figure 2**).

The major reasons mentioned for dissatisfaction among the 38 dispensers were: inadequate salary 24(24.75%), poor participation of team members 15(15.5%), lack of motivation of other members 12(12.4%), insufficient long term training 11(11.34%), poor infrastructures 10(10.31%) and poor interaction with team members 8(8.2%) were the major factors for drug dispensers job dissatisfaction (**table 4**).



**FIGURE 2: LEVEL OF JOB DISSATISFACTION OF DRUG DISPENSERS WORKING IN SELECTED TOWNS OF SOUTH WEST ETHIOPIA, JUNE 30- JULY 15 2011**

As shown in the **table 5**, concerning future plan of drug dispensers, the majority 32(33%) of respondents want to continue to work in the current health facilities, 30(30.9%) want to work somewhere else, 13(13.4%) want to ask transfer and work in other sectors, 13(13.4%) want to change their profession, 7(7.2%) want to apply for further educations and the others 2(2.1%) want to run their own business.

**TABLE 4: FACTORS FOR JOB DISSATISFACTION OF DRUG DISPENSERS WORKING IN SELECTED TOWNS OF SOUTH WEST ETHIOPIA JUNE 30-JULY 15 2011**

Factors for dissatisfaction	No.	%
<b>Problem related to human power:</b>		
Bureaucracy in further education	6	6.20
Lack of motivation	12	12.40
*Others	4	4.10
<b>Problems related to policy makers and health service managers:</b>		
Inadequate salary	24	24.75
Insufficient long term training	11	11.34
Inefficient short term training	5	5.20
Inefficient on job training	5	5.20
Insufficient resource of essential drugs	4	4.10
Insufficient resource of medical instruments	3	3.10
Poor infrastructures	10	10.31
<b>Problem related to team member:</b>		

Poor participation	15	15.5
Poor interaction	8	8.20

\*Others=lack of possibility of growth, lack of recognition, bad working conditions

**TABLE 5: FUTURE PLAN OF DRUG DISPENSERS WORKING IN SELECTED TOWNS OF SOUTHWEST ETHIOPIA, JUNE 30-JULY 15 2011**

Future plan of respondents	No	%
Continuing to work in the current place	32	33
Work in other health sector	30	30.9
Ask transfer and work somewhere else	13	13.4
Change the profession	13	13.4
Upgrading the profession	7	7.2
To run their own business	2	2.1

**DISCUSSIONS:** Health organizations are highly dependent on their workforce. The growth and development of any organization depend on the availability of an appropriate human resource. Health professionals are a strategic capital in health service organizations; where the various clinical, managerial, technical and other personnel are the principal input making it possible for most health interventions to be performed.

However, problems related with Job satisfaction represents one of the most complex areas facing today's health care managers when it comes to managing their employees<sup>16</sup>. Although thousands of papers and research have been conducted on job satisfaction all over the world, in southwest Ethiopia in particular and in the federal democratic republic of Ethiopia at large this is one of the least studied research fields.

Job satisfaction causes a series of influences on various aspects of organizational life, some of them such as the influence of job satisfaction on employee productivity, loyalty and absenteeism<sup>16</sup>. Job satisfaction is a worker's sense of achievement and success on the job. It is generally perceived to be directly linked to productivity as well as to personal well-being. Job satisfaction implies doing a job one enjoys, doing it well and being rewarded for one's efforts. Job satisfaction further implies enthusiasm and happiness with one's work. Job satisfaction is the key ingredient that leads to recognition, income, promotion, and the achievement of other goals that lead to a feeling of fulfillment<sup>17</sup>.

In this study a total of 97 drug dispensers working in public and private health facilities in the three towns of Jimma zone (Jimma, Agaro and Limmu Genet) were included. The result of this study showed that,

59(60.8%) of respondents claimed that they were satisfied with the job they were provided (figure 1). This finding is inconsistent with the study of Kebriaei and Moteghed<sup>18</sup>.

The probable reason might be people in medium income countries may expect more compared with people here in south west Ethiopia where they are better than the local residents and this might have led to the difference. The major reasons mentioned for satisfaction were: professional gratification and satisfaction in helping the needy accounts the highest score (table 3). In contrast to this, a study conducted in China showed that, the majority 473(76%) of young pharmacists were satisfied with salary they were earning<sup>11</sup>. The reason for differences in magnitude of satisfaction by salary may be due to that China has a better capacity to pay more salary than Ethiopia because China has more developed and high economic strength as compared to Ethiopia.

In contrary, 38(39.2%) of the participants were dissatisfied with their job (figure 2). The major reasons mentioned for dissatisfaction were inadequate salary and poor interaction with other health care team members. This result was consistent with a study conducted in East Ethiopia where low salary and poor infrastructure were identified as major factors for health workers job dissatisfaction and migration<sup>19</sup>.

In this study about 58(59.8 %) of study participants were satisfied with the position they were working and about half 44 (45.4%) of the participants were less satisfied (Table 2). This is consistent with a study conducted in US, which showed that 248 (68%) of the populations were more satisfied and 117 (32%) of the respondents were less satisfied with their working position<sup>20</sup>. However, most participants

were less satisfied in the current study area because of poor management, poor infrastructure, and poor interaction with co-workers in the working environment.

According to this study, about 61(62.8%) of the participants were satisfied with their working environment (Table 2). This is lower than the study from China which showed 90% of the participants were satisfied with their working environment<sup>11</sup>. Here again the probable reason may be China has good working environment as compared to Ethiopia due to good management, adequate infrastructure and tight interaction with other health care providers.

Due to poor working environment, about a third 30(31%) of study participants want to leave their current working place (Table 5). A study conducted in US showed that 15% of respondents want to leave their current employer and the remaining 85% of study population said that they intended to stay with their current employer<sup>21</sup>. The significant difference in the magnitude of the two study area was probably due to good salary, good interaction with co-workers, and good working environment in US than in Ethiopia.

In this study the majority of participants suggested that salary increment, implementation of the health care staff development policy, regular staff meeting to identify problems and find solution and good management can improve level of job satisfaction (Table 3). Similarly a study conducted in East Ethiopia revealed that good health system management and leadership in particular, improving salary, and better career development, will improve satisfaction and reduce health professional migration<sup>19</sup>. The match in these reasons indicates that poor salary and poor management might be the major factors for dissatisfaction and consequently migration of health workers in Ethiopia.

**CONCLUSIONS:** More than half of the respondents claimed satisfied about their job which was explained by helping the needy and professional gratification. More than a third of the participants were dissatisfied mainly due to inadequate salary and lack of adequate interaction with other health care team member. Thus, policy makers and health service managers should act in order to improve the quality of health care services by encouraging health professionals retention, enhancing multidisciplinary

health care team interaction and improving working environment with adequate and necessary resources.

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**Conflict of interest:** The authors declare that they did not have any conflict of interest.

## REFERENCES:

1. Armstrong M: *A Handbook of Human resource Management Practice*. Kogan Page Publishing, London, Tenth Edition 2006.
2. Koustelios A: *Personal characteristics and job satisfaction of Greek teachers*. International journal of educational management 2001; 15(7): 354–8.
3. Aksu AA and Aktas A: *Job satisfaction of managers in tourism. Cases in the Antalya region of Turkey*. Managerial auditing journal 2005; 20(5): 479–88.
4. George JM and Jones GR: *Understanding and Managing Organizational behavior*. Pearson/Prentice Hall, New Jersey, Fifth Edition 2008.
5. Mullins JL: *Management and organizational behavior*. Pearson Education Limited, Essex, Seventh Edition 2005.
6. Chen L et al, ed. *Working Together for Health: The World Health Report*. Geneva, World Health Organization, 2006.
7. David H: *Job satisfaction and motivation of health workers in public and private sectors; cross sectional analysis from two Indian states*. Human resource for health; 2010, 8(27): 1478-4491.
8. Nicola H: *The global pharmacy work force: Systematic review of the literature*. Human resource for health 2009; 7(48): 1478-4491.
9. Elizabeth S: *Exploring the relationship between pharmacist job satisfaction, intention to quit the profession, and actual quitting*. Research in Social and Administrative pharmacy 2009; 5(2): 121-32.
10. Manuel J: *Pharmacists' Sources of Job Satisfaction: Inter-Gender Differences in Response*. American Journal of Pharmaceutical Education 2000; 64(1):420-425.
11. Duan J: *Survey of career identity and job satisfaction among young hospital pharmacists in Guangdong province, China*. African Journal of Pharmacy and Pharmacology 2011; 5(3): 386-392.
12. Franco L: *Determinants and consequences of health worker motivation in hospitals in Jordan and Georgia*. Social science and medicine 2004; 58(2): 343-355.
13. Mischa W: *Motivation and retention of health workers in developing countries; a systematic review*. Biomed central Health service research 2008; 8(247): 1472-6963.
14. Amy H: *Job satisfaction and morale in the Uganda health work force*. Health affairs 2011; 28(5): 865-875.

15. Rothman S: *The relationship between personality dimensions and job satisfaction*. Business dynamics 2002; 11(2): 29-42
16. Aziri B: *Job Satisfaction: A Literature Review*. Management Research and Practice 2011; 3(4): 77-86
17. Kaliski BS: *Encyclopedia of Business and Finance*. Thompson Gale, Second edition, Detroit, 2007:446.
18. Kebriaei A and Moteghedi MS: *Job satisfaction among community health workers in Zahedan District, Islamic Republic of Iran*. Eastern Mediterranean Health Journal 2009; 15(5): 1156 -1163.
19. Jundi A: *Assessment of the magnitude, patterns and determinant factors of health worker migration from the public health sectors: a descriptive case study in East Hararghe zone of Oromiya, Eastern Ethiopia*. A thesis of graduate studies, Addis Ababa University, Addis Ababa, Ethiopia 2008.
20. Vittorio M: *Pharmacists' job satisfaction; variation by practice settings*. Pharmacy and Therapeutic 2004; 29(3): 184-90.
21. Caroline A: *Should I Stay or Should I Go. The Influence of Individual and Organizational Factors on Pharmacists' Future Work Plans*. Journal of the American Pharmacists Association 2007; 47(2): 165-173.

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