

Original Research Article

Pay satisfaction among doctors and nurses in a tertiary hospital in South-South Nigeria

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Received: 25 May 2021

Revised: 15 June 2021

Accepted: 16 June 2021

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ABSTRACT

Background: Employee pay is an important area in human resources management which influences individual behaviour including absenteeism in organizations. Pay satisfaction is a primary concern to employees because of its importance in satisfying their economic needs. The research was conducted to determine the occurrence and factors affecting employee pay satisfaction among doctors and nurses working in a tertiary hospital.

Methods: A descriptive, cross-sectional study design was used for this research on a sample of 320 doctors and nurses in a tertiary hospital that were selected using stratified sampling technique. An interviewer-administered questionnaire containing pay satisfaction details amongst others was used to collect data from the respondents. The data was analysed using statistical package for social sciences version 22 and statistical significance was set at 0.05. The results were presented in tables.

Results: The prevalence of pay satisfaction in this study was 16.9%. Specifically, monthly earning ($p=0.003$) and job category ($p=0.008$) were found to be significantly associated with pay satisfaction.

Conclusions: This study showed that the prevalence of respondents that were satisfied with their pay was low. There is need to apply practical measures that will improve pay satisfaction among doctors and nurses so as to improve productivity in the health sector.

Keywords: Pay satisfaction, Doctor, Nurses, Employees' compensation

INTRODUCTION

The health care industry is a beehive of activities and amongst them all is the care for life. Reliable and quality health care is very important and is dependent on the performance of health care professionals. Health care professionals experience higher than average levels of occupational stress which should be commensurate with their earnings, failure of which results to pay dissatisfaction.¹

Pay satisfaction is an important area in human resources management and influences individual behaviour including absenteeism and poor productivity in

organizations.² For employees, pay is of obvious importance in terms of satisfying their economic needs and is an outcome of a contractual agreement with their employers to offer their human services in exchange for some forms of "reward" usually wages or salaries.³ Employee performance and productivity are enhanced by pay satisfaction as it creates the necessary incentive to the partial fulfilment of the main reason for engaging in a paid job which is the employee's ability to fulfil certain financial needs and obligations.

Pay satisfaction among health workers in Nigeria is on the decrease and is notably part of the cause of the incessant industrial actions that have plagued the country

over the last few years.⁴ These disruptions of services by healthcare workers particularly doctors and nurses have become detrimental to health consumers.

The health sector in Nigeria has faced daunting crises such as strike actions coupled with the “brain drain” of the already depleted health workforce.⁵ The effect of brain drain includes ineffective provision of medical services, training and development of future medical personnel and shortage of medical personnel which invariably places work burden on those left behind.⁶

The issues of pay satisfaction among doctors and nurses have implications for the survival of the health sector. The recipients of care are the worst hit in this balance of healthcare and this may have a bearing on the health indices of the country on a long-term basis.

Pay satisfaction or employee pay satisfaction is a measure of workers' contentedness with their wages or salary. Pay is a core component of overall job satisfaction and is multidimensional in nature. Employees care about reasonable salary mechanism, proper and consistent reward system and accessible communication channels.⁷ It can also be defined as the discrepancy between “pay that should be received” and “pay received” as a result of work done.⁸ Equity between perceptions of pay that should be received (a normative standard) and pay actually received equals pay satisfaction. On the other hand, dissatisfaction with pay results when there is disequilibrium between perception of pay that should be received and pay actually received.⁹ When employees perceive their salary is lower than the obtainable average, they are likely to experience unsatisfactory feelings, leading to certain behavioural reactions such as lowered performance and productivity, absenteeism, high turnover, desire for better pay and union action.⁸

Pay satisfaction is a multidimensional construct which can be measured with standard tools. The satisfaction with pay can be examined with the help of the four dimensions of pay namely pay level, pay raises, benefit level, and pay structure and administration.¹⁰ Pay level refers to the individual's current direct wage or salary, while pay raises refer to the individual's change in pay level. Another pay structure known as benefits is explained as the indirect pay an individual gets such as health insurance and payment for time not worked. Pay structure and administration refer to the hierarchical relationships created among pay rates for different jobs within the organization and procedures by which the pay system is administered.¹¹

Research evidence has shown that pay dissatisfaction can have important and undesirable impacts on numerous employer and employee outcomes.¹¹ Employee dissatisfaction with pay leads to decreased commitment to the job, increase stealing, and catalyse turnover while employers suffer loss both financially and numerically if they don't get decent returns on their investments.¹¹

A Nigerian study conducted in a primary healthcare centre found pay satisfaction to be 27.1%.¹² Likewise, in a study among health workers in Iran, the prevalence of pay satisfaction was 26.5%¹³ leaving a greater number unsatisfied. Similarly, a study done in a tertiary care hospital in Rawalpindi, Pakistan found that pay satisfaction was 19.1% among the surveyed health workers.¹⁴ This low prevalence was also found in a study conducted at a public hospital in Ethiopia which found pay satisfaction to be 36.5%.¹⁵

Contrastingly, a study on pay satisfaction, found that employees in public sector have greater degree of pay satisfaction compared to private sector employee.¹⁶ This means that organizations may use their pay system to motivate strategic behaviours in their workers such as aligning the interests of workers and management and improving work performance and productivity.¹⁷

Knowing that the concepts of pay and dimensions of pay satisfaction have practical implications for health care managers and human resources professionals, this study therefore aimed to determine pay satisfaction among doctors and nurses in a tertiary hospital.

METHODS

A hospital-based, cross-sectional study was conducted in October to December 2018 at the university of Port Harcourt teaching hospital, Rivers State, Nigeria, for at least one year. The sample size was calculated to be 320 using the Cochran's formula considering a 95% confidence interval and 5% relative precision. Stratified sampling technique using proportionate to size allocation was used in this study to select the respondents using a study population of 1268 (505 doctors and 763 nurses).

The inclusion criterion was all doctors and nurses who have been in the employment of the hospital for at least 1 year. Any staff on annual leave or off duty at time of administering the questionnaire was excluded from study.

The selection of the study participants was done in two stages. The first stage involved proportionate to size allocation of the sample based on the population in each of the two study groups study participants: doctors (129) and nurses (191). The second stage involved simple random sampling of study respondents in the two sub-samples using table of random numbers, according to calculated proportionate sizes.

Data was obtained using a semi-structured interviewer-administered questionnaire consisting of socio-demographic characteristics, occupational history and the validated pay satisfaction questionnaire (PSQ). The pay satisfaction was measured with the pay satisfaction questionnaire (PSQ) developed by Heneman and Schwab.¹¹ The data collected were analyzed using SPSS version 22 for windows (SPSS, Chicago, IL, USA). Bivariate analysis was performed using Pearson's Chi

square test. All statistical tests were two-tailed and results were considered statistically significant for $p \leq 0.05$.

Ethical clearance was obtained from the institutions' ethical review committee and permission to carry out this study was obtained from the management of the teaching hospital where the health workers were employed. Informed consent was obtained from study respondents.

RESULTS

The mean age in this study was 36.55 ± 7.23 years. The respondents aged 31-40 years ($n=171$; 53.4%) constituted the highest proportion while those aged 51-60 years ($n=14$; 4.4%) constituted the lowest. The females were more in proportion 236 (73.8%) compared to the males 84 (26.3%). Those who were married had the highest proportion, 188 (58.8%) while the lowest proportion 14 (4.3%) was among the separated/widowed category. The respondents within the monthly earning bracket of ₦ 50,000 to ₦ 149,000 had the highest proportion, 177 (55.3%) while 10% of them earned ₦ 350,000 and above. The respondents with a family size of ≤ 4 , had the highest proportion, 263 (73.8%) than those who had more. Those without dependents, were of a greater proportion, 203 (63.4%), than those with (Table 1).

Table 1: Socio-demographic characteristics of the respondents.

Variables	Frequency, (n=320)	Percentage (%)
Age (Years)		
21-30	75	23.4
31-40	171	53.4
41-50	60	18.8
51-60	14	4.4
Sex		
Male	84	26.3
Female	236	73.8
Marital status		
Single	118	36.9
Married	188	58.8
Separated/widowed	14	4.3
Monthly earning (₦)		
50,000-149,000	177	55.3
150,000-249,000	21	6.6
250,000-349,000	90	28.1
$\geq 350,000$	32	10
Size of family		
≤ 4	263	73.8
> 4	84	26.2
Dependants		
Yes	117	36.6
No	203	63.4

The highest proportion of respondents 117 (36.6%) had obtained their qualification five years and less. Also, 129

(40.3%) have been in medical practice for five years and less. The nurses formed the majority 191 (59.7%) of respondents. The respondents who considered changing their jobs 211 (65.9%) and expressed dissatisfaction with their current jobs 210 (65.6%) were clearly in the majority. Those who took less than one week of sick leave were the majority at 171 (53.4%) (Table 2).

Table 2: Work related characteristics of respondents.

Variables	Frequency, (n=320)	Percentage (%)
Years since qualification		
1-5	117	36.6
6-10	90	28.1
11-15	77	24.1
16-20	36	11.2
Years in practice		
1-5	129	40.3
6-10	85	26.6
11-15	72	22.5
16-20	34	10.6
Job category		
Doctor	129	40.3
Nurse	191	59.7
Days on sick off (Week)		
No days off	102	31.9
< 1	171	53.4
≥ 1	47	14.7
Satisfied with current job		
Yes	110	34.4
No	210	65.6
Considered changing job		
Yes	211	65.9
No	109	34.1

Only 54 respondents (16.9%) were satisfied with their pay while 266 (83.1%) were not satisfied with their pay (Table 3).

Table 3: Distribution of respondents satisfied with pay.

Satisfied with pay	Frequency	Percentage (%)
Yes ($\geq 72-90$)	54	16.9
No (18-71)	266	83.1
Total	320	100.0

Those that earned less than two hundred and fifty thousand naira 43 (21.7%) had a statistically significant higher proportion of pay satisfaction compared to those that earned more 11 (9.0%) (Table 4).

Nurses had a significantly higher proportion of pay satisfaction compared to the doctors (21.5% vs. 10.1%; $p=0.008$) (Table 5).

Table 4: Relationship between socio-demographic characteristics and pay satisfaction among respondents.

Variables	Satisfied with pay		Total, n (%)	χ^2	P value
	Yes, n (%)	No, n (%)			
Age (Years)					
≤40	37 (15.0)	209 (85.0)	246 (100)	2.552	0.110
≥40	17 (23.0)	57 (77.0)	74 (100)		
Sex					
Male	12 (14.3)	72 (85.7)	84 (100)	0.544	0.461
Female	42 (17.8)	194 (82.2)	236 (100)		
Marital status					
Married	26 (13.8)	162 (86.2)	188 (100)	3.013	0.083
Single/separated/widowed	28 (21.2)	104 (78.8)	132 (100)		
Monthly earning (₦)					
<250,000	43 (21.7)	155 (78.3)	198 (100)	8.681	0.003*
≥250,000	11 (9.0)	111 (91.0)	122 (100)		
Family size					
≤4	42 (17.8)	194 (82.2)	236 (100)	0.544	0.461
>4	12 (14.3)	72 (85.7)	84 (100)		
Dependants					
Yes	18 (15.4)	99 (84.6)	117 (100)	0.292	0.589
No	36 (17.7)	167 (82.3)	203 (100)		

*Statistically significant

Table 5: Work-related characteristics and pay satisfaction among respondents.

Variables	Satisfied with pay		Total, n (%)	χ^2	P value
	Yes, n (%)	No, n (%)			
Years since qualification (Years)					
≤10	31 (15.0)	176 (85.0)	207 (100)	1.507	0.220
>10	23 (20.4)	90 (79.6)	113 (100)		
Years in practice (Years)					
≤10	33 (15.4)	181 (84.6)	214 (100)	0.974	0.324
>10	21 (19.8)	85 (80.2)	106 (100)		
Job category					
Doctor	13 (10.1)	116 (89.9)	129 (100)	7.119	0.008*
Nurse	41 (21.5)	150 (78.5)	191 (100)		
Days off work (Week)					
<1	42 (15.4)	231 (84.6)	273 (100)	2.943	0.086
≥1	12 (25.5)	35 (74.5)	47 (100)		
Job satisfaction					
Yes	22 (20.0)	88 (80.0)	110 (100)	1.167	0.280
No	32 (15.2)	178 (84.8)	210 (100)		
Considered changing job					
Yes	32 (15.2)	179 (84.8)	211 (100)	1.290	0.256
No	22 (20.2)	87 (79.8)	109 (100)		

*Statistically significant

DISCUSSION

The 16.9% overall prevalence of pay satisfaction in this study was low. This may have been as a result of the perceived discrepancy between pay that was actually received and what should be received. The economic recession in the country may have contributed to this as cost of living has increased dramatically. The prevalence of pay satisfaction in this study was lower than the 26.5% and 27.1% obtained in a tertiary and primary healthcare

setting respectively.^{12,13} This wide difference could be due to the fact that healthcare workers in primary care settings are likely to be less skilled than those in tertiary settings and so will have a higher pay satisfaction compared to their colleagues in tertiary centres. A tertiary health facility is a centre for both service and training and their health workers are likely to feel less satisfied with their pay as they may compare it with referent others especially in westernized societies.

However, the low pay satisfaction rate of 19.1% found by Tasneem et al was similar to the 16.9% found in this study.¹⁴ This low pay satisfaction prevalence generally reflects the disposition of health care workers towards their pay and benefits.

Furthermore, this study found monthly earning and job category to be significantly related to pay satisfaction. Unexpectedly, pay satisfaction was higher among those who earned less and this finding was significant ($p=0.003$). This may have occurred because majority of the respondents were females (73.8%) and also young. The young are likely not to be overburdened with responsibilities while the females especially the married ones, would have financial support from their partners and so would not consider their pay as top priority.

Regarding job category, this study observed that nurses had higher pay satisfaction than the doctors and this finding was significant ($p=0.008$). This may be due to the fact that majority of nurses in this study were females and they were more likely to be content with their pay. The males being breadwinners, would more likely be dissatisfied with their pay and seek alternative sources of income.

This finding was in consonance with that of Singh et al, who observed that nurses were more satisfied with their pay because they were more concerned about the care of their patients rather than pay.¹¹ However, the finding of pay satisfaction among those who earned less in this study was at variance with the observations of Singh et al, that found the opposite.¹¹

Limitation

The cross-sectional design of this study may hinder causal inference as a time-sequence relationship cannot be determined. Also, the tendency of participants to overestimate or underestimate levels of pay satisfaction cannot be ruled out.

CONCLUSION

This study examined the occurrence of pay satisfaction and their associated factors among doctors and nurses at a tertiary health institution. However, there was limited quantitative literature in the area of pay satisfaction among doctors and nurses which suggests that this area requires further exploration. This study has given an insight into pay satisfaction among doctors and nurses and explored the factors responsible for the same. It revealed that the occurrence of pay satisfaction was low in this study specifically 16.9%.

Concerning factors affecting pay satisfaction, this study found monthly earnings and job category to be significantly associated. Doctors were found to be less satisfied with their pay compared to nurses. There may be some benefit in offering platforms that can enhance all

the aspects of pay for doctors and nurses such as bonuses and allowances. This will increase pay satisfaction and enhance job performance, with the ultimate goal of optimal work productivity.

ACKNOWLEDGEMENTS

The authors would like to thanks the doctors and nurses that took part in the study.

Funding: No funding sources

Conflict of interest: None declared

Ethical approval: The study was approved by the Institutional Ethics Committee

REFERENCES

1. Birhanu M, Gebrekidan B, Tesefa G, Tareke M. Workload Determines Workplace Stress among Health Professionals Working in Felege-Hiwot Referral Hospital, Bahir Dar, Northwest Ethiopia. *Int. J. Environ. Res. Public Health.* 2018;2018(5):40-44.
2. Bhadoria D, Singh T. Relationships of age and gender with burnout among primary school teachers. *Indian J Soc Res.* 2010;7(1):10-7.
3. Sule OE, Amuni SI, Obasan KA, Banjo HA. Wages and salaries as a motivational tool for enhancing organizational performance. a survey of selected Nigerian workplace. *Euro Economica.* 2015;34(3):14-7.
4. Bello S, Ajayi D, Asuzu M. Determinants of job satisfaction among physicians in public hospitals in Calabar, Nigeria. *J Community Med Prim Health Care.* 2018;30(2):19-33.
5. Misau YA, Al-Sadat N, Gerei AB. Brain-drain and health care delivery in developing countries. *J Public Health Afr.* 2010;8(1):18-22.
6. Adetayo J. A Study of Factors Influencing Brain Drain among Medical Personnel in Nigeria. *Nig J Health Biomed Sci.* 2010;9(1):20-4.
7. Achchuthan S, Umanakenan R. School teachers' perception towards pay satisfaction and personal characteristics: A study of Northern Province, Sri Lanka. *Global J Management Business Res.* 2014;8(4):65-77.
8. Jayeoba FI, Sholesi YO, Lawal OA. Self-Esteem, Gender, Marital Status, and Behavioral Responses to Pay Dissatisfaction. *Int J Acad Res Econ Manag Sci.* 2013;2(1):80-4.
9. Choudhury RR, Gupta V. Impact of age on pay satisfaction and job satisfaction leading to turnover intention: A study of young working professionals in India. *Management Labour Studies.* 2011;36(4):353-63.
10. Motshegwa B. Comparative analysis of teachers' perception of equity, pay satisfaction, affective commitment and intention to turnover in Botswana. *J Manag Res.* 2010;8(3):30-33.

11. Singh P, Loncar N. Pay satisfaction, job satisfaction and turnover intent. *Industrial Relations*. 2010;65(1):470-90.
12. Kadiri-Eneh N, Uzochukwu B, Tobin-West C, Azuike E. An assessment of job satisfaction among primary health care workers in Rivers State, Nigeria. *Niger J Med*. 2018;27(4):282-91.
13. Kabir MJ, Heidari A, Etemad K. Job burnout, job satisfaction, and related factors among health care workers in Golestan Province, Iran. *Electronic physician*. 2016;8(1):2924-7.
14. Tasneem S, Cagatan AS, Avci MZ, Basustaoglu AC. Job satisfaction of health service providers working in a public tertiary care hospital of Pakistan. *J Public Health*. 2018;11(1):18-22.
15. Geleto A, Baraki N, Atomsa GE, Dessie Y. Job satisfaction and associated factors among health care providers at public health institutions in Harari region, eastern Ethiopia: a cross-sectional study. *BMC research notes*. 2015;8(5):394-97.
16. Sharma RR, Sharma NP. Opening the gender diversity black box: causality of perceived gender equity and locus of control and mediation of work engagement in employee well-being. *Front Psychol*. 2015;6(3):1371-5.
17. Fapohunda TM. Women and the informal sector in Nigeria: Implications for development. *Br J Soc Work*. 2012;4(3):35-45.

Cite this article as Ozumba LN, Alabere ID. Pay satisfaction among doctors and nurses in a tertiary hospital in South-South Nigeria. *Int J Res Med Sci* 2021;9:2257-62.