

**AN EXPLORATORY STUDY ON THE PERCEPTION OF JOB
SATISFACTION AND ITS IMPACT ON HEALTH WORKERS
IN IRELAND**

BY

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ABSTRACT

The quality of life and the wellbeing of health care workers has become an intriguing and inevitable topic in the health sector today. Job satisfaction is known to be a perception that captures and defines what employees expect and what they get. This study explores job satisfaction and its impact on the health workers and patients in their care. Previous studies were reviewed preliminary to understand the issues in the research both theoretically and practically giving the researcher themes to use and a direction for the research process. Furthermore, the researcher sought to fill the gap in literature on the perception of job satisfaction and the factors that constitute job satisfaction to the Irish health labour force.

Accordingly, the study aimed at examining how job satisfaction is perceived, its impact on wellbeing, patient care and commitment and identifying the factors that influence job satisfaction. This defined the approaches used in the study. A qualitative approach was utilised through semi-structured interviews, ten (10) participants were interviewed, ranging from different categories of healthcare sector, all of whom were actively working under the governmental health agency (HSE). This was done to have an in-depth understanding of the topic and have a range of responses from different classes of workers. Interviews were recorded via Microsoft theme and thereafter transcribed. Thematic analysis was used to analyse the primary information obtained and categorised in five (5) themes which were analysed and critically discussed to suit the research objectives and literatures reviewed. Conclusions and recommendations were drawn for further research and implications for changes. In summary the research was able to answer the research question that Job satisfaction is perceived both individually and generally based on surrounding factors, and its impact could either be positive or negative.

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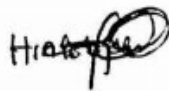
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ABBREVIATIONS

Health and Safety Executive: **HSE**

Chapter 1: Introduction

1.0 Introduction

The aim of this study is to explore the perception of job satisfaction and its impact on health workers. The purpose of the chapter is to provide an overview of the background and focus of the study. The research context and definitions give an insight to the research while highlighting the aim, objectives and the approach the study will be directed towards.

1.1 Research context

With increasing health care needs and challenges, the health workforce has been forced to deal with an ageing workforce, work dissatisfaction, high staff shortage and turnover (Lepisto, Seija, Pirjo, Paivi, Kaija, Elina and Marjo, 2017; Aiken, Clarke and Sloane, 2002; Ştefan, Popa and Albu, 2020). The dynamics of the task upon health workers, which involves saving lives, handling different health needs, dealing with daily sensitive and highly ethical decision making (Donnelly & Murray, 2016), their responsibility for individual wellbeing and existence (Ramesh & Shailaja, 2012), makes Health workers indispensable in any society or country. Defining health workers as any individual responsible for enhancing and improving health, (WHO, 2006) indicated in a report that there are unequal distribution of health worker within countries, health workers deals and operate in a highly stressful and talent competitive work environment (Aedin & Alexandra, 2020) that leads to high expectation and from patient and the society (Hee & Kamaludin, 2016; Jones, 2020) which could contribute to work productivity and retention issue. The focus on patient care while overlooking the wellbeing of caregivers, have given rise to psychological stress among hospital doctors, mental illness and turnover among the Irish health workforce (Cullen, 2019; Hayes, Prihodova, Walsh, Doyle and Doherty, 2017). Hence, it becomes imperative to discuss and evaluate Job satisfaction among Irish health workers as a result of its impact on turnover, employee engagement and productivity (Nelson & Cavanagh, 2018).

HSE (2019), the Irish health sector workforce accounts for Six (6) percent of its labour market with the HSE acting the national agency responsible for the health of its citizens, having the number of highest employer with over one twenty thousand employee (120,000), retention, organisational performance is an indispensable subject among health workers especially with the turnover rate of about 10.5% in 2019 which has financial, organisational and health implications (Phelps, 2019). Job satisfaction is used as a theme in this study to evaluate and explore issues surrounding employee wellbeing, retention, organisational performance, patient care and health care in general. Although several studies have revealed the importance of job satisfaction on workers with an exclusive focus on nurses and doctors, there is yet to be a unified standard for measuring Job satisfaction globally with few coverages on other categories of health workers, especially in Ireland. This

study seeks to explore what constitutes job satisfaction and its impact on different categories of health workers.

1.1.1 Defining and categorising health workers in Ireland

WHO (2006) defined health workers as any individual responsible for enhancing and improving the health of people in any community or society. Elflein (2019) survey gave a statistic of the six(6) categories of health care workers in Ireland: Medical and dental, Nursing and Midwifery, Health and social care professionals, management and administrative, General support, Patient and Client care, with nursing having the highest percentage with about 31%. The HSE annual report 2019 indicated that health service is the largest employer in Ireland with just under 120,000 workers. Dublin city carries the highest percentage of workers as a result of the number of the health service centre and institutions available to people with about hundred (100) Nursing homes, ten (10) hospitals and six hundred and sixty (660) health centres in Dublin excluding dental care and pharmacies (EHealthIreland, 2021), this gives an insight to the work force we are dealing with which is also determined by factors like the number of hospital beds and the services rendered in the institution. Although priority is laid on the medical professional or health worker with higher skills and abilities (Aedin & Alexandra, 2020), more responsibilities or experience (Lepisto et al, 2017), every health worker including the non-medical employees plays a great role in the success of the health care services and treatment (Monica & Renugadevi, 2020).

The high number of employees involved in the health care services reflects the importance of employee management and gives a link to why the issue of job satisfaction should be addressed and be a priority as a result of its impact on the health care system which will be discussed in the course of this study.

1.2 Research Aim

The rise in dissatisfaction, mental and psychological stress, turnover and its impact on healthcare and surrounding factors have given a rationale for this study. This study aims to explore and answer questions on Job satisfaction and its impact on Irish health workers. The objective and research question seeks to have an in-depth understanding of the topic to use finding to fill a gap in knowledge, provide enlightenment and possible recommendations.

1.3 Research Questions

How do health workers in Ireland Perceive Job satisfaction?

How does Job satisfaction impact on well-being, patient care and organisational commitment?

1.4 Research Objective

To examine the perception of job satisfaction among Irish health workers.

To determine how Job satisfaction impacts on health workers wellbeing, patient care and organisational commitment.

To identify factors that influence the perception of being satisfied.

1.5 Research Design

This research will use a Qualitative method or approach to achieve its research design, in order to have an in-depth understanding of the research topic and to answer the research questions critically. Qualitative approach uses a non-numerical form of data collection process with a framework to get valid information through personal opinions and experiences that can be used for analysis and conclusions (Punch, 2014). To explore the theme of Job satisfaction which in itself is qualitative in nature, it requires a sensitive and personal view of different categories of health workers and using this method gives a framework for getting detailed and personal opinions from people, capturing their experiences as a micro level which will aid the research objectives.

(Saunders et al, 2019) How we view and analyse the information or knowledge gotten influences the conclusion of the study, hence, this study will use interpretivism as its paradigms as a result of its nature on conceptualising, giving meaning based on narratives, perception and meaning attached to a socially constructed view or ideology. This is paramount as a result of subjectivity of the research, there is an overview of diversity in the health workforce and creating room realities, multiple meanings and interpretation help to add to the literature reviews on Job satisfaction and most importantly narrow it to the Irish environment.

1.6 Organisation Profile

The HSE is the government agency for health services in Ireland, the focus is on overseeing and managing different departments and categories of health care services. As an organisation serving as an umbrella to different institutions and health facilities in Ireland, Participant working for the HSE will be selected for the primary collection and findings from the participant working with the HSE can be used as an application to other organisation or employees under HSE as there is a uniformity in management in different teaching Hospitals in Ireland. This helps to capture and explore a research that can be used for further research or a comparative approach in the future.

1.7 Outline of the study

The study aims to explore the perception of job satisfaction among health workers.

Chapter 1: The introduction into the research is the focus of this section, which gives a research background, while stating the issue surrounding the study. The rationale and objectives of the study are outlined alongside the research method and ethical considerations.

Chapter 2: This chapter creates a framework for review literature on the themes surrounding the study, with a critical outlook on previous research while highlighting gaps in the knowledge.

Chapter 3: The research question, aims and objectives will be outlined in this chapter. An explanation of each research objective will be included.

Chapter 4: The research methodology gives a justification for different methods and approaches adopted in the collection of data. This chapter outlines and explains what has been used in the study and why.

Chapter 5: The findings from the study are analysed after being collected using a technique of theme coding.

Chapter 6: This chapter examines the findings identified in this study and discusses them critically in relation reviewed and referenced literature.

Chapter 7: This chapter provides a summary of findings and recommendations including personal statements or implications for future study.

1.8 Conclusion

Acting like a map post to the study, this chapter has given readers an insight to what the study seeks to achieve by highlighting the research context, definition of what the research focuses on, the aim and objectives and the research design. The ethical consideration and outline is also an indispensable part of the research. The study seeks to explore the subject of job satisfaction among health workers in Ireland, with a focus on the different categories of health workers.

Chapter 2: Literature Review

2.1 Introduction

This chapter looks at the Irish health care worker in the light of conceptualising job satisfaction, it also seeks to provide a theoretical framework surrounding it, while looking at its impact on the wellbeing and organisational commitment alongside a conclusion that give an analysis of the strength and weakness of the research issue and the gap that needs to be filled up with this current research.

Reviewing the literature seeks to give an insight to the concept, theoretical framework, established data, and previous research by shedding light, outlining, and giving an explanatory and critical overview on the several literatures and discourse on the health worker, the concept of Job satisfaction, theory surrounding job satisfaction, perception and impact of job satisfaction among health workers and its impact on turnover and productivity.

2.2 The issue of Job satisfaction in the healthcare sector in Ireland

Exploring job satisfaction among health professionals helps to investigate the emotional, professional, and psychological perception towards health care jobs, shifting the focus from the patient care to the caregivers. This is important because health workers are often found in positions of extreme stressful working conditions and pressuring work schedules, which sometimes could be overlooked or underplayed as explained by (Cullen 2019; Hayes et al, 2017). The responsibility of the health worker have been known to be of high importance and requires a jobs that should be handled with exceptional skills and measures (Donnelly & Murray, 2016), although health workers often applauded by the health community and the society at large, there is however an established fact that this responsibilities or task could be linked to mental illness, psychological stress, and turnover among health workers in Ireland especially if not managed appropriately (Aedin & Alexandra, 2020). A survey done to check satisfaction of employees in health care revealed that the increasing population and the various arising health issues is disproportionate with health workers provided to handle them, leading to workforce shortage, scarcity of resources personnel, retention issues among others, which impact on job satisfaction directly or indirectly (Chang, Cohen, Koetho, Smith and Bir, 2017). In her review, (Jilani, 2019), noted that the Irish health care is hurred with an ageing workforce, migration issues, poor reward system and shortage of staff which has impacted psychologically and emotionally on the well-being of nurses which carries the highest percentage of health workers in Ireland.

Pertl (2014) noted in the Irish Times that the cognitive functioning and the wellbeing of caregivers in Ireland especially those in charge of dementia patients could be highly impacted and affected if they are not being

taken off as a result of the amount of stress they could go through whilst taking care of the sick. The recent pandemic (covid- 19) helps to give a vivid picture of the crucial roles and responsibilities expected of a random health care professional who is categorised as a ‘frontline’ worker where there have been exposed to intensive work and untimely death by the virus (Fionnán & O'Regan, 2020; O'Loughlin, 2020), health safety dissatisfactions (IrishTimes, 2021; Slater, 2020), poor working conditions and pay (O'Brien, 2021) indicating how challenging their job can be, their indispensable contribution and importance to the lives of the people reflects how there should be a concern for their perception of their job and the satisfaction or dissatisfaction derive from it and its impact on their wellbeing and in health care in general. The issues raised therewith, could indicate a weakness or threat as well as pose an opportunity for new strategy and improvements leading to strength for the Ireland health care system as discussed by Nolan and Nolan (2004 pg 6-12) while analysing Ireland's health care challenges and issues.

2.3 Health workers job perception

The feelings, values, opinions, ideas, rationale, on the job builds the perception of the health worker and this could go a long way in determining patient care and organisational in any health institution or organisation. The effect of the psychology status and mindset of health workers could not be over emphasized as seen in (Lu, Wang, Lin and Li 2020) where the mental health of medical staff was discussed and how fear, anxiety and depression was a major perception amidst health workers in the face of the covid 19 pandemic. A research involving about six hundred and ten (610) health workers in Lithuania and UK revealed that the “feeling of should I stay or should I go” among health worker requires a form of psychosocial support to prevent loss of staff and burnout amidst the pandemic, reveals the relevance of discussing the perception of health workers (Norkiene, Jovarauskas, kvedaraite, Uppal, Phull, Chander, Halford and Kazlauskas, 2021). The expectancy value theory in (Simeone, 2015) was used to explain the motivation of health workers towards their job, he opined that employees are rational individuals with their perception, values and belief coming to play in their actions and behaviour. Propounded by Victor Vroom (1964), the expectancy value theory postulates that individual beliefs and values influence their attitude or actions towards a task or activities. Notably, (Dong, Yang and Nian, 2021) emphasized how training and developing health workers to attain certain perception towards work that integrate leadership behaviours, taking charge and finding meaningfulness on the job could be bring positive perception to work and help frontline workers find strength and engaged them even in the midst of stressful event.

The health system or health care sector in Ireland becomes laded with not only providing policies for the management of health of the people but also for the health professionals. Only then will they be able address the issue of retention, job dissatisfaction, and proffer solutions to the various problems it brings. Job

satisfaction or the psychology of work influences well-being in the work environment, quality of life and work productivity thereby leading to an issue of focus for management or employers of labour (Gorovei, 2020). Foà, Guarnieri, Bastoni, Benini, Giunti, Mazzath, Kossi, Savoia, Sarli and Artioli (2020) Emphasized that inequality in working lifestyle or pattern, stress, and less rest are major factors of job dissatisfaction especially among elderly care staff. Working hours, workloads, working conditions among others were used to assess Job satisfaction among physicians in Bulgaria with the major factor causing dissatisfaction being regulatory framework which act as a limitation to work productivity and turnover (Parashkevova, Marinova, Simeonor and Slavova, 2020).

2.4 The concept of Job Satisfaction

Job satisfaction refers to the extent to which people like or dislike their work (Roopalekha, Melisha, Geena and Latha 2011). The perception, state, or condition towards one's job and the satisfaction derived in it becomes important and imperative to understand and define, as a result of the amount of time in a life spent on the job or working in general and the impact has on the work productivity and on the worker or employee. Wang & Brower (2019) explained that job satisfaction is the link that connects and distinguishes what an employee wants from the job to what the employee gets from the job. A cross-sectional study done in china among healthcare staffs noted that there are associated factors that helps to define and explain the concept of Job satisfaction which set a pace for measurement which could indicate whether there was a likeness or dislike for one's job (Yong Lu, Xiao-Min Hu, Xiao-Liang Huang, Xiao-Dong Zhuang, Pi Guo, Li-Fen Feng, Wei Hu, Long Chen and Yuan-Tao Hao, 2016) this was also stated in a qualitative study by (Musrrat, Khalid and Norizan, 2017) which categorised factors like working conditions, management, workplace conflict, age, family factors, migration, motivation, and advancement into structural(work) and psychological (individual) aspect, examining their impact job satisfaction and how job satisfaction impact the factors in return. Furthermore, in (Rahati, Sotudeh-Arani, Adib-Hajbaghery and Rostami, 2015), job satisfaction was used a major factor that impact job involvement and organisational commitment, reflecting that job satisfaction can be a variable influencing other things and the latter influencing others. Hitherto, salary and job prestige have been understood to define job satisfaction, however, recent times have revealed that salary or economic value no longer hold waters when defining job satisfaction among workers or the employees, especially when battling with high turnover and low productivity when the reward attached to labour is considerably high (Blanchard, Baker, Perreault, Mask and Tremblaye, 2019).

The pursuit for happiness and satisfaction are evolving every day especially in the modern workplace environment and influences different aspects of work, hence it is important to know how satisfaction is perceived on the job, what makes one satisfied and how consistent it can be in the workplace (Gorovei, 2020).

Stating that there is a relationship between job satisfaction and work productivity, (Tanasescu & Leon, 2019) highlighted several authors' opinions and the argument on which factor influences the other or which prelude the other. The ambiguity of what constitutes Job satisfaction for the health care professional is a basis for this study which seeks to answer questions that will make provision for findings as well as recommendation to the themes used in the study.

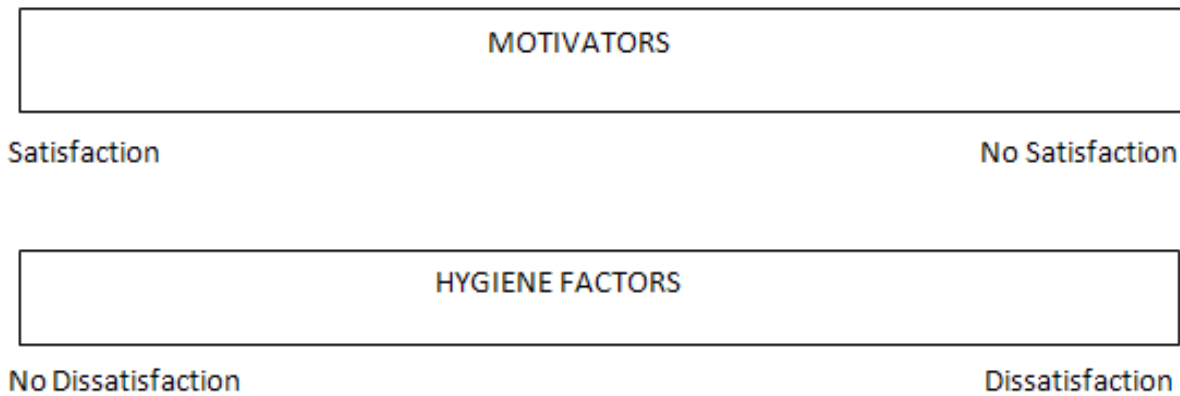
2.5 The nature of job satisfaction among Workers

The impact of job satisfaction becomes clearer when the concept and underlying theory surrounding it has been defined. Wang & Brower (2019) explained that job satisfaction seeks to provide a framework for appraising one's experience on the job with its focus on human interaction of its working environment creating a platform for organisational behavioural studies and justification to either the positive (work motivation, work engagement, efficiency, productivity) or negative (Absenteeism, turnover, job stress) aspect of job satisfaction. Stating that there are two (dual) distinct factors as seen in figure 2.5.1, that influences organisational behaviour in the workplace, (Herzberg, Mausner and Snyderman, 1959) theory of motivation can be used to understand how job satisfaction comes to play in defining or setting measures in place to determine the level of satisfaction among health workers. His work explained that Job satisfaction or dissatisfaction is a function of motivation which tends towards intrinsic value and a function of hygienic factors which are extrinsic in nature. Using this to create a theoretical underpinning to measure organisational performance in public hospital in Poland, (Chmielewska, Stokwizewski, Filip and Hermanowki 2020) carried out a survey among 246 physicians and affirmed that hospital productivity or performance is dependent on individual work satisfaction and high performance and should be integrated to HR strategies and planning. Monica and Renugadevi (2020) conversely posit that although motivation is related to job satisfaction, they are not the same, asserting that it is the job of the HR of an organisation to design a job to improve satisfaction through various innovative strategies and management practises. Results from FGDs also showed in (Samira, Stina, Salem, Nasar and Mat, 2020) signifies that although motivating factors that can cause job satisfaction among clinical laboratories workers, factors as simple as a good working relationships among workers or managers and encouraging individual or career development are actors of satisfaction while absence of health and safety could be reason for dissatisfaction. However, in (Vévoda, Ivanová, Nakládlová and Marecková, 2011) salary, job security and care of patients were highlighted as the most important factors for job satisfaction, nonetheless, advancement and praise at work was also seen as a contributor to job satisfaction. Focusing on hygienic factors was a recommendation to help retention and decrease turnover.

A summary of Maslow hierarchy of need (1943) was done by Aanstoos (2019) to explain the psychology behind people's motivation to achieve a goal which increases or changes from one level or stage to another until one reaches a point of self-actualisation, these influences and motivates expectations and desires, in the workplace. Arguing that the health systems needs a motivated and highly satisfied workforce to achieve efficiency, (Deriba et al, 2017) conducted a cross-sectional study among health professionals that depicts that a low job satisfaction among workers was a function of both hygiene and motivator factors. Ştefan et al, (2020) confirmed that there is a positive relationship between performance and work satisfaction. Using Maslow's theory in their analysis, they asserted that the five (5) dimensions of motivation (physiological needs, safety, love and belonging, esteem and self-actualization) propounded by Maslow has direct and indirect effect on job satisfaction, with a suggestion on integrating esteem and self-actualization to health policies. Kartal, Ates, Ozcan and Soyuk (2011) pointed readers' attention to changes in what constitute job satisfaction and following the order of the hierarchy of need is important to meet up with employee satisfaction.

Furthermore, the business environment of the health worker dictates the nature of the work in place, for instance, the experience of a health worker in a nursing home would be different from one working in an intellectual disability service. Conversely, while workers in an intellectual service explains the nature of work as giving them "new perspectives in life and increasing self-awareness" (Inelanda , Sauerb and Molin, 2018), on the other hand, there is a report of burnout and emotional stress in a mental health facility (Rollins, Eliacin, Russ-Jara, Wasmuth, Flanagan, Morse, Leiter, and Salyers 2021) . Applying PESTLE (political, economic, social, technological, legal and ethical) as conceptual framework to understand Job satisfaction among health workers helps to give a vivid understanding of the nature of work. The medical and human environment of the health worker impacts on the job and how satisfaction can be perceived, influential and the approach to take towards it. This create room for research questions and open one's eye to understanding and identifying how to add to the gap in the study, find research problems and issue and get a thorough insight to provide appropriate findings and solutions to the research

Figure 2.5.1



Source: Management study guide, (Juneja, 2015)

2.6 The Perception of Job satisfaction among healthcare workers.

The health worker job satisfaction perception can span from an individualistic or managerial point of view. While some look up to others, their employers or the management to put everything in place to make them satisfied, others see it as something they need to achieve individually. Looking at the importance of a satisfied employee, a self-determination theory/perspective was used as a model in (Blanchard et al, 2019) to explain organisational behaviour of workers and how it impacts management and health care. The theory posit that the need for autonomy, relatedness and competence could instigate variables that will influence work satisfaction. This perspective revealed how individual innate psychological needs could help motivate, increase job satisfaction, promote a productive workforce and reduce turnover. Job satisfaction can be viewed using an individualistic or macro level approach to understand its correlation to work productivity. Current studies seeks to look at job satisfaction perception beyond the theoretical and empirical evidence but rather as it relate to the workforce using variables like inclusion (Nelson & Cavanagh, 2018), quality of life and family (Aedin & Alexandra, 2020; Roopalekha, et al., 2011), patient mortality, job dissatisfaction and burnout (Aiken, Clarke and Sloane, 2002) to measure job satisfaction impact on work productivity.

Training to work in the health sector can be classified as one the most common (Aedin & Alexandra, 2020), sought after and growing profession in the labour market even from the graduate level, which signifies an healthy perception of the medical or health care jobs, the health workforce who will influence healthcare in the long run hence there should more focus on HR practises that creates competitive advantage especially when it comes to benefit or compensation (Erwin, Beck, Arber and Veager, 2019). However, (Jones, 2020) revealed that some myths are ironically opposite to what is generally perceived of medical practitioners. Explaining that being a doctor may ‘suck’ as the pay, lifestyle, benefit, and job may not be perfect as others

perceive it to be, she gave reasons why satisfaction in the job goes beyond the extrinsic values or motivation but having individual passion and drive for the work. Even so, job satisfaction perception is a function of various variables as seen in (Lepisto et al, 2017), where the study pointed out that an explanation for high job engagement and job satisfaction remain unclear (in Finland) compared to other countries), however, using generational X and Y analysis to explain organisational commitment in the workforce, they concluded that high commitment is a function of paying attention to individual growth and development and this can be achieved with an applaudable retention strategy that takes into consideration its younger generation.

2.7 The impact of job Satisfaction on wellbeing and organisational performance

CIPD (2016) indicated that although job satisfaction was discovered to be high among public health workers, employers still have to act smart while dealing with workers to ensure continuous improvement alongside increasing job satisfaction so as not to lose valuable talent. Roopalekha, et al., (2011) confirmed that there is correlation between job satisfaction and patient satisfaction because people satisfied in their job will be committed, more productive and creative, with emphasis on family as a determinant for job satisfaction, their study revealed that staff whose job directly affect their family needs tends to be satisfied with their jobs. Nelson & Cavanagh (2018) did a cross-sectional study among nurses in three countries, opined that measuring job satisfaction should go beyond national level to provide a framework for international standards and help to look at its implication specially to handle issues like retention, immigration, health care and outcomes of care. Findings from this study revealed that the outcome of care was not proportionally linked with Job satisfaction as staff shortage was the major issue that led to other factors like burnout. However, they affirmed that there was a correlation between job dissatisfaction and patient- to- nurse ratio.

Signifying that a failing healthcare structure and system especially in Saudi Arabia is an implication high turnover, low efficiency, and productivity among health profession, (Musrrat et al, 2017) comparative study revealed that although Salary package was a high implication for turnover and low productivity, professional support and personal growth also impact job satisfaction. They also implied differences among health professionals (culture, gender, field/department, Nationality) also influence the different levels of satisfaction.

2.8 Capturing Job satisfaction

The theory framework discussed above makes up for what will constitute the research question. There is yet to be a unified standard for measuring job satisfaction especially among health workers and most importantly a general overview of what constitutes job satisfaction to the present-day caregiver (Nelson & Cavanagh, 2018). For instance, in the qualitative research carried out while measuring job satisfaction among various

health workers in Italy, the result of the interview showed that about 63% of the respondents were satisfied with their job, there were however differences in what constitute job satisfaction especially to different categories of the health worker. While interpersonal relationships and working relationships made an individual like their jobs while for another health worker, job satisfaction was related with training and development, and career opportunities. (Parashkevova et al, 2020) used a scale to get a reliable result in determining what constitutes job satisfaction among physicians with a conclusion that there is a direct relationship between satisfaction and availability, productivity, and medical efficiency. Jilani (2019) agreed that several qualitative and quantitative research have been carried out to have an in-depth view about the issue of burnout and turnover among nurses which was categorised as a factor of job satisfaction yet there is a gap in studies about the impact or perception of job satisfaction to the Irish health worker. Hence, the question of job satisfaction is perceived and why is necessary to achieve the research questions, this will be alongside checking the level of satisfaction and the impact it has on work productivity, turnover and other issues peculiar to human resource.

2.9 Previous study and Gap

According to (Parashkevova et al, 2020) satisfaction has a direct bearing on the career and future availability of health professions. Exploring factors that influence job satisfaction, (Foa et al, 2020) recommended that organisational strategies should be put in place to support and encourage job satisfaction, handle work stress, high workload and the perception of poor pay or equity. Interviewing about 32 health workers, the study highlighted the need to address staff needs and pay more attention to the working conditions of health professionals. In addition, (Waldron, 2021), advised that improved staff satisfaction through research and studies is linked with improving patient care and building a better staff. A gap in the study has revealed that there is little, or nothing said about how job satisfaction could be improved despite having much literature confirming the impact of job satisfaction and the extent to which it impacts on several aspects of health care either on the level of the caregiver or on the patient themselves. Conducting a research on measuring job satisfaction alongside a central definition to all health workers was carried by (Gorovei, 2020), to explain if work “ does make people happy” as there are differences in meaning and value attached to satisfaction and happiness creating a room for more in-depth study and research objective of this current study which aim to look at the perception of job satisfaction to Irish health workers and themes surrounding this that address the research gap.

Aedin & Alexandra (2020) sought to proffer solutions to job dissatisfaction and highlight area for change for doctors in Ireland, researched on how to ascertain the breach of psychological contract and insight into the reality of job satisfaction among doctors concluded that further study is required to link up expectation

with reality and improve outcome for doctors and the health care in general. Furthermore, (Jilani, 2019) also noted that ‘all hope is not lost’ in her study after highlighting the issue of turnover in the Irish healthcare system but emphasised the need for reforms if there will be a significant and better way to tackle recruitment and retention issues.

2.10 Research Question and Aim of the study


The rise in dissatisfaction, mental and psychological stress, turnover and its impact on healthcare and surrounding factors have given a rationale for this study. This study aims to explore and answer questions on Job satisfaction and its impact on Irish health workers. The objective and research question seeks to have an in-depth understanding of the topic to use finding to fill a gap in knowledge, provide enlightenment and possible recommendations.


How do health care workers in Ireland perceive job satisfaction?


How does Job satisfaction impact on organisational performance?

2.10.1 Research objectives

Examining Job satisfaction, the impact and surrounding issues around create a platform for the objective of this study. This will guide the direction of the methodology and the themes and variables that would be selected for data collection and analysis. In order to achieve that, understanding the business environment or the social reality of the health worker and how different factors come into play aid the research objective and help to unify theoretical knowledge with what is practicable and thereby make it possible for recommendations or findings.

 **To examine the job satisfaction and its impact on Health workers in Ireland.** This objective has been selected to explore the concept of job satisfaction to different categories of health workers, and its impact adding to the research gap and perhaps indicating further research.

 **To determine how Job satisfaction impacts on wellbeing and patient care organisational commitment.** This objection focuses on addressing the wellbeing and organisational performance of health workers to meet the research aim of having an in-depth understanding of the impact of job satisfaction.

 **To identify factors that influence the perception of being satisfied.** This objective has been developed to address gap in research on defining factors and determining how to capture job satisfaction and measure it among health workers.

2.11 Conclusion of the Literature review

Job satisfaction as a concept influences other variables like organisational commitment, turnover, productivity, motivation and in the workplace as stated in the literature review, although there are differences in what constitute job satisfaction or the perceptions surrounding it, to different authors and researchers, there is however uniformity in the relevance of job satisfaction to the health sector and among health care workers which is a strength of the research. There are however differences in measuring job satisfaction and a universal standard for an appropriate research design. The literature review also revealed how different socio-economic factors impact on the health worker as several studies were carried out in various countries, shedding light on the fact that a health worker in one country could be satisfied with his or her job and another would not be even if the job roles and responsibilities are similar. It is imperative to note that a health worker in Ireland for instance cannot stand alone without the country's health and labour policies not influencing his/her job and the satisfaction or perception gotten from it.

Majority of the literature reviewed, utilised a cross-sectional approach to data collection and findings, which has highlighted a generalist view to the concept of job satisfaction, however to meet in gap in knowledge and to have a unified standard for what constitutes job satisfaction which is a major research questions, an in-depth understanding is needed to add to the existing knowledge especially when narrowing it down to the Irish health care, this will influence the choice of the methodology and the research design to imbibe.

Chapter 3 – Methodology

3.1 Introduction

This study seeks to find out how job satisfaction is perceived among health workers, factors contributing to the perception and the influence it has on organisational performance. Exploring themes that examine and identify issues surrounding job satisfaction will be the focus of the research objectives. To be able to achieve the aim of the research and answer its questions effectively, the approach and techniques used will be selected methodologically in order to have a concise and accurate research procedure. This research will use a Qualitative method or approach to achieve its research design, in order to have an in-depth understanding of the research topic and to answer the research questions critically. Qualitative approach uses a non-numerical form of data collection process with a framework to get valid information through personal opinions and experiences that can be used for analysis and conclusions (Punch, 2014). To explore the theme of Job satisfaction which in itself is qualitative in nature, it requires a sensitive and personal view of different categories of health workers and using this method gives a framework for getting detailed and personal opinions from people, capturing their experiences as a micro level which will aid the research objectives.

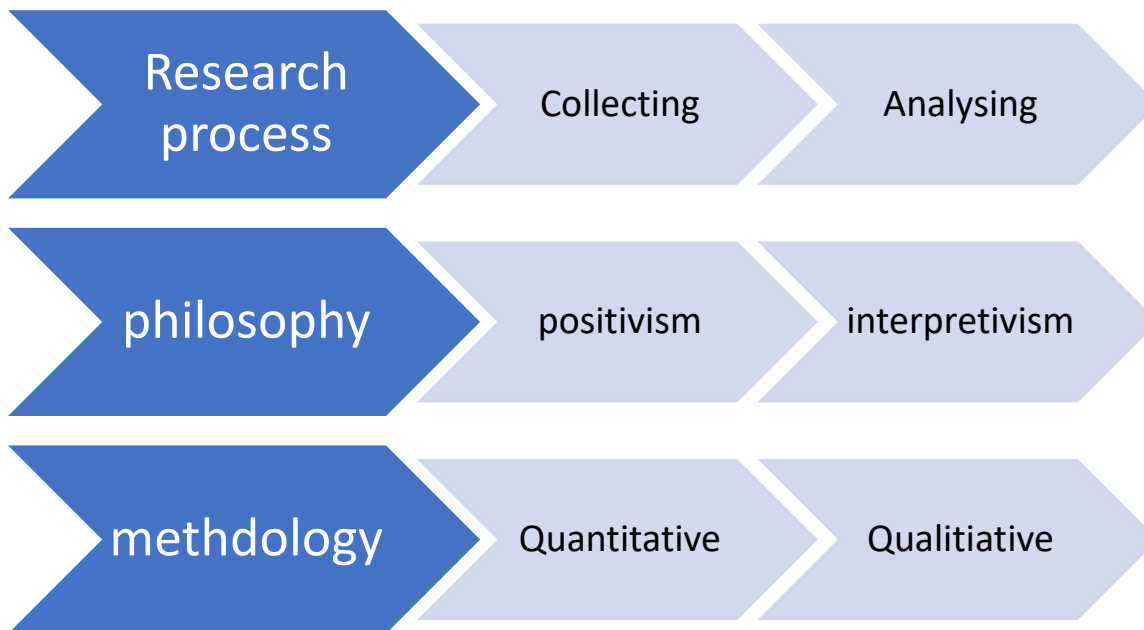
3.2 Research paradigms

Creating a pattern or model for the research or study gives a picture on how the problems will be approached and answers will be sought. This entails the methodological approach to the study that creates a world view on how the information, ideas and knowledge gained in the research is being utilised effectively. Weaver and Olson (2006) explained that paradigms in research help to regulate, develop, and set a standard for how knowledge is inquired and constructed. This would in turn influence how research is conducted and processed. Views, assumptions, beliefs are a major part of paradigms which is usually propounded by philosophical frameworks which form a research design for a qualitative research (Punch, 2014). Furthermore, assumptions can be viewed in the form of ontology, epistemology and axiology which opens the mind of the researcher to the social reality, value and theory of knowledge which makes research concise, realistic and systematic (Patton, 2002). In qualitative research, ontology is used to view the reality of things through the voice or the opinions of the participant of the research creating a framework for in depth understanding, openness and flexibility which will inform the variables, themes and phrases used.

The two major types of research paradigms are positivism and interpretivism equally acts as a signpost to how knowledge is gained, understood and analysed and supports a quantitative or qualitative approach. Saunders, Lewis, Thornhill (2019) gave a detailed description of the research paradigms(philosophy) as it relates with business or social research by emphasising positivism as a stance of allowing nature to provide

law-like knowledge or generalisations. This is usually used by natural scientists where there is an observation of social realities. Post positivism also known as critical realism focuses on a stance of what is being seen is the fact. This philosophy used sensation and experiences to portray knowledge and a universal view. Interpretivism gives room for uniqueness in individuals, putting into consideration in differences in individuals and how it influences their world view. This philosophy opens the door for deeper meaning and richer understanding of social realities. As seen in figure 3.1, the research process and the methodological usually set a pace for the research philosophy that is best adopted. How we view and analyse the information or knowledge gained influences the conclusion of the study, hence, this study will use interpretivism as its paradigms as a result of its nature on conceptualising, giving meaning based on narratives, perception and meaning attached to a socially constructed view or ideology. This is paramount as a result of subjectivity of the research, there is an overview of diversity in the health workforce and creating room realities, multiple meanings and interpretations help to add to the literature reviews on Job satisfaction and most importantly narrow it to the Irish environment.

Figure 3.2-Research paradigm



3.3 Research approach

A research approach in the study justifies the conclusion and presentation of findings in the research. Saunders et al, (2019) the research approach brings reasoning to research through logics, premises,

generalisation, use of data, and theory building. The two types of approach which are inductive and deductive can be used in inferring conclusion to a study.

Deductive approach: Requires rigorous testing of the data collected by forming premises to build or generate a theory. Deduction in a research will require putting forth a premise or hypothesis that is testable, use existing literature or theory to support it, then collection of data to measure and analyse variables in them. The consistency of the test to the premises will infer the conclusion of the findings. Quantitative research usually adopts the deductive approach where there is provision for scientific and statistical testing.

Inductive Approach: This approach basically focuses on identifying themes, patterns and exploring phenomena with the data collected to build or develop a theory. Induction uses the known or established information to get the unknown or untested conclusion. This majorly will require a less rigid methodology that creates room for context rather than content and quality in place of quality. Hence, the sample size is likely to involve smaller participants.

The research method selected in this study is exploratory as it supports the inductive approach which focuses and the ‘how and why’ can help to achieve the research objective. This is justified by its process which offers for flexibility in the structure for analysis which is postulated after findings. This premises or statement will be generalised from the data gotten and that will infer the conclusion. Using inductive argument helps to establish a concrete conclusion for job satisfaction (Saunders et al, 2019).

3.3 Research Strategy

Saunders, Lewis, Thornhill (2012) using strategy in research, defines the template or achieve the goal of the research which is basically to answer research questions. A research strategy makes objectives clearer to get the appropriate data and information to reduce or simplify constraints in the research (Saunders, 2003). To arrive at the research goal and get answers to research questions, a research strategy could include analysis of literature, case study, ethnography. Interview, action research, survey, among others. Examining and exploring Job satisfaction among health workers will require gathering information through a thorough research strategy method as seen in previous literature review. Taking a cue from other qualitative studies as seen in the literature reviewed in the study, to achieve the goals of this research or an inductive and

3.4 Data Collection

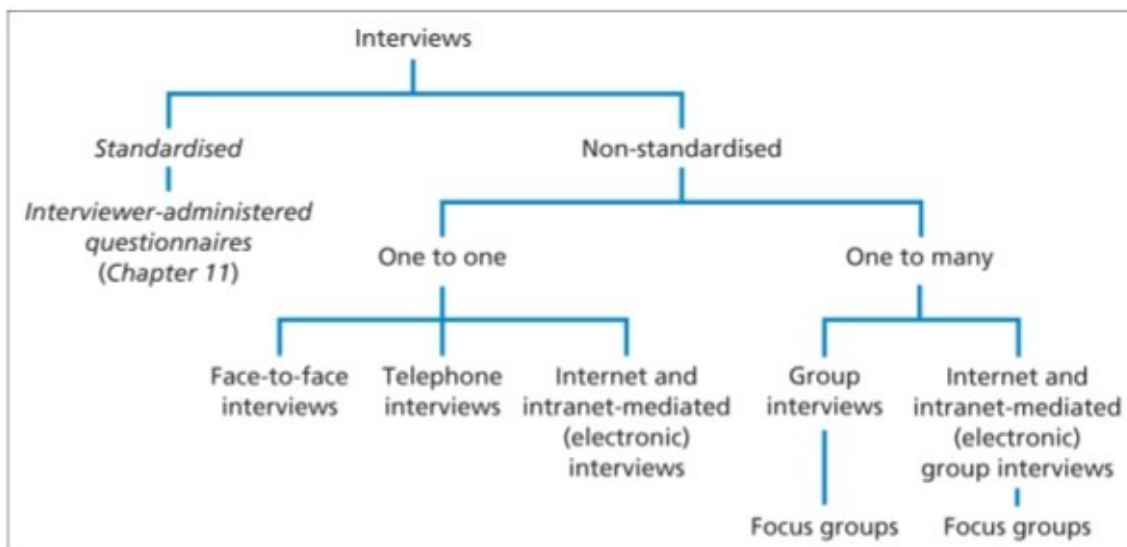
As explained above, the data collection technique is a function of the research approach and philosophy selected in the research design. Canals (2017) describes data collection instruments as a means of interaction

between the researcher and the participant. The techniques used may require further tools like communication, creating scenarios, tasks, activities, questions to engage participants in getting the data needed. It is important to note that data can be collected either through secondary or primary sources.

3.4.1 Primary Data

This refers to collecting information from a source first-hand or directly from the participant of the research. Nunan (2000) stated that this form of data collection is commonly used for investigating certain questions that suit the research purpose. Interview is an example of primary data. Bryman, (2012) opined that although interview can be time consuming and requires details, good researching skills in the collection of data, can be used to reduce errors, ensure accuracy and ease data processing. Interview can either be structured or semi-structure, (Saunders et al, 2009) provided a concrete picture of the various forms of interview for a semi-structured interview as seen in figure 3.5.1 for business and social researchers to enable a practicality of data collection.

Figure 3.5.1 - Business and social researchers



Source: (Saunders et al 2009)

3.4.2 Interview

Interviews would be conducted as a data collection method in this research. Explained that interviews are the heart of social research. In (Esterberg, 2002) interview was defined by Valarie Janesick (1998) as “ a meeting of two persons or more exchanging information and ideas through questions and responses, resulting in communication and joint construction of meaning about a particular topic”. This justifies using an interview for qualitative research because it gives a direct communication with the respondent or participant

which is suitable for the purpose of the research. Interview could either be structured, semi-structured and unstructured. Used majorly for survey research, market research, telephone interview among other options which can be rigidly controlled, a structured interview is usually closed ended and formal. Esterberg, 2002 explained that structural interview seeks neutrality, exactness and less bias by asking less personal question and formulating questions that gives direct and straightforward opinions as seen in the example stated here

“Are there any children under the age of 18, if yes, how many?”

“Beside yourself, how many people live in the household?”

A semi-structured interview is originally known to be an in-depth interview method, which is less rigid and open to explore opinions and ideas via open ended questions. In this method, a response to a question can lead to further questions to get clarity and a deeper understanding for the topic or issue discussed. Semi-structured interview allows communication to be tailored towards the respondent or participant of the research and the researcher role is to listen carefully in order to support flexibility and at the same time remain focused on the research questions. This can be seen in questions like

“Tell me what it’s like to be a health worker in Ireland”

“What do you think about the covid-19 vaccine?”

The responses from the question would give an interpretation of the participant's world view, belief, values which is a feature of the qualitative research and supports an inductive approach. An unstructured interview is free flowing, and the researcher can ask questions ranging from one subject to the other. Questions may not be prepared before the interview and it is used to have information focusing on a wide range of study about an individual or institution. This method can be used for writing a biography or for feedback to be used for decision making.

Selecting the interview method that best suits the research objective is the justification for the type of interview selected for the purpose of the research. The use of primary sources best suit the purpose of this research. This technique gives the research a thorough collection and measuring process and helps to depict the exact message that is to be passed especially because this is required for the questions of the research .To collect information for the study, a semi structured interview will be used, this is as a result of the benefit it projects of being adaptable and capable of capturing first-hand information or experiences. The interview will entail a series of at least ten (10) open ended questions which will be flexible to clarity and further responses. Interview will use a non-standardized approach that uses one to one option which is likely to be electronic or telephone interview as a result of restriction with the current pandemic rule.

3.4.3 Secondary Data

Secondary data refers to information derived from existing literature or body of work, any data not obtained or collected directly by an author or researcher can be classified as secondary data. Serra, Martins and Carneiro da Cunha (2018) explained that secondary data gives an opportunity for researchers to have ready to use information, however there should be some level of caution which sometimes poses as a limitation or caution to a research conclusion. However, (Saunders et al 2009) presented practical illustrations of how secondary data can be used in both quantitative and qualitative research with the secondary data either by processing, compilation or summarising the information to suit the purpose of the research. Different types of secondary data can be collected and analysed as seen in figure 3.3.1 at different instances in the research to either support or establish knowledge. Using multiple sources as a type of secondary data in the previous chapter (Literature review) has informed the researcher to have research questions and objectives on the subject of job satisfaction among health workers.

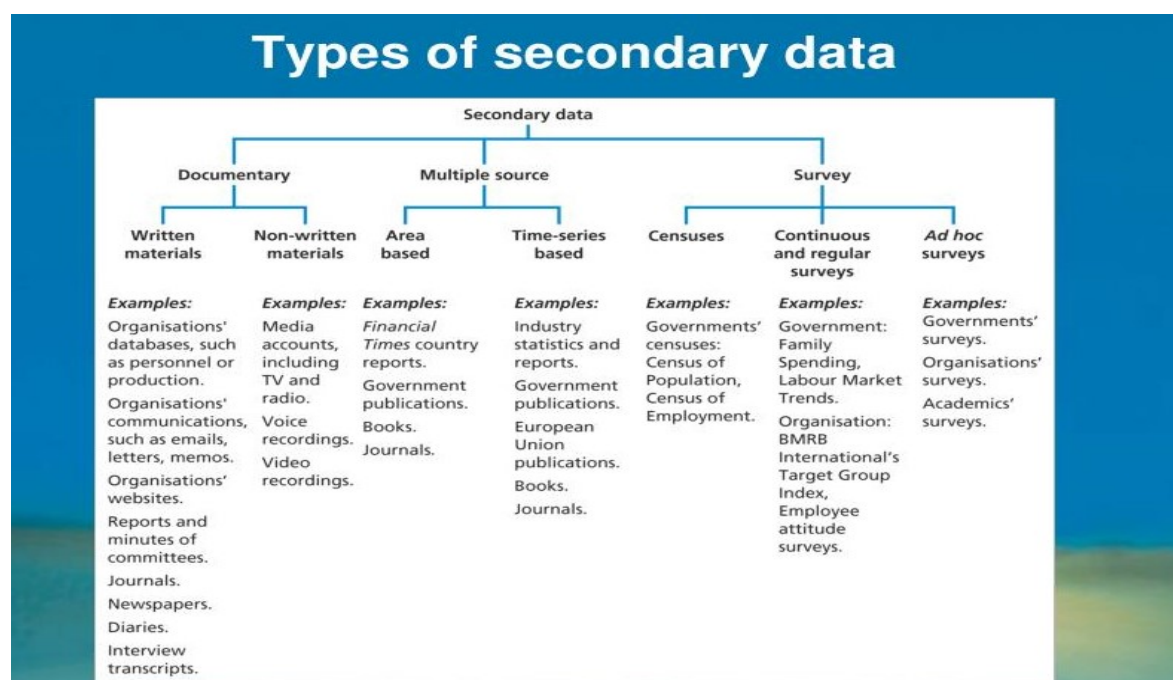


Figure 3.4.2 Source: (Saunders et al 2009)

Secondary data have been used in the course of this research to formulate a literature review that revealed past opinions and information about the research issue which has helped to shape findings and conclusions for this current research.

3.5 Gaining Access

In order to be able to carry out the research effectively gaining access to the informant will be required. This was done by seeking permission to contact the participant by sending appropriate documents and consent

form to the research organisation management via email as visiting the site was discouraged as a result of the covid -19 restriction. Access was sought for a suitable time to conduct an interview, especially after working hours or for a period when the informant is not on shift. Having worked previously in the study site, gaining access to informants to get primary data has been made easier as the researcher has met health workers and built a relationship with them. As a result of the past relationship with individuals working in the organisation which will give access to contact and select informants who are available and giving the research consent to participate in the research process.

3.6 Informants Selection

Selecting two participants who will provide primary information for the purpose of the research is a crucial stage of the research. Having gained access through consent and approval from the organisation, informants will be selected from the major categories of health workers who are the informant for this study. Having defined health workers as any individual responsible for the health of people (WHO, 2006), the study recruited individuals working and responsible for the care of people in the study site. However, to have a concise and appropriate research process, informant will be selected from the six categories of workers which are stated below:

“Medical and dental, Nursing and Midwifery, Health and social care professionals, management and administrative, General support, Patient and Client care”.

Recruiting two participants each from these categories was done by using a convenience method to select informants from different wards in the hospital who are accessible and available to participate in the interview process. Whilst focusing on anonymity among informants, the category, age, years of experience and area of work will be used to classify participants in the study. This method is selected as a result of the busy schedule and for ethical consideration of both the study informant and other parties that may be directly or indirectly affected by the research. In conclusion, recruiting an informants will be at the convenience of the informant putting research ethics into consideration.

3.7 Data Analysis

To be able analyse and bring conclusion to primary data and verbal answers gotten from the interview. A qualitative analysis method is required to bring application to the raw data collected in the field. In Qualitative data analysis, a formal interpretation is conducted on the data collected to create meanings and communicate a conclusion (Harding & Whitehead, 2013). For a qualitative research, data analysis helps to bring reliability and validity to the research findings by using a method that is not mathematical but still systematic. There

are different techniques that can be used to analyse data are coding technique, content analysis and thematic analysis (Saldana, 2012: Holstein & Gubrium, 2012: Gubrium & Holstein, 2009) which are used for narrative analysis in which there is a focus on respondent feedback to make sense of a reality in a social world.

For the purpose of this study, thematic analysis will be used to interpret data and communicate findings. This technique is selected because it is a technique that utilises a rigorous and systematic process to achieve objectivity. Acting as a suitable tool for inductive analysis, thematic analysis will be used to understand data, creating patterns and themes that can be used for generalisation (Nowell, et al., 2017). Thematic analysis as a functional method will be used to code and identify similar quotes, statements, phrases to derive a theme for conclusion. Braun & Clarke (2006) highlighted how this method helps to provide a valid conclusion, with the use of six coding approaches. Using the six-coding approach, themes are then used to formulate a pattern for concise conclusion. Responses gotten from the informant will be transcribed and coded to bring out the themes that suit the research questions. The data analysis is selected as a result of what the research objective seeks to achieve. Hence, thematic analysis is suitable as a result of its easy interpretative feature of narrowing information to a qualifiable interpretation. To analyse the data effectively and ensure reliable results, information will be revisited rigorously to ensure themes are connected and established. This analysis is particularly important as a result of the question and the issues highlighted in the case which cannot be finalised with bias analysis.

3.8 Conclusion

The methodology of this study centres on a qualitative approach, which creates an outline for the research design. Saunders et al (2019) highlighted how interrelated each aspect of a research is, forming a methodology that projects a systematic approach to how the research is being collected, interpreted and analysed. The research questions and objectives have defined the design for the methodologies selected and give justifications on how it best suits the purpose of the study. This influences different activities and part of the research. The research strategy seeks to select approaches and methods to meet the objective and research aim which will be concluded by data collection and analysis.

3.9 Research timeline

The timeline for the research provides a framework for when the study should be carried out and completed (Saunders et al, 2012). This is important not only to planning but also the data collection process and to the objectivity and reliability on the conclusion of the study. This research would be conducted within a space of four month and data collection would be done over 5 days. This signifies that findings gotten are not likely to change as research is not done over a long period of time

Chapter 4 - Findings and Analysis

4.1 Introduction

The focus of this chapter is to inspect the data collected by exploring themes within the information gotten using thematic analysis. A Semi-structured interview was carried out with ten (10) participants who were all health care workers categorized under different aspects of health care. The following themes have been identified in order to address the research question and achieve the key objectives. Perception, well-being, patient care, reward, retention are the themes that will be analysed under the subject of job satisfaction. Findings are inspected, and analysed in comparison, and similarity to find a direction for discussion based on each theme. Using an inductive approach, the interviews were recorded and later transcribed for analysis. Thematic analysis was carried out by highlighting, coding and sorting the common data into themes. The transcripts were reviewed independently, and cross referenced with other transcripts to establish the most common themes throughout the data. The data was analysed and coded critically without overlooking details bringing the findings to highlight themes and sub themes which were fifteen(15) in total. The 15 themes were further analysed as the researcher broke them into themes and sub themes. This allowed the researcher to further analyse the themes and organise them into 5 primary themes that emerged from the data. Sub themes were high pay, working conditions, passion, teamwork, individual goals, happiness, available resources, appreciation, performance, health environment were gotten from the responses and informed further discussion and research.

4.2 Theme 1: Perception

In addressing the first research question, the theme of perception has been drawn to have an insight into how job satisfaction is perceived and the factors that influence the perception gained from the nature of work as stated in the literature review. This was particularly explored with the interview question of *what “does job satisfaction mean to you and what are the factors that influence your perception of job satisfaction”*. Some of the responses were similar but the researcher noted that different categories of health workers and the nature, task, reward, responsibilities peculiar to them went a long way to define and inform their perception.

Participant B (medical doctor) indicated that his perception is influenced by happiness and fulfilment derived from what he does and other factors that support his duties on the job.

“Job satisfaction is how happy I am and how much fulfilment I derived from the role currently played factors that will influence my perception will be one, environment in which you work both environment

involved medical and non-medical both the human and non-human so my colleagues at work the consultant, the nurses, the care assistant, laboratory scientist, the radiographers you know every single person that make up my work environment will influence my job satisfaction. I suppose the role I play also will influence my job satisfaction, so the amount of work I do or don't do, the details in which I am able to get involved and how much joy and satisfaction I derive from what I do those I think will influence my job satisfaction".(Participant B). This indicates that environment, colleagues, task, responsibility and freedom to work impact on the perception of job satisfaction as seen in this findings of participant B.

Similarly, Participant E and Participant H highlighted that Perception is influenced by their mindset towards their jobs. Performance, likeness for the job, reward, and improving health of people and the work area and unit of the health worker is an indispensable aspect of how they feel or react to their jobs as highlighted below.

"Job satisfaction is influenced by how I feel about my performance and how happy I am to wake up and go to work, I like what I do in the clinical aspect, in taking care of patients, improving their health, outcomes and just the clinical aspect. It is also a good paying job and feeling valued". (Participant E).

"To me job satisfaction is waking up every day and wanting to go to work as opposed to not wanting to go, being happy to go to work, I like what I do, so it a basic factor for why I am satisfied on my job, when I am posted to do a place I don't like it affect my attitude towards works and I will be sad". (Participant E)

Intriguingly, participant C (Pharmacist) stated that his perception of job satisfaction varies and his mainly influenced by his goal at a specific time *"Well, it depends on my goal at the time, as a young professional, I have what I aspire to achieve and this impact on how satisfied I am on my job. Also being appreciated at service, feedback at what I give, the pay, the team and generally the wellness of the patient is what influences my perception of satisfaction"*. Individual preferences, personality, goals and objectives plays a role in what is expected on the job. Financial plans or projects by participants influence the kind of job the health worker seeks to get and the perception he has towards the job and other surrounding factors.

Conversely, Participant C (Intern Nurse) used resource management to express her perception of job satisfaction, *"when resources are enough (equipment and staff) and being used to assist individual effort which is being rewarded without exceeding its capacity, people will be satisfied and there would be no anxiety. I work in a mental home and when there is not enough staff or needed resources it tells on us and affects how we work"*. Expressing how burnout and mental stress impact on the perception of job satisfaction, having enough resources to support workload and ease activities was key to Participant C who works as a nurse and believes that there are not enough resources for the available patients.

Notably, participant I (Accountant) who has had almost 20 years of experienced in the Health care administration outlined that his perception of Job satisfaction is ***“I play a unique role in my job, it’s quite technical and not much people understand it, I like that about the job and being able to do my work without hindrances gives me satisfaction on the job, we talk a lot about work life balance and flexibility, being able to do that at work gives me and others I work with a lot of satisfaction”***. With almost twenty (20) years of experience, Participant I who has a managerial role revealed the need for flexibility and work life balance for his perception of job satisfaction. Findings from him revealed that with more years of experience, job satisfaction will simply focus on self-actualisation, fulfilment, career progression more than job security or social needs.

In addition, Participant J (Nurse) and Participant F (health care assistant) respectively highlighted that health care is a passion that has influenced the perception of satisfaction derived from it.

“It’s doing what I love and have passion for, it’s not about the money but helping people to meet their health needs, I have worked for over 25 years and I am comfortable with the job although there are some places where you experience difficulty, but it is part of the job. I like the flexibility in choosing when I want to work but the disadvantage is that you can be thrown anywhere but that only became an issue during pandemic because you can be thrown to a place where there is an outbreak and you have to work there”.(Participant J)

“I like caring for people, it’s a minor to me and if you are the type that love caring you will empathise with other people, as if you are in their own shoe, this will help you to communicate with them, I really love it.”(Participant F)

Pledging loyalty to their occupations, both participants above highlight the passion for the job, explaining that is more of a calling than a profession, they however noted that there are good and bad days on the job that influences job satisfaction but mostly their perception is influenced by their drive and passion for the job.

Furthermore, Participant A (Support worker) opined that ***“job satisfaction is just my satisfaction with the work conditions, relationships and pay, I think that all about it when my workload is not overwhelming and balanced, and there is a raise in my pay, I like my job because it a fairly good place compared to some other places where you might have bullies at work, there is nothing like that. The HR is there to help when there are issues”***. Referring to the environment also, and a good working relationship, Participant A gave a comparable reference to other places aside her current job where there have been cases of bullying which affect

job satisfaction and the platform to report to HR in her present place influences her perception of it being a better job.

Similarly, Participant C outlined that *“getting the pay that I want, and I am worth, balanced environment, support where I get feedback and being able to please my employers, I don’t want to be in a place where my employers are not happy with me”*.

The importance of knowing what the health worker expects and being able to meet their needs impact the perception that will be gotten on the job. Appreciation both in intrinsic and extrinsic was revealed by findings to impact on perception of job satisfaction

Participant D stated that *“when you are caring for someone and the person appreciates what you’re doing despite what they are passing through, it makes you feel good”*. Participant E (Intern Nurse) expressed *“I wasn’t satisfied when I first got into the health care, coming from a retail background, I got things I wasn’t prepared for, I wasn’t satisfied, the pay got better when I joined an agency, I don’t know if I was satisfied for the pay or the job. Job satisfaction is low among nurses because when you are not anxious to work, there is staff shortage, overworked, low pay.”* Despite the desire to work and care for the health of people, pay goes a long way in influencing perception as discussed by Participant E who gave a breakdown of her wages and how it's insufficient to cater for her individual needs and how it influences her satisfaction on the job.

Other factors like learning new things, making connections, and friends were also stated to influence perception of job satisfaction. Participant G highlighted that *“meeting new people, communication and teamwork are factors that influences job satisfaction”*

4.3 Theme 2: Wellbeing

Wellbeing is a theme that was discussed during the interview and also to achieve the research objective of the impact of job satisfaction on health worker’s wellbeing. The research participant gave their opinion on wellbeing and all of them emphasized how job satisfaction is directly linked to wellness of a health worker.

Giving a detailed expression of the impact of job satisfaction on her wellbeing, Participant E (An Intern Nurse) expressed that *“it affects my mental health and my sense esteem, if I am putting all the hard work and get minimum pay for the effort, it looks like my worth isn’t valued. This increases my risk factor for depression, the overwhelming schedule and I get 900 euro for two weeks. If I work for two days, I need to send the free day to rest cos I am drained. It puts me at risk cos I am tired, emotionally tired, mentally drained, it affects my social life, because everyone is 9-5 but we work differently, and it is difficult to hang out or go on dates*

as a young adult. I am not surprised of reading articles of student nurses committing suicide before of the mental stress they go through". Signifying that the high workload, burnout, low pay are things that need to be reviewed, Participant E explained that these factors impact on her wellbeing in a negative way both mentally and physically.

In addition, Participant C (Pharmacist) said *"It affect my wellbeing quite a lot cos it's my livelihood, if I am not satisfied with the job, you know I begin to ask myself what the other ways are out, I begin to you know, sort of, sometimes you have this fears about the future and like I said if you go to a store where you feel you did your best and you don't get a good review from other stores that have given you a very good reviews it makes you worry cos you know and you don't want things like that to carry on and then you begin to fear what could go wrong you don't want to have a bad name in such a wide company, pharmacy is so small, so it does affect my wellbeing it can affect me positively also whenever I get a good review but if it's the other way it affects me negatively"*. Outlining that working in a healthy environment where feedback, communication and performance are appraised appropriately helps to get a good psychology of work and impact on mental wellbeing.

In agreement, Participant A explained that *"Well especially, if the workload is not overwhelming, if it is constantly balanced, the work time is balanced, the work condition is good and I have a good pay upgrade, the pay is very important. Yeah when I am not satisfaction with the job, and the conditions mentions have been my definition of job satisfaction and when I do not get them , and they are not met I am mentally stressed, physically stress and it can affect my overall input on the job"*

Highlighting that wellbeing is important to be discussed and the impact it brings to the health workers because of the amount of time spent on the job,

Participant B (Medical Doctor) outlined that *"Very much, my wellbeing is affected with my satisfaction on the job, so it affect in a great extent, I suppose half of my day is spent at work, I leave home 6:40am or thereabout , I come home sometimes 6pm, sometimes 7pm ,sometimes earlier, sometimes slightly late. So, if I spent 50% of my living day at work I suppose that will affect my wellbeing in general if I don't like my work environment that will affect me a great deal. so, the answer is Yes it does affect my wellbeing"*

Also, Participant D noted *"it is my whole day so if I am not happy with my performance or the job it affects my wellbeing as a person"*.

Expressing that the workplace is a major part of their daily life, then whatever happens on the job has a toll on their wellbeing, either physically, mentally, individually or as a group of workers which will impact on the health of the labour force in general.

Comparably, Participant F (Health care Assistant) opined how she handled her task to achieve satisfaction *“working with people makes the work not overwhelming, I work together with my colleagues so that it would be easier, if you put the work on yourself alone, it will affect my health, I spread it out, I free my mind before coming to work cos I don’t know what I will meet at work, I don’t allow the stress have a negative impact and I don’t take work issue home, I feel free and my faith as a Christian helps me, I commit my work to God’s hand”*.

Significantly, Participant I noted how he has enjoyed wellness as a result of having a good working environment. *“I guess if you are satisfied, you would not be sick, I rarely take sick leave, it was only once when I had issues with my boss and I had to put my feet down, as a professional if someone is second guessing you it be an issue. Health wise, if you are not happy your health will deteriorate, because I am happy I have not taken sick leave in a very long time as a side for the sake of my children”*. Similarly, participant H noted that the *“flexibility, work-life balance and the freedom to work without hinderance”* informed his perception of being satisfied

Summarily other participants noted the relationship between job satisfaction and their wellbeing.

“Once you are happy it impacts on your health and otherwise”. (Nurse)

“If people are not communicating and helping me to do my job well, I would not be motivated to work if the environment is toxic”. (Porter)

“Emotionally and mentally it's 100% of me, if I am not happy its leaks to every part of me, I remember working with the GP I was quite sad and everyone around me felt it because I was not happy with what I did then”. (Medical Doctor)

4.4 Theme 3- Patient care

Health care is the basis of the work of the health worker and how patients are treated determines the state and level of care rendered could be used to measure organisational performance. All the participants commented on how job satisfaction could impact patient care. However, the majority of the participants noted the dynamics of the job has made it important to focus on the patient first as they are dealing with the lives of people.

Participant C stated that *“so, one thing I have learn is not to allow what is going on within me, either at work or outside of work, personal, my family related, friendship related, to affect my services, now don’t get me wrong, obviously if somebody is not satisfied, that a personal thing and there is every potential for it to affect people, but it’s all good to look at it that this patient are innocent of whatever you’re going through. It does affect but I think as a professional I choose not to allow it affect patient care in general”*.

Similarly, Participant F emphasised different measures that have been put in place by institution to monitor patient care *“It does not affect patient care, if you maltreat the patient or are deal with them wrongly, they could report you and you will be sanctioned and if you choose to leave others will do the job”*.

In addition, Participant A confirmed that *“personally, I do not think it affects patient care or colleagues, personally I put in my best and if I am not satisfied, I know I am suffering personally I don’t think it affects others and if it does it very well”*.

In agreement, Participant E explained that *“I feel like in our field we put patient care above any other thing, even if you are not satisfied at the moment. Once you feel like you have looked after a patient, that brings the satisfaction you need, I guess. We put patient care above personal perception. We try to not let personal issues affect patient care but at the end of the day it does or might happen”*.

Also, Participant G believed that *“dealing with patients is with someone’s life, I don’t allow my working problems to affect how I do my work. I do not let what is happening affect the way I do my work”*.

A good number of the participants expressed how patient care isn’t a function of job satisfaction, outlining that they are independent of each other, the participant explained how their work ethics, organisation policies and practises have been put in place to ensure there is effectiveness in patient care and organisational performance.

In contrast, some of the participants especially those in medicine and Nursing explain how inevitable it is for patient care to be affected by individual dissatisfaction on the job.

Participant B asserted that *Absolutely, if you have an unhappy staff it will trick down to everyone around you in his environment including the patient and their relatives and the other staff around you. If you are unhappy it means quality of care you put in will not be as much as someone who is happy and fulfilled willing to go the extra mile make the extra enquiry come back to the patient as much as someone who is happy and fulfilled and willing to go an extra I understand we have a role to the patient as care worker, that extra effort you can put in out of your own volution will depend on how happy you are at your job.*

Conversely, Participant D stated *“in nursing you can only work with available resources, if there are not available resources then the patient are affected, let me give a scenario there was a day when there was only two nurses, two interns and two health care assistant, we have 18 patient, 16 of whom are completely dependent on us, we could not give the patient effective care that day, one of the nurses had to send a disclaimer that we were short of staff and if any one dies then the management will be blamed. So patient care is affected because of shortage of resources and it is a constant thing now because people are not doing anything about it”*.

Intriguingly, Participant H revealed that *“for some health workers that have a checklist kind of job like nurses, whether you like it or not, you have to do what is required, and get the job done, as a doctor you don’t have a checklist, I can walk to a patient and speak to the patient and make that patient feel great because I know what I am doing and feel great, If you do not like your job, you could give a wrong prescription or diagnosis to a patient and make them feel worse than they already are. If I don’t like what I am doing or feel satisfied with my job, my actions and attitude may affect the care I render. For me as a doctor I cannot say for any other profession, I eventually role that job satisfaction plays a huge difference to patient care”*.

Then again, An administrative worker explained *“although we don’t have direct contact to patient, we are all working for the patient at the end of the day and the policies, scheme and administrative task we develop affects people in the long run, for instances there is charges we give patient and part of my work is to do calculation every year of health cost, so, whenever I go I want to give the best so that development and review can be done adequately to ensure patient’s finance are managed well”* (participant I)

In summary, findings from the research on Patient care has a comparable view that is not only intriguing but helps to see the differences in perception based on different categories this helps to fill a gap in literature and also a ground for further research.

4.5 Theme 4: Reward

Reward was a theme discussed to bring an in-depth understanding to how it has been perceived as a factor for job satisfaction. Findings gotten from the data collected could be used to achieve research objectives also providing a critical work of comparing secondary data to primary sources in the research and reach a conclusion for the study and for further study. Participants had different opinions to interview the question of *what the link between the reward system and job satisfaction?*

Participant C expressed that *“I think reward will always be linked to job satisfaction, you know my friend a few years ago told me when he was qualified to be a supervisor, that if he doesn’t get a certain amount he will go somewhere else, and that’s for a store he had worked for a lot and he had brought a lot of value and they even gave him way more than he was asking and he is still with them and that will be the same for anybody. I think that is tied in two ways, job satisfaction being tied into reward and also tied to your worth and what you bring to the company. I think when you know what you bring to the company and you know your value that if you take your value somewhere else you will be getting what you are looking for then it is well balanced, you know the reward will not really make sense if your worth is not there. So, I would like to say it is properly linked especially when your worth is high to what you’re asking for”*. This emphasized how the perception of reward is needful in examining and determining job satisfaction which has been revealed to go beyond extrinsic values but also to intrinsic value, which is important to every professional.

In contrast, Participant A and G who are general support staff, noted how there is little or no reward system in place to encourage job satisfaction as the roles require basic skills and they can be easily replaced if not satisfied.

“On this job I can’t say because it doesn’t seem as if there is any reward per say because it seems like the higher you go it may seem like you have a promotion, there is no reward attached to it, it’s just more job and responsibility” (Household staff).

“In that job I have not been rewarded, they do not care if you are doing a job well, maybe others are promoted but aside from cakes and sweets they give during breaks or weekends, I cannot really say there is something else they do, I don’t it’s something to make me satisfied. If you are not satisfied and leave they can put someone else”. (Porter)

Healthcare jobs that require little skills or qualification have little or no reward system that encourage job satisfaction. Participants in this category expressed how they are disposable of their roles and if they dissatisfied, there is no concern for turnover as they can easily replace them due to high demand for the jobs or available labour force.

Participant B noted that reward could mean a lot of things to medical professionals *“I think it will go a long way that the hospital appreciates your contribution to her existence, if you get awards that are given every so often maybe annually. In terms of pay rise, I think it's automatic, sponsorship for courses could also*

come with the job automatically. However, a little thank you and appreciation in different forms goes a long way to motivate workers”.

Talking extensively on reward, Participant D expressed her view on reward *“we humans it’s a natural tendency to want to be rewarded. However, it is so sad though that once you leave or breakdown someone is going to take your place, you can be easily replaced, so the reward system is showing that we are not seen as an access, as someone valued because no one can truly be replaced, I feel no one is replaceable there is something you will do that there is no human dead or alive that can do it the exact way. The reward system reminds every employee that ok I am valued, respected, I am given time to rejuvenate. I am giving a certain reward because I matter, but when I see that the reward is not equal to my job, I just do the job for other reasons and that could affect job satisfaction”.*

In addition, Participant E stated that *“I think it is important because you get your career based on how much you think you get paid, I think that influences like the career path I was going to go into in the first place. I think it also influences your motivation. So, say you are in a position where you are likely going to get promoted or get a pay raise, I think it keeps you motivated on the job which brings satisfaction”.*

These participants pointed out how reward is a foundation to one's career and progress, unlike the first category of workers who indicate that reward isn't a function of satisfaction, these workers believe that their reward is linked to how they feel on the job and how they will feel in the future if opportunities arise.

On the other hand, other participants had their own views of reward and job satisfaction.

“I believe reward is from God, sometimes you hardly hear a thank you and there may even go the extra mile of recording you or giving a bad report about you. They are ready to stand against you while some understand the job and say thank you some may even spit on you. They do it for everyone, even doctors and nurses”. (Health care Assistant)

“If you are a doctor, the reward first comes from the satisfaction from helping others, there’s mental and physical reward, if you help people generally there is reward. It's mentally rewarding when you do what you love. Although there are little actions that patients or people you work with do, it goes a long way. For me I can do medicine and do it for free, cos I genuinely love medicine, so I am happy at work without the pay, sometimes I work and get carried away and forget every other outside work, nothing else matters. To start with If doctors are not paid well, I would still have loved medicine”. (Medical Doctor)

“I am more focused on increasing my financial situation when I leave work, my pension is my focus so if I make more money it may not make any difference now”. (Accountant)

“I will say what you are being paid for, is not what the value you render, cos it is more. It is not about the money to me”.

As a sector focusing on the lives of people, some participants are satisfied with mental reward rather than physical reward as they find themselves in position to give a duty of care and in some cases save life. Reward to these people can be anything that gives them fulfilment and not necessarily money.

4.6 Theme 5- Retention

Retention as a theme is derived specifically from the literature review and the theories established in the study, as a factor influenced by retention, participants were asked how job satisfaction impacts retention and their commitment to stay on the job. Every participant’s view is important to the discussion and conclusion of this study.

Firstly, participant A pointed out the job satisfaction is a function of retention ***“It matters, because if I am not satisfied in a place if the job, you know, what determines my job satisfaction you know if not found in a place, it means I am not going to be physically and mentally at rest, at peace, you know to putting in my best and the employers might not be satisfied with my input, because I am definitely not going to be staying to be ab I will be looking for a better place where I can be satisfied with the conditions of the job so I am definitely not going to stay long on the job I have not satisfied”.***

Highlighting that retention may be looked differently for medical doctors, participant B stated that ***“It all depends on what sort of program you are running in that place. If you are running a timed program that allows you to spend one year in an environment, sure you have no choice but to move to the next place after year 1 or year 2. The answer is Yes, if you are working and you have an open contract that allows you to stay for as long as you want to stay, as long as you are happy with the job you can keep your role then yes job satisfaction will keep on the role or will make you want to stay much longer because of the environment and the satisfaction you derive, but if you are working in a training program that allows you to spend a certain amount of time then you have to move on”.***

In contrast, Participant C noted that leaving a job is a function of his individual goals ***“like I said it depends on the goals I have, but then again that could always change that depends on cos if I speak to the employer and he tell me this or that option and oh I never thought of that ok cool, goal oriented”.***

Similarly, Participant G also expressed that *“like I said in all the scenarios mentioned, your perception of your work will determine your longevity. If you find a better opportunity, you will always leave, even if you have to start all over again. If I get a job to move to Australia as a smaller role I will move as long as the pay or package is better”*.

Also, Participant E (Pharmacist) “yeah, if you are satisfied at a particular location, you’re more likely to go there, book more shifts at that area”.

In agreement, participants also mentioned that *“I have other ambitions and goals, if I am not satisfied definitely I am going to leave, I am just there to pay my bills and set the right path for the future. After my degree, I will leave”*.

Alternatively, participant F believes that retention is not an issue among health workers as there are people who will feel up to the job *“It does not determine, the more you work the more reward you get, if you are not happy you can leave, personally if I am not happy I can switch a work area. Although because of the long process of switching wards, people just remain silent and endure the dissatisfaction”*.

Notably, Participant H expressed that *“for us doctors, some postings are inevitable so irrespectively of whether you want to or not, for me I choose the barest minimum of time to stay in surgery cos I don’t like it”*.

Lastly, Participant I summarily mentioned his view on retention *“like I said, I have created a few things that are still running till today, but it will get to a point when you see that there is no improvement that can cause discouragement and make you want to leave”*.

4.6 Conclusion

This chapter has examined the findings of the qualitative semi-structured interviews that were carried out to answer the research question and achieve the objectives of this study. The data was analysed by employing thematic analysis and coding and as a result five primary themes emerged from the data. As the sample of participants comprised a mix of various health workers, the findings were varied in numerous themes and similar in others. Rigorous and creative analysis of findings. The researcher explored the subject of job satisfaction while discovering sub themes that showed a gap in the study and yet set a pace for further studies. Findings from the research revealed that the perception of Job satisfaction is peculiar to the different categories of the participants, which is based on several socio-demographic factors, skills and qualifications, areas of work, and professional expectations or

requirements. This was stipulated in their responses and views of what job satisfaction meant to them. The participants expressed their personal opinions in a semi-structured interview conducted which will inform the discussions and recommendation for this study. The perception of job satisfaction was majorly an expression of how participants felt on their job and what informs the feeling. The findings support theoretical and previous claims on the subject of job satisfaction. New findings, however, were obtained from the research especially in terms of knowing what informs the perception and how it becomes integrated to the psychology of work.

In addition, analysis of the data also revealed how wellbeing impacts on health workers with emphasis laid on the relationship between the work and the worker's health. A health worker's job becomes a lifestyle as a result of the number of hours spent at work and the actors involved in the care of people. Although one of the participants stated clearly that she tries to separate her work from her personal lifestyle, the majority of the participants indicated that good health is a function of a satisfying job. Furthermore, the issue of patient care was linked to Job satisfaction and different views were gotten from participants with some acknowledging that their wellbeing and satisfaction will not impact on patient care and others signifying that a good job is a function of a satisfied worker and vice-versa. The issue of retention was also addressed as it relate to commitment and turnover, some of the participant noted that their role are fixed or contract basis and this involves having to stay in a location or job irrespective of job satisfaction or dissatisfaction while others agreed that they will leave and go for better job opportunities if they are not satisfied on their jobs. Notably, retention is emphasised among health workers for several other reasons than job satisfaction, but majority of the participant stated their commitment to the job even though they may not be satisfied, implying that healthcare workers can leave a job because they are dissatisfied with the hope of getting a better place, that being said, retention is function of the external factors then internal factors.

Lastly, the theme of reward was explored to be able to understand what role it played in influencing the perception of job satisfaction, participant gave a comparative response to this theme with some focusing on outlining how they are satisfied based on mental and intrinsic reward and other highlighting the importance of salary, wages and benefit to their satisfaction of the job. A participant noted that her choice of career firstly starts with the reward and that is why it becomes important in defining job satisfaction. Other participants noted that the reward in place signifies their worth and makes them know they are appreciated and valued. Participant with higher qualification signifies that pay is automatic and rated based on the profession so other things count as reward to increase or inform job satisfaction.

Finally, some noted that the job itself is rewarding without the pay and the passion for it becomes sustainable and not dependent on the financial reward that comes from it.

Chapter 5 - Discussion

5.1 Introduction

This chapter will examine the findings obtained in the previous chapter and discuss in detail why the findings are relevant to the research. The findings will be linked back to previous research in the literature review. The main objectives of this study were to examine the impact of job satisfaction on health workers, determine how it impacts on wellbeing, organisational performance/patient care and identify factors that influence the perception of being satisfied.

5.2 Discussion: Theme 1- Perception

Findings from the study gave the researcher an insight on the literature reviewed on the concept and perception of Job satisfaction. Although there were new concepts and individualistic views to defining and conceptualising job satisfaction, there were however similarities and varieties that will be discussed under this theme.

As opined by (Parashkevova et al, 2020) job satisfaction has an impact on the career decision making and availability of the health worker. This agreed with the findings of the participant that emphasized how perception influences their attitude and commitment to their job. A comparative view in what influences perception was also noted by the researcher as different participant had different ideas of what could makes them satisfied or what they expected to see as stated in the findings, while some outlined their passion for the profession, others indicated their personal needs and goal as indicated by Herzberg theory opined that factors that brings satisfactions, the variety in what constitute or influences the perception of satisfaction was also argued by other authors in the literature review, emphasising that sometimes satisfaction may not be a function of the job, however, internal or external, and personal preferences also come to play as seen in (Kartal, Ates, Ozcan and Soyuk, 2011) which explained that there are hierarchy of needs that influences satisfaction.

Furthermore, the majority of the participants expressed how their perception of satisfaction is linked with positive feelings gotten on the job and the environment. Stating that the people, policies, operations, and practices in the work environment defines their perception towards their jobs, having a healthy work environment is the first thing a health worker wants to believe that he/she is satisfied. This views correlate with (Deriba et al, 2017) work that stated there are different factors (Hygiene and Motivators) that influence job satisfaction, (Lepisto et al, 2017) which opined that job satisfaction is a function of several variables and (Samira, Stina, Salem, Nasar and Mat, 2020) which state that sometimes job satisfaction is a function of good relationship among workers and managers. Notably, some of the participants also affirmed that there

are differences between wants (Wang and Brower, 2019) and expectations (Dong, Yang and Nian, 2021) and this shapes the perception of job satisfaction.

Accordingly, the gap in literature has been filled by the participant stating how job satisfaction can be increased or improved with the comment. Different opinions and factors were given on increasing a positive perception of job satisfaction, the researcher noted that different categories of health workers have things that are peculiar to their role which serve recommendation for further study. *“Bring in more hands”* (Household staff), *“there should be at least more paid holidays for health workers”* (Pharmacist), *“self-development and rewards to motivate workers”* (Social care professional), *“mental health awareness about health workers”* (Health care assistant), *“better communication and a good reward system”* (Porter), *“show support, ensure adequate resources and increase pay”* (Nurse), *“workplace flexibility”* (Accountant). Interestingly, Participant H (Medical doctor) commented that sometimes health workers are left with no choice than to get the job done as long as they are found in the health sector irrespective of their perception *“It hard to know how to increase satisfaction of people if they are not naturally satisfied with their jobs because you are dealing with the life of people”*.

Finally, the perception of health workers should not be generalised as the findings revealed differences in opinions based on the nature and peculiarity of work.

5.3 Discussion theme 2 – Wellbeing

All of the participants commented on the importance of job satisfaction on wellbeing, majority of which supports the literature review, however, findings reflected how wellbeing is a wide theme and could reflect sub themes like personality, values, qualification, workload, working conditions.

The time, energy, and hours spent doing the health care job was stated by participants in explaining why their wellbeing will be indispensably affected either positively or otherwise. The impact of one’s job and how it connects to other life decisions and lifestyle was revealed by the findings of the research which connotes that there is a need to look into the wellbeing of healthcare workers and ensure that its positive impact on their perception. This debate was highlighted by (Aedin & Alexandra, 2020; Hayes et al, 2017) emphasizing the need to focus on the health of the health workers as a result of its impact on the carer and eventually on other actors in the long run which was also discussed in the study.

Furthermore, (Jilani 2019) opinion on burnout and mental breakdown of Irish nurses was confirmed by Participants who work in patient care and nursing, revealing that the duties come with mental and physical stress especially when resources are not managed, and the workload becomes overwhelming in a few hands.

This becomes necessary as the health of the carer can be affected and even though there are people to replace a sick worker, eventually it reflects on their quality of life in the long run. This was conversely, discussed by (IrishTimes, 2021; Slater, 2020) where the debate of health workers wellbeing could result in health and safety dissatisfaction. Similarly, working in some unit or ward could tell on the health workers wellbeing as expressed in the findings where it was stated that working in a ward with patient with dementia or mental disability requires extra effort and could affect wellbeing if the right supports are not put in place as seen in (Rollins, Eliacin, Russ-Jara, Wasmuth, Flanagan, Morse, Leiter, and Salyers 2021) which was conducted for healthcare in a mental facility.

Notably, the findings revealed that the specialising or working in a unit of individual interest impact on wellbeing and the psychology of work because there is a feeling of acceptance and whatever comes with the job role in a bit of answering the question of “does work make you happy” (Gorovei, 2020), support the above findings by stating that quality of life and good psychology of work is a function of doing what you love. Aedin & Alexandra (2020) comparatively, discuss their need by different policies and support to help the psychology of doctors in workplace wellbeing and help them manage mental stress. Findings however revealed that as long as a health worker is satisfied with the job and the environment, well-being is most likely affected positively as a happy worker is a health worker.

Summarily, findings revealed that the theme of wellbeing remains an indispensable of job satisfaction and the two variables or factors definitely impact on each other.

5.4 Discussion theme 3 – Patient care

Patient care was a theme gotten from discussing organisational performance among health workers, the researcher found out that patient care is applicable to health workers and noted that organisational performance is best addressed by management or employers of labour. The issue of patient care was however discussed in relation to job satisfaction. Majority of the participants emphasised that patient care is dispensable of job satisfaction as policies and practices have been put in place to ensure effective organisational performance, however, few participants agreed with literature review on job satisfaction influencing patient care.

Hitherto, as discussed by (Roopalekha et al, 2011) outlining that patient satisfaction is a function of job satisfaction, participant B and Participant H who are both medical doctors support the claim by outlining that patient satisfaction is a function of healthcare workers satisfaction or doctor satisfaction as the case implies. Findings reveals that even though patient care come first and health workers tries to give their best when rendering health services, one’s perception or emotion is likely to impact how care is being rendered as health workers are humane themselves with different emotions and feelings, although there is a choice to give the

best, patient care can still however be affected dissatisfaction and unhappiness on the job or with challenges relating to the job.

Similarly, findings from other participant also revealed that even when there is a perception to offer a good services, resources around may not be available to support that, hence patient is left with no choice than to bear the consequences as explained by (Julani 2019) whose work revealed how turnover, migration, burnout and other surrounding issues have impacted on the remaining staff and patient in the Irish health care, this was elaborated by Participant D(nurse) who gave an instances where there was shortage of staff and how health worker could hardly attend to every patient needs. Furthermore, findings from the research support (Nelson & Cavanagh 2018) argument on dissatisfaction and poor performance as a result of disproportionate patient-nurse ratio which was extensively explained by an intern nurse. However, (Musrrat et al, 2017) position on salary package being a factor for low productivity and performance was not mentioned by any participant as more of the participants related patient care to being important to their job irrespective of their dissatisfaction.

Finally, it is important to note that a good number of participants believe that effective patient care is the basis of their profession and this has been integrated into workplace culture. However, the findings from the research revealed that highly skilled professions like medicine and nursing which requires more mental and physical effort could be affected if there is job dissatisfaction especially over a long period of time.

5.5. Discussion-Reward

The importance of reward cannot be overemphasised as a result of the role it plays in bringing extrinsic and intrinsic satisfaction. Findings however reflected a variety of opinions on reward and how it impacts on the health worker, and the satisfaction derived from it.

Firstly, (Jones , 2020) claim on doctor's pay and benefit not as high as people think and reward being more intrinsic for medical professionals. Secondly, advancement and praise at work, being a factor for job satisfaction (Vévoda, Ivanová, Nakládálová and Marecková, 2011) and values and belief being a motivator for work than reward (Simeone, 2015)was confirmed by participant in the findings. Some of the Participants affirmed that the motivation to work has little connection to the reward, especially when salary or wages is automatic based on a general pay scale. As seen in secondary information review, the satisfaction and drive to work usually span from factors like passion, genuine care for the sick, self-actualisation, and future opportunity(Pension). Moreover, some rewards like awards, recognition, training and development that comes with hard work or high performance counts a lot to the health worker.

However, other participants indicated their attachment to reward in terms of pay, salary or wages as a means of motivation on the job. Findings revealed by (Deriba et al, 2017) hygiene and motivator factor, personal goals and dreams (Ştefan et al, 2020) and hierarchy of needs (Kartal, Ates, Ozcan and Soyuk, 2011) influences the link towards reward and perception. A worthy pay was mentioned by several participants to indicate what constitutes job satisfaction for them, others indicated how the pay makes them committed to the job. The researcher also noted that participants who have less than five (5) years on their job placed emphasis on the importance of reward to satisfaction. This is because younger workers tend to have new responsibilities and goals to achieve, and it can only be possible with financial support. Interestingly, one of the participants also mentioned that his pay gives him a sense of worth and adds to his confidence of the job and his profession. While a participant who is a support worker explained that the job is to pay his bills, he planned to move to another job once he is done with college.

In summary, Findings from this discussion revealed that years of experience, age, individual goal, values, qualification among others has an impact on the perception towards reward being a factor for influencing job satisfaction, this gives a comparative direction for further study and fills a gap in literature.

5.6: Discussion- Retention

Retention as a primary theme was used to gain insight to commitment and turnover issues among health workers. As an exploratory study, how and why retention could be impacted by job satisfaction was done to achieve the objective of the research and answer the research question. Findings from the research asserts literature review whilst giving information for recommendations.

Julani (2019) findings on the reason for turnover among nurses was affirmed by Participant D (Intern nurse) who stated that she will not hesitate to switch jobs or migrate if she gets a better package. Other participants expressed how they will leave a job or workspace (unit or ward) if they notice they are not happy.

5.7: Summary of the findings

All participants described what job satisfaction means to them, while there were similar opinions on what constitutes satisfaction on the job, findings revealed that the category of work in the health care settings differentiate the perception of job satisfaction. Personal factors varied between the participants, however a good working environment and a passion for health care was an overall positive factor for satisfaction. However, a few of the participants indicated that there need to be more focus on wellbeing especially mental awareness as sometimes the workload load and work schedule could impact on physical health and social life as described by a participant who indicated that she cannot relate with her peers because of her work

schedule. Furthermore, the majority of the participants indicated that the amount of time spent on the job and at work makes it important to be doing what they love and neutrality commitment to. A similar finding for all participants is the importance of communication and good relationships among workers that promote teamwork and establish a healthy working environment.

In relation to patient care, participants indicated that their satisfaction could impact on how they render their health service effectively. However, some of the participants expressed their loyalty to their jobs irrespective of their personal perception of their job as they are dealing with the health of individuals which is a sensitive task. Flexibility, work-life balance and freedom to work without hindrance were factors that have been found to fill in the gap in research and provide new grounds for further research. Finally, the findings discovered that while satisfaction could not be dependent on reward of any kind, either salary, benefit or bonuses, it influences the perception of satisfaction and could increase satisfaction in any of the categories of the health worker.

5.8 Discussion on research objectives

5.8.1 Introduction

It is evident from the findings and discussion that each of the objectives depicted at the aim or the research have been achieved. The overall research question for this study was “How do healthcare workers perceive job satisfaction and how does it impact on wellbeing and patient care?” The comprehensive answer to this question posed is that job satisfaction is an important concept to every health worker, and it could have a positive or otherwise influence on wellbeing and patient care. This is examined through the research objectives.

5.8.2 Discussion of implication of findings

Examining the perception of job satisfaction among health workers was explored by the researcher using an inductive approach. All the participants outlined their opinions and views on the subject of job satisfaction, giving a description of what job satisfaction means to them as health care workers. The findings suggest that job satisfaction is a universal concept that determines the happiness, fulfilment and expectations of the job. Participants however, had different opinions and views of what informs their perception of job satisfaction which was majorly a function of the nature of the job, the years of experience, the category of work and the working environment he/she operates.

The researcher aimed at exploring the impact of job satisfaction on the carer and on patient care using wellbeing and organisational performance. The findings revealed that the majority of the participants expressed how job satisfaction has a positive impact or negative impact on wellbeing. A few of the participants opined that wellbeing is a function of individual responsibilities and action, explaining that the job will only bring a

negative impact if one chooses to or fails to bring a balance to workload and encourage teamwork. Likewise, a good number of participants agreed that patient care is not a function of job satisfaction as they believe strongly that individual interest or personal struggles should not affect their duty of care. However, some of the participants stated that performance will be affected in the long run if the health worker is not satisfied or happy on the job.

The objective aimed at capturing the factors that influence the perception of job satisfaction among health workers. The findings revealed that a healthy working environment was a common factor mentioned, a good reward for labour was discovered to encourage workers and motivate them on the job. Teamwork, apportioning workload and resources increases satisfaction and reduces burnout and different forms of stress. Furthermore, the findings revealed that the passion and enthusiasm for the job goes a long to influence, define and increase job satisfaction among health workers. Conversely, flexibility, freedom to work without hindrance, increased holidays, communication, and good relationships among colleagues were indispensable factors that participants stated to influence job satisfaction.

5.9 Limitation of the study

The researcher faced few limitations throughout the research.

The first limitation of this study was recruiting and the availability to the participant. The researcher discovered that although the population for the research were interested in discussing the research topic, they were busy and in reality, could not find a convenient time within the timeline for the research. This limitation affects the numbers of participants that were recruited for data collection.

Secondly, the current pandemic and restriction affected the researcher from meeting the participants face-to-face, hence, interviews were conducted online using Microsoft teams, which was effective although limiting in terms of communication, facial expressions, gesticulations among others which are features of inductive research. Internet connection issues limited the data collection process at instances where the participant is not conversant with teams and had to go through downloading which was time consuming.

The timeframe for the research was also limiting as the health workers constitute a large group of the labour force in Ireland and getting an in-depth study will require a longer period of time to collect data from a larger and wider population.

Lastly, the different categories of health workers researched on revealed different features that are peculiar to the research objective, this could pose a gap for further research as well as create a ground for a comparative research admitting different health workers.

5.10 Ethical considerations

Ethical consideration in research is both needful and mandatory in the research methodology. Ethical consideration refers to having an ethical approach to handling information, data and communication with respect regarding individuals or organisations involved in the research process (Roshaida and Arifin, 2018). This will require enforcing and adhering to consent, anonymity, voluntary participation, non-falsification or fabrication of data, confidentiality, privacy and data security before, during and after the research process.

In a bit to get in-depth information, the nature of this research is engaging and will require putting research ethics into consideration by ensuring that a consent and approval is gotten both in writing and verbally. The consent form depicted in 3.11 below will have a summary of what the research is about and ensure individuals understand their rights in the interview process. In addition, because the interview will be conducted online via Microsoft teams, participants will be informed about recording and how data will be stored with privacy, following all the data protection policies. In the attempt to meet ethical considerations, there should be an approvable sequence between how and what is being ask while signifying a voluntariness and consent to either not answer, pause or choose to stop the interview, Recorded Calls and note taking are indispensable of this research method, hence consent and approval will have to be gotten to keep and process the information. This will be stated before, during and after the interviews. In summary, research ethics and participant information will be adhered to following all Data Protection Act regulations and the National College of Ireland's guide on ethics.

Chapter 6 - Recommendation and Conclusion

6.1 Conclusion

The aim of this research was to explore job satisfaction, how this concept is perceived, and its overall impact on healthcare workers in Ireland. The research question was established as “How does health worker perceive job satisfaction and how does it impact on wellbeing, patient care and organisational commitment?” The specific objectives focused on identifying factors that influence the perception of job satisfaction, examining and determining how job satisfaction impacts on health workers in Ireland. This required an inductive research that engaged participants using a series of interview questions to get an in-depth understanding of personal opinions that were analysed thematically for findings, filling a gap in literature, future research and recommendation. The researcher reviewed several literatures at the beginning to understand the concept of job satisfaction with a focus on health care workers with the objectives of the research and the gap in study shaping the data collected for analysis. It is also important to note that health workers were reviewed based on the category of health workers which gave the study a comprehensive outlook.

Accordingly, the findings majorly stipulate that all participants (Health worker’s) are conversant with the concept of what job satisfaction is and the study revealed that job satisfaction has a subjective meaning to every and different individuals. However, as the study sought to understand how job satisfaction is perceived, the findings reflected that perception is a function of the profession, nature of work, years of experience, age group, and work culture. Furthermore, the study confirms and supports literature review on the impact of job satisfaction on the health workers’ wellbeing (health), patient care and commitment either positively or negatively based on the findings that offered a relative response to the research questions. However, some of the findings from the participants gave an insight to how job satisfaction may otherwise be indispensable for patient care and commitment. Remarkably, the working environment was a key factor mentioned by participants on the perception of job satisfaction signifying how the conditions of work, the people working with them, the workplace practices and policies and the resources available plays a crucial role in informing the perception of a satisfying job. These findings suggest where recommendation can be done and also fills a gap in literature on how job satisfaction can be captured or measured.

Secondly, the study revealed how wellbeing is an indispensable theme when discussing job satisfaction. Participants in the study emphasized how their wellbeing is a function of many things, and one’s job count for impacting on the wellbeing positively or negatively as a result of not only the hours spent working but the commitment and energy to ensure health care outcomes to satisfy both the patient and the organisation. The findings therewith correspond with literature review on how the health of the carer should be constantly on the mind of management and decision makers. An intriguing finding in the study in relation to wellbeing also

revealed that some health workers mental health should be highly considered as crucial to health care, as participants in the categories of medicine and Dental, and Nursing and midwifery were found to emphasise how patient care could be limited and there would be less of efficiency if the wellbeing of the workers are not healthy, although this may not intentional as the study also reveals the priority of patient care, however some things cannot be controlled with a negative wellbeing especially because this category of work make life saving and health saving decisions daily. One of the participants highlighted how her social wellbeing is at risk as a result of a different work schedule to his peers and how it affects socialisation. Overall, the findings show how onus lies on the management or the individual health worker to strive to ensure a healthy lifestyle and work culture to accommodate quality of life for the patient and themselves. This will help in the policies and practises of the health sector which will eventually resort to a better health care system.

Lastly, it is evident that there are factors that influence job satisfaction and findings helped to achieve the research objectives focused on this. The participant equally highlighted a good working environment which involves the colleagues, practices, policies, and work culture, with emphasis laid on teamwork and good relationships among colleagues as the health care job may be indispensable of working with others to achieve patient care. Other factors were mentioned peculiar to individuals and what they want. One participant explained how feedback is important to him as a social care professional especially because he works in several locations and would be satisfied when he gets a good review for the job done. Reward in terms of salary and wages was a factor mentioned by a good number of participants with some outlining how it relates to job satisfaction because it gives them value for the work done, it pays the bills and helps in achieving their financial goals. Moreover, the likeness for the job/occupation, the passion for good healthcare outcome and the psychology of helping the sick was regarded by some as the pioneering factor that influenced the job and the perception of job satisfaction in it.

Summarily, the research questions were answered, and the objectives were achieved as stated in the discussions, however, the researcher thinks there is room for further research which may require taking each theme separately and dealing with each category of health worker singlehandedly.

6.2 Further research Recommendations

As stated in the conclusion above, the study has inherent themes that can be prospects for further research. The researcher proposes that a further research on job satisfaction that include a larger population size of health workers specifically across the country(Ireland) using a comparative approach of private organisations and the HSE, this is because as stated in the limitation, the short time frame didn't give the research the opportunity to

contact a larger audience as the study stipulate that the perception of job satisfaction is peculiar to different factors which is likely to be more with a larger population or sample size. This is also important to give generalisation and help in specific recommendation to the study issues. Further research should also take factors like agency workers, part-time workers, relief staff, interns and other classes of health workers who were not captured during this research. Furthermore, it was evident during the research that wellbeing can be a major factor behind healthcare workers job satisfaction. Findings revealed show that the focus of wellbeing should go beyond the physical only, but probing should be done on the mental, social and psychological aspect of the health worker. This is important to knowing more and adding to knowledge on the holistic life of the carers especially because the study has revealed that there is link between wellbeing and patient care and other surrounding issues.

Lastly, the findings revealed that there is still potential for further research in the area of understanding Job satisfaction from the management perspectives or employers of labour. This is highlighted as a result of the researchers noting that participants could not state specific measures put in place by management or organisation to ensure health workers are satisfied, although some participants noted that it is integrated into the work culture. An insight into employers or management's view will help to present a balanced knowledge of job satisfaction in the health sector and make room for changes.

6.3 Recommendations

This study has not only filled a gap in study, and achieved the research objectives, but it has also helped in giving the researcher information that could be used for practical and actionable recommendations. This section will make three recommendations to some of the issues of the research, alongside its potential cost, the recommendation especially focuses on the areas that were addressed by participants and the literature review.

6.3.1 Recommendation 1:

Although the researcher noted that perception of satisfaction has been influenced by different factors as stated in the findings, the researcher believes that by engaging healthcare workers in the psychology of work through training and innovative platforms, the attitude, feelings and perception towards one's job will help educate and promote an atmosphere of positive outcomes, motivation and work engagement. As healthcare workers have to go through tedious training and time to becomes professionals, the recommended training can be in form of podcasts specifically addressing healthcare workers issues, creating a network aside formal platforms like unions and associations but groups that like 'nurses in Ireland' or 'healthcare workers in Ireland' where experience, knowledge and tips can be shared amidst professionals in a friendly and less formal way. This recommendation will help improve mental wellness as well as create a social platform for health workers and

professionals and can be beneficial to not only those with years of experience but to students(student nurses for instance), interns and other classes of people who are yet to fully become workers.

The implication for this recommendation is that research may be required to explore if there are platforms in place that cater for healthcare workers, furthermore, knowing how the health worker will feel is important to its creation. An interesting aspect of this recommendation will mean engaging health care workers in extracurricular (work) activities that could be needed to reduce mental stress on the job and give them opportunities to build other skills and interests. The implication for this recommendation may be getting approval and following policies to set up platforms that are ethical and professional. Having a podcast for health workers for instance will only require technological set-up and perhaps setting aside funds for advertisement, and management. This can also help communication and feedback easier and concise to make changes to dissatisfactions within the workplace without disruptions or distraction that might occur when there is protest. Employee voice would be encouraged when there are platforms to speak and voice out opinions related to health workers and to the health sector in general. Furthermore, seminars and training can be conducted globally to address issues within the health sector that will influence positive perception towards work and will address job satisfaction. Accordingly, this can help tackle retention problems when emphasis is laid on sharing work opportunities for Irish health workers that can help reduce turnover.

6.3.2 Recommendation 2:

Although the first recommendation has touched on wellbeing slightly, this second recommendation focuses more on healthcare worker wellbeing closely. The wellness of every healthcare worker cannot be overemphasized and putting measures in place to make it a reality should be integrated to management culture and work practises. The researcher sees wellbeing has been peculiar to each category of health workers and changes or improvement should be done to meet the needs of the healthcare worker. Firstly, the researcher believes that attention should be directed to the mental health of employees or staff beyond informal or formal appraisal when there is questioning of wellness or ensuring healthcare workers take a holiday to rest. Healthcare workers could have discount or free access to mental health care or having sessions with psychologists or counsellors with a benefit or employee card quarterly or monthly. Organisations could also introduce a platform where mental health can be discussed among health workers and support is being given to people that need it. This can also be integrated into Human resource management where the HR department ensures that appraisals are done strategically to ensure that the workers are mentally fit and healthy. This is important because of health and safety law where an organisation is required to provide a duty of care to employees and the address issues stated in the Irish health labour force. Harnessing different programs to tackle mental wellbeing also prevent breakdown and burnout that is beneficial to the carers and those in their care.

Furthermore, because health workers work with colleagues and have family members, taking care of their mental wellbeing means reflecting healthy relationships which make for a happier lifestyle and quality of life of several individuals in the long run.

The physical wellbeing of the health care workers should also be considered, improvement can be implemented by flexible working, work-life balance, fitness programs which will address different physiological and physical needs. Encouraging fitness and physical wellbeing can be implemented by having a gym room in offices and hospitals that are for employees, giving staff the opportunities to visit before and after work or when off duty helps to promote a healthy lifestyle and a better routine. Social wellbeing can be improved by conducting social gatherings more frequently aside once a year (End of the year for instance) but also when workers are off shift and are available.

Implementing this recommendation can be done by strategic planning with the HR department looking at the work environment and simply integrating the practises mentioned. Giving Healthcare workers free or almost free access to mental health care, and session, putting gyms and fitness equipment for employees will bring financial cost although this can be integrated to healthcare benefit and insurance for employees.

6.3.3 Recommendation 3:

To increase retention and commitment to the job and organisation, this recommendation focuses on reward, Appraisal, and policy to put in place for health care workers. Although findings revealed that commitment is high among health care workers, there is an issue of turnover among healthcare workers in Ireland and the research confirmed that some individuals will leave a job, or migrate for better pay, and policies that are supportive to employees. That being said, management and employers of labour should look into talent management by ensuring that compensation is competitive and improving to fit the dynamics of its employees. Starting from the recruitment of employees, strategic planning should be done to ensure that employees are managed effectively to reduce turnover. This is important because the health sector is the largest employer of labour and organisations may find themselves spending so much on recruitment if talent management is done effectively.

Using a Hybrid approach in talent management can be used to manage talent and improve retention, from the highly skilled to the easily recruited workers, there should be schemes, programs in place to motivate and encourage health workers to feel they are part of something, this has a huge influence on organisational commitment.

Although majority of the recommendations stated may be operating one way or the other, putting it into full practices may take a period of three-four years as a result of dependence on approval from governing bodies, policy makers and stakeholders. However, some of the changes can be done small scale and will only need a manager's effort or a team of people to put things together within a space of six months.

6.4 Personal statement

In order to complete my master's in human resource management I was required to carry out a research study on a topic of my choice in relation to HR. I chose to conduct my research on the area of job satisfaction among health workers in Ireland. This subject is an interesting issue in the health sector especially in recent times. From the beginning of the study to its completion, the learning experience has been engaging and educative in the area of job satisfaction among health workers which expanded my knowledge about the healthcare industry and its labour force. I thoroughly enjoyed conducting this research, being the most enlightening and detailed projects, I have ever undertaken. Giving me an opportunity to utilise my skills and abilities, I was exposed to research, analytical, writing and communication skills. The research approach was qualitative in nature, which helped me to be fully involved in the data- collection process and in the research at large. One thing I like in particular was the interview process which allowed me to gain insight in interviewing, communication which I believe will be useful as an HR professional in the future. Furthermore, by contacting the research population, and networking for available participants, has allowed me to develop my communication skills, and has provided great confidence in terms of people skills. There were many challenges presented in this project. Firstly, the pandemic restriction made it impossible to meet participants face to face or gain access to the location of the organisation, except on medical appointments. This presented challenges in targeting and recruiting individuals to participate in this study. I engaged with individuals who could spare time with the short timeframe of the research as a result of the nature of their work, this required me to wait and reschedule from appointment on several occasions and on weekends to fit the participant's available time. Time constraints were challenging especially when there was an IT 'issue' with the school's website, and I could not access some materials from Moodle. It was also important that I remained within my allocated time and schedule to conduct the interviews, which were all carried out over a two-week period. Time was also a major challenge to conduct and present this study at the highest standard possible. Furthermore, transcribing the interviews was extremely time consuming but it made me have an in-depth understanding of the research topic and proffer appropriate recommendations. If this study were being repeated, I would be sure to allocate more time to transcribing the interviews and the research in general. This project has been developmental to me in many ways. I believe I have developed my research, interview and time management skills in a real-time environment. Overall, I enjoyed carrying out this research project and I believe my findings on this research will be useful for further research and fill up gaps in literature especially in relation to Ireland

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APPENDIX

Consent form

The below appendix will be handed out to informants for approval and the interview would only be conducted when it is understood and signed.

Appendix A

I _____ have read the information sheet provided by the researcher and I have agreed to participate in the following study. The study is looking to examine and identify issues surrounding job satisfaction and its impact on health workers and organisational performance.

I understand that I can withdraw from the study, without repercussions, at any time, whether before it starts or while I am participating. I understand that the interview is being recorded and that there is the potential for direct quotes to be taken from the interview. The data will be securely stored for 5 years and will then be destroyed in a secure manner in accordance with the National College of Ireland ethical guidelines and Data Protection guidelines. I understand that the data I provide will be used in the dissertation “ job satisfaction and its impact on health workers in Dublin” which will be used on the NCI dissertation repository.

The contact information for the researcher: Email: x19124201@student.ncirl.ie

[Tel: +353 089562116](tel:+353089562116)

Signed _____ Date _____

The following questions are open ended, and informants can choose to omit or not answer any of it as stated in the consent form. Socio-demographic variables will be used to differentiate informants while maintaining anonymity.

Gender

Age

Job title

Job Category

Years of working in the organisation

Years of experience in the occupational field

Appendix B

1. What does Job satisfaction mean to you ?
2. . What are the factors that influences your perception of being satisfied?
3. What makes you like or dislike your job?
4. : How does your perception of job satisfaction affect your wellbeing?
5. To what extent does job satisfaction affect commitment to your job?
6. How is job satisfaction spoken about in your workplace?
7. What is the link between job satisfaction and reward/salary?
8. Can the job satisfaction determine how long you stay on a job
9. How do you do think job satisfaction impact on patient care?
10. What do you think needs to be improved to increase the level of job satisfaction

The first four questions seeks to address the first research question that state “How do health workers in Ireland perceive Job satisfaction?” while the last six question seeks to address the research question that state “How does Job satisfaction impact on wellbeing and organisational commitment?”