FACTORS INFLUENCING JOB SATISFACTION AMONG HEALTHCARE ASSISTANTS (HCA) WORKING IN DUBLIN

Dissertation submitted in part fulfilment of the requirements for the degree of [Master of Business Administration MBA-HRM]

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Declaration

I, ALTAF AKBAR, declare that this research is my original work and that it has never been presented to any institution or university for the award of Degree. In addition, I have referenced correctly all literature and sources used in this work and this work is fully compliant with the Dublin Business School’s academic honesty policy.

Signed: Altaf Akbar
Date: 20/05/2016
Dedication

This work is dedicated to my parents, my family & friends and especially to my adorable wife Mrs. Saba Altaf (Arts Teacher, Federal Government Public Girls High School, Gujranwala Cantonment, Pakistan) their love and continual support has always been a source of motivation and inspiration for me in completing this work and other walks of life.
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Abstract

This study aims to assess factors that influence job satisfaction among health care assistants in Dublin.

**Methods:** This cross-sectional study was conducted on Health care assistants working in Dublin. Total number of 75 HCA’s voluntarily participated in the study. Participants completed a self-structured questionnaire comprising of few general information on socio-demographic and 28 questions on General satisfaction, Opportunity to develop, Time pressure, patient care and Staff relations. Data was analysed using the SPSS software version 22.0.

**Results:** The respondents were between the ages of 20 and 40 years (64%) with (Min: 21-Max: 60) years. Out of 75, fifty of the participants were female (66.6%) which shows that males are less attracted to healthcare assistants job as only 25 were males (33.3%). It is found that 46.66% were agreed that if they had to choose a career again, they would choose the same career. More than two-thirds (a total of 80%) agreed or strongly agreed that their job had more advantages than disadvantages. About half of respondents (44%) did not think that their income was the reflection of the job they do. While a total of 33.33% of the respondents believed that there was personal growth in their work, about half (45.3%) did not experience any personal growth. The study showed that about 22.66% of respondents had no intention of changing their career means that they are uncertain in their decision. More than two third (81.33%) were strongly agreed or agreed that they enjoyed their work, while only 4% strongly disagreed. More than two third of the respondents (84%) indicated that in general they were satisfied with their jobs. And (a total of 68%) strongly agreed that there were sufficient opportunities for self-development. Clear majority of respondents (88%) enjoyed their status in the community as healthcare Assistants. Overall it was found that 84% were (summing up highly satisfied and satisfied) satisfied with their jobs.

**Conclusions:** Our study results indicated that majority of participants satisfied with their work. The factors that influence job satisfaction among healthcare assistants working with in care facilities in Dublin showed strong association between the variables assessed as general satisfaction, the opportunity to develop, responsibility, patient care, time pressure and staff relations while no association is found between demographics variables and job satisfaction.
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1. Introduction

1.1. Background

Health care demand is increasing due to the shortage of healthcare professionals across the world. The WHO (World health organization, 2013) estimates that by 2035 there will be shortage of 12.9 million health care workers around the world. This will have serious implications for providing caring if not appropriately managed. Moreover this report also pointed out the underlying fact that shortage of health workforce may be due to the aging of existing health workers, their retirements and they are not being replaced by younger people. Youth is not attracted to health profession that broadens the gap, creating shortages of health care staff from lower level ladder to the top level executives and professionals. One of the major factors including above mentioned is also the international migration of health care workers due to better income and growth opportunities to more developed countries.

In health care each and every segment is very important since it’s related to the service delivery to human beings thus there is a direct response from it and shortage in any area creates problems in terms of increased workload for other cadres of workers. As a whole if there is shortage in the healthcare industry then there is a possibility that patients will receive inferior care. As a result of advancement in the technology (Medical technology) the healthcare industry requires more skilled workforce due to greater expectations and demand for more advanced treatment and introduction of sophisticated patient care. The shortages will also lure pressure on to the existing staff and that will create an environment unfavourable for retaining the qualified and experienced healthcare professionals (International council of Nurses, June 2008).

Demographics predicts the ageing issue across Europe and particularly in Ireland the population is ageing rapidly thus there is awful need for carers and there demand is increasing enormously. Moreover people prefer to die at home and health professionals also support this due to the psychological aspect and attachment with the home that will certainly impact their physical and emotional stability. Family caring is always the first priority for dependent people but the demographics and socio-economic changes made it difficult for the families to provide care and support to their loved ones at home so they are more inclined towards care facilities thus there is growing demand of statutory and commercial care services (Care alliance Ireland, 2014). The 2010 census of republic of Ireland and Northern Ireland estimated the number of carers to be 274,000 (Central Statistics Office, 2012a & DFI Ireland, 2011) and 185,000 (CARDI, 2009) respectively and which are voluntary and among them their age is 65 and above. According to Standard and Poor (2010), the long term caring cost is projected to raise form 0.9% of GDP in 2010.
to 1.8% of GDP by 2050 in Republic of Ireland (ROI). Similarly the cost of long term care for the older person is 0.8% of GDP and it’s projected to rise to 1.2% for United Kingdom in 2050 (Mrsnik, 2010).

Health care services need to very sophisticated and updated in order to achieve the optimum goal of healthier nation. To retain the existing and attract the future generations into the health care industry, Job satisfaction is very important to attain the healthier workforce, it affects the productivity and it’s also being recognized as a measure for quality improvement programmes (Staying@Work™ Survey Report, 2013-2014). Likewise low job satisfaction may result in shirking of actual work activities, increased staff turnover and absenteeism, thus reduction in efficiency and productivity (Lonnie Golden, 2011). European Union has brought up significant importance for service-delivery quality standards and quality aspects of work as several companies regularly conduct their own job satisfaction surveys e.g., Denmark. Moreover some European countries developed employee satisfaction index which shows the real importance of satisfaction at work and improving job quality to promote employment and social inclusion (European Commission, 2002).

Health systems are important component of country’s performance indicators as they predict the current and future health cost thus future budgets are allocated accordingly. Much health related issues & challenges cannot be addressed properly without strengthening the health systems and satisfying the health professionals working on them. According to Pillay (2008), he studied the job satisfaction of professional nurses in South Africa and found that South African nurses are dissatisfied with their work and they highlighted the disparity between the public and private sectors in terms of job satisfaction and structural benefits. Another South African study by Kekana et al, (2007) found the dissatisfaction among the health workers because of poor working conditions and organizational factors while social aspects of job were main ingredient for job satisfaction.

On the global scale with enveloping of technology advancement in the organizations has put concerns for enhancing their overall productivity which includes human resources as well as the economic activity. Both developed and developing economies are in process of optimizing the organizations productivity (Anders etal, 2005). According to Collins et al., (2000), job satisfaction is found to be an important factor influencing the organizational goals and productivity. Moreover Adams et al, (2000) also holds the same view that job satisfaction is considered to be the main concern of health practitioners and is considered to be the most important factor. According to Arnetz (2000), the health care staffs is considered to provide the quality care in a stressful working environment thus job satisfaction is necessary that will make them mentally relaxed and dutiful to achieve the goal.
The National Institute for Occupational Safety and Health (NIOSH, 2008) defines occupational stress as “the harmful physical and emotional responses that occur when the requirements of the job do not match the capabilities, resources, or needs of the worker.” There are many factors (job stressors) that can lead to stress and dissatisfaction among health care workers such as, Job or task demands (work overload, lack of task control, role ambiguity), Organizational factors (poor interpersonal relations, unfair management practices), Financial and economic factors, Conflict between work and family roles and responsibilities, Training and career development issues (lack of opportunity for growth or promotion), Poor organizational climate, or lack of management commitment to core values and conflicting communication styles, etc. Stressors which are common in health care settings includes Inadequate staffing levels, long work hours, shift work, exposure to infectious and hazardous substances etc. Kalliath etal., (2002), found the factors to be linked with stress such as work overload and time pressure, lack of social support at work especially from supervisors, head nurses, and higher management etc. Beliefs about institutional high quality care provision may influence the perceived stress, job pressures and workload because higher quality care maybe reflected in greater support and availability of resources (NIOSH, 2008).

One of the important aspects noted by White (2000), in his research has explained that dissatisfaction with job may leads to high employee turnover, low self-esteem, absenteeism, tardiness and grievances on the other hand he found that improved job satisfaction results in increased productivity. According to Gibson et al (2000), based on the individual characteristics of each person with their basic difference in personality and traits everyone have basic right of being satisfied with their job based on individual’s need and demand as social, cultural aspects matters significantly in influencing employees behaviour.

In literature various theories when combined together found a general agreement that overall job satisfaction is actually a combination of intrinsic and extrinsic factors that result in overall satisfaction. Intrinsic job satisfaction is basically the softer corner as it includes the psychological aspects of human behaviour like recognition and responsibility while extrinsic job satisfaction constitutes job security, salary, working conditions, co-workers, management style and communication (Goetz et al, 2012).

The two sides of coins as being an employee or employer both have different motives, the employee’s job satisfaction criterion starts from the initial recruitment day and the benefits in the job while from employer side, it’s the nature of business activity and strategy that will make the business more profitable and competitive plus retaining the existing employees. Organizations employ people to get the task done in best possible and efficient manner. While employee will desire to use their skills in a satisfied manner to give best possible result that can be valued. It is
imperative to find both the ends meet so that equilibrium may be attained by finding the best employee from organizations/managerial point of view and best supervisor/boss from employee point of view that forms a win-win situation between the employer and employee (CPP global human capital report, 2008).

Satisfaction is not only individual characteristic or individual requirement it’s a collective benefit as satisfaction leads to productivity. According to Alhussami (2008), satisfied employees tend to be more productive and loyal to their work environment. According to Tzeng (2002), he found positive relationship between quality of service and patient satisfaction and attitude and behaviour of care workers directly influence the care provided which can also influence the patient satisfaction by playing a significant role in providing good quality of care.

The motivation-hygiene theory by Herzberg and Mausner (1959) differentiates between the job Motivators (satisfaction) and Hygiene (dissatisfaction) factors. Motivators also known as intrinsic rewarding factors includes promotional and personal growth opportunities, responsibility, achievement and recognition while hygiene factors or extrinsic factors includes pay, physical working conditions, job security, company policies, quality of supervision and relationship with others (Robbins, 2003). According to Locke (1983), the most important factors contributing to high levels of employee satisfaction comprises of supportive working conditions, mentally challenging work, equitable and comparative rewards.

There is a significant amount of literature on the generality of topic of job satisfaction as many organizational scholars have shown interest in finding out the reason lying behind the factors that bring satisfaction. While particularly focusing on the factors influencing the job satisfaction in hospital staff are limited although there are studies by (Seo, 2004; Lyons, 2003; Chu et al, 2003; Ramasodi 2010) they studied the job satisfaction of healthcare providers in a combined scenario including doctors, nurses and nursing assistants. Generally when we talk about the studies related to health care assistant’s job satisfaction standing alone it is more constrained.

### 1.2. Justification of the Study

Health care assistants (HCA) are the most front line direct carers in context of personal support and providing care for daily activities of living so it important to understand what factors will motivate HCA to work for betterment and be a productive member among the team of health care professionals. Generally it is believed that health care professionals play important role in maintaining the effectiveness and sustainability of the health system so it is very important to know the motivational factors that can be addressed to make them available for each and every healthcare professional. As if the system is satisfying in general for each and every individual then the
productivity as a whole will increase, as highlighted in literature that win-win situation will be created when employees are satisfied by the organization and other contextual variables. On the other hand various studies pointed out that when employees are under-pressure they are likely to give poor quality and less efficient care due to dissatisfaction. This argument has been backed by Tzeng (2002), he found that there is a positive correlation between health care professional satisfaction and patient satisfaction in terms of care and support.

As a general viewpoint we came across significant number of studies which have addressed the job satisfaction and motivational factors among healthcare professionals. European studies revolves around the basic theme of retaining the healthcare staff and ‘Pareto optimize’ them so that both parties can attain the equilibrium by satisfying their needs and demands. There are limited studies that look around only the healthcare assistants as most studies have combined the doctors, nurses and other occupational health professionals for finding the job satisfaction among them and related motivating factors but there are very limited research studies focusing on healthcare assistants job satisfaction, so given this noticeable lack of studies addressing job satisfaction among healthcare assistants specially in Republic of Ireland hospice, hospital setting or residential care homes, this study will attempt to address the gap in the literature. The information obtained will hopefully assist in identifying factors influencing job satisfaction among healthcare assistants working with people who are receiving life care within a caring facility, hospice or in their place of residence. Research to assess level of job satisfaction amongst healthcare assistants supporting people with daily life care needs, remains an important gap in advanced healthcare management inquiry.

1.3. Research Aim

The aim of the study is to determine the factors influencing job satisfaction among healthcare assistants working in caring industry in Dublin. According to Jennie Middleton (2013), nurses are quitting due to job stress so it’s very important to retain the existing and attract the new workforce. Literature emphasizes the importance of job satisfaction thus this study will be add body of knowledge to the existing research studies.

1.4. Research Questions

The following are the research questions to be addressed:

i. What factors influence job satisfaction among healthcare assistants working with in care facilities in Dublin?
ii. What is the association between the socio-demographic characteristics of the healthcare assistants and job satisfaction?

iii. What is the relationship between the different factors of job satisfaction, including general satisfaction, the opportunity to develop, responsibility, patient care, time pressure and staff relations, among healthcare assistants?

1.5. Research Objectives

The following are the objectives of research to be addressed:

i. To evaluate the factors influencing job satisfaction amongst healthcare assistants working in Dublin.

ii. To inspect the association between socio-demographic characteristics and job satisfaction factors.

iii. To evaluate any relationship between general satisfaction, the opportunity to develop, responsibility, patient care, time pressure and staff relations, among healthcare assistants.

1.6. Hypotheses to be tested

The following are the hypothesis of research to be tested:

i. Health Care Assistants are generally satisfied with their job

ii. Age differential doesn’t matter on the general satisfaction of the people.
2. Literature Review

In this section relevant literature has been documented to find out the theme that vibes concept of job satisfaction, its importance and implications. The theories of motivation have been documented to give a solid theme and provide basic understanding and connection to understand the area of satisfaction and to identify the factors that influence job satisfaction. The relevant studies conducted globally are discussed, closely related to the prescribed research area.

2.1. Literature Introduction

Research Studies that covers job satisfaction in the health care sector are being documented and the theories related to job satisfaction or employee satisfaction are analysed moreover factors influencing job satisfaction especially in health care hospital settings are reviewed to bring a closer picture for discussion and further study.

2.2. Literature theme

The main factor to assess worker motivation, stability of system and reduced turnover is job satisfaction. Worker morale and satisfaction in fact predict motivation which is boosted in well-functioning systems to exert more concerned efforts to attain organizational goals (Claire 2000). Mathauer et al (2006), conducted job satisfaction surveys in 29 countries and results showed that after staff shortages the second important problem related to health workforce is low motivation among the workers.

According to study in Africa it is concluded that salary, training, materials, working environment, appreciation and wise supervision have been identified as the most important resources to maintain job satisfaction among the workers (Mathauner et al, 2006). According to “Uganda Health Workforce Study” the most important factor in predicting job satisfaction was the relevance of job nature with the worker’s skills and experience. After this, satisfaction with salary, supervisory feedback, manageability of workload and job security was the highlighted areas according to their importance in job satisfaction.

Historically salary and privileges were identified as a “hygiene” factors in assessing worker motivation and satisfaction. This thought clearly had the impact that increased salary will not result in an increased level of job satisfaction rather basic salary satisfaction must be present to get the ongoing job completion (Prince E., 2005). According to Kober at al 2006 a research study in Africa,
increase in pay and privileges contribute to the retention of workforce thus the contradiction in the relevance of studies conducted with the passage of time expresses the concerns of employees and portrayal of job satisfaction as described by various authors is worth mentioning.

2.3. Nature of Job Satisfaction

According to Hollyforde (2002), there is a positive correlation between worker motivation, performance and his job satisfaction. It is hard to clearly outline the effects of motivation; however it is known widely that motivation is the passion that encourages an employee to improve his performance depending upon the nature of his job and his level of job satisfaction.

The perks and privileges offered to the employee in return to his services if enables the employee to fulfil all his needs and expectations results in job satisfaction. So job satisfaction is a pleasant state resulting from ones job appraisal or job experience. Job satisfaction is positive and affective response of the worker to the different roles of job so the management should develop an environment that manages the work related stress and gets the employees involved (Kreitner et al., 2002).

Woods et al (2004), were of the opinion that the performance and job satisfaction of the employees can be positively influenced by rewards. Moreover an employee can achieve job satisfaction if the organization owns him, shows commitment and performs his best ability. According to Locke (1968), one should differentiate morale and attitude in order to understand job satisfaction. The degrees to which the employee’s needs are fulfilled describe morale and also the total job satisfaction. On the other hand attitude can be defined as the way a person will act based on his behavioural, cognitive and moral components.

According to a study conducted by Mayer and Botha (2004), employees lack job satisfaction in most South African companies which off course results in lack of commitment, degraded performance and loss of organizational achievement passion. According to Grobler et al., (2002), the major concern for human resource managers in South Africa is job satisfaction and employee productivity. Hence it is quite obvious that employees’ performance and commitment directly depends upon job satisfaction therefore it is essential for managers to pay special attention to the behaviour of employees in order to endorse job related satisfaction. They should be anticipating certain steps which improve or at least maintain the level of job satisfaction in their employees. According to Staw (1977), satisfaction in work environment is part of individual’s life satisfaction this means that the feelings of an employee about his job or work environment influences the life of the employee in the outside world.
The nature and level of job satisfaction may percept differently among individuals according to their nature of job, age, attitudes etc. These differences enable managers to extrapolate the employees’ behaviour to their job satisfaction or dissatisfaction (Taifa, 2012). Generally older employees are satisfied with their jobs may be the reason being that they are likely to get retired and see less chances of their advancement (Robert, 2008). Similarly according to Greenberg et al (1997), people in management jobs are also found satisfied an obvious reason being better working conditions and better salaries.

2.4. Motivational Theories in relation with Job satisfaction

There are various theories related to achieve motivation and basic needs of the employees, the traditional approach to the study of motivation is through an understanding of internal cognitive processes i.e., assessing inner feeling and perception of the employee’s and acting accordingly. The cognitive theories of motivation are usually divided into two contrasting approaches as content theories and process theories, let us now take a look that how they can be utilized to increase job satisfaction, assess the factors of employee satisfaction that intrudes the basic theology of job satisfaction.

2.4.1. Content theories of job satisfaction

The basis of the content theory of job satisfaction is to identify the needs and expectations of the people. These theories are based on the moral values of employees which imply that worker has to do his best to bring the organization to a better position as it has cared for their employees. So the management should predict the needs of their employees by fulfilling their needs they can get the employees immensely motivated that they work under their inner driven force for the benefit of the organization. Generally the content theories are susceptible to identify people’s needs and their relative strengths, and the goals they pursue in order to satisfy these needs. These theories are discussed as under:

- Maslow's Hierarchy of Needs
- Herzberg's Two Factor Theory
- "Management Assumptions" (Theory X and Theory Y)
- ERG Theory
- McClellands Need for Achievement, Affiliation and Power

2.4.1. Maslow’s hierarchy of needs
According to Maslow’s theory of needs, the needs of people are different and they are ranged in an order from basic to a high level. There is a certain priority for these needs in all human beings like physiological, security, safety, social needs and needs dealing with the status of people. Success or failure in provided one need may have its positive or negative impact on the next level of need. Firstly people are concerned in the low level needs once these needs are fulfilled only then people move on to the next level of needs. The theory further states that people who are struggling for their survival are least concerned with the needs at the next higher level which may be very crucial for those who have a certain status and power.

2.4.1.2 Hertzberg’s two-factor theory

Frederick Herzberg proposed a theory in late 1950s that job satisfaction depends upon two factors one that takes the employee to job satisfaction i.e. motivation and the other that results in dissatisfaction is hygiene. In his opinion hygiene factors associated with the work environment lead to job dissatisfaction however the motivators take the employee towards job satisfaction. An important point presented was that absence of motivators may not lead to dissatisfaction. Major motivators highlighted were appreciation, achievement and the interest in the work assigned. The prominent feature of this theory was that there should be some direct relation between performance and reward in order to motivate the employees and achieve job satisfaction.

a. Hygiene factors

According to Maslow’s the lower order of needs correspond to the hygiene factors which involve policies and practices, working conditions, remuneration and benefits. Increase in these factors directly increase the motivators and become a reason to the decrease in job dissatisfaction. Lack of proper hygiene factors surely leads to job dissatisfaction however job satisfaction is not guaranteed with proper hygiene factors. A compromise on these hygiene factors is not bearable as in that case an overall unhappiness among the employees will occur and obvious opportunities will be ignored by the qualified employees and mediocre employees will remain to decide the fate of the organization.

b. Motivators

Sense of responsibility, self-esteem and growth are the primary motivators according to Herzberg. They are the high order needs that eventually achieve job satisfaction. Increased
responsibility and creativity demand from employees more effort and performance to prove that they are worthy and beneficial.

2.4.1.3 "Management Assumptions" (Theory X and Theory Y)

Douglas McGregor (1960) endorsed the needs concept of Maslow and he maintained there are two main categories that managers adopt one or the other. He named these as theory X and theory Y. According to him theory X is the dominant strategy in which force/penalty/punishment will be tied with the task to get it done. Theory Y is opposite side of the coin in which work is perceived as the favourite play and natural (Sahin, 2012).

2.4.1.4 ERG theory

Aldefer’s theory (1972), formulated a need category model by categorizing three groups of core needs; existence, relatedness and growth. Existence captures survival or physiological wellbeing, Relatedness needs covers intrinsic desire for personal development growth is actual promotion. He pointed out that more than one need can be of equal importance and unlike Maslow or Herzberg, he does not content that a lower level need has to be fulfilled before a higher level need.

2.4.1.5 McClellands Need for Achievement, Affiliation and Power

McClelland's Human Motivation Theory (1960), states that every individual have one out of three basic driving motivators: the needs for achievement, affiliation, or power. These motivators are developed through the culture, social and life experiences. Achievers acts as problem solvers and achieve goals. Individuals with need for affiliation value relationships and are risk averse while need for power as motivator like to control and autonomy. The theory can be applied to find the person appropriate person for the organization and right job for the right candidate ultimately leading to job satisfaction (McClelland, 2010).

2.4.2 Process theories of job satisfaction

Process theories deal with the casual effect variables that lead to motivation. The basic application of process theories is that they define the goals (how behaviour is initiated, directed and sustained) that motivate the employees. These theories are assumed on the fact that people behave consciously in certain situations. Some are discussed as under:
2.4.2.1 Expectancy theory

The expectancy theory developed by Vroom (1964), relates the job satisfaction with effort, performance and reward. According to this theory job satisfaction is based on the probability that their effort will result in performance which is called the expectancy variable multiplied by the probability that performance will result in rewards whose variable is called instrumentality and the value of the expected rewards called the valence. The basis of the theory is the human expectancy that amount or nature of the return expected decides the amount of the effort to be exerted which will result in job pleasure and satisfaction. In other words people will exert more effort if they are assured of proper appreciation or return on their efforts. The expectancy theory thus very clearly links the effort & performance, performance & rewards, and rewards & job satisfaction. This is to be noted that there is no rule of thumb to describe employees’ motivation. A person is not ensured to perform more effectively just by recognizing his needs and requires proper motivation.

2.4.2.2 Equity theory

Equity theory is based on the comparison of the inputs to the outcomes on some standard. The contributions of an individual to an exchange are referred to as inputs and the gains of the exchange are termed as the outcomes. Equity theory describes to assign important weight to each input and outcome according to one’s perception. According to Daft and Noel (2001), equity theory assesses job satisfaction by judging the individuals thinking about their relative importance for the organization. There lies a clear deduction that if an employee feels that he is given less importance than some other employee who is comparable to him in all cases will result in poor motivation and degraded performance. This theory thus states that people compare their efficiency ratio to that of other employees. Inputs typically include efforts, loyalty, hard work, commitment, skills ability, adaptability, flexibility, tolerance, enthusiasm superior support and personal sacrifice. Whereas outputs generally includes the rewards (salary, perks) which are financial rewards. Intangible includes reputation, recognition, and responsibility, sense of achievement and advancement and job security.

2.4.2.3 Job characteristics model

Hackman and Oldham (1976) emphasized that job design pertains to address the problem areas of working environment which satisfies employee intrinsically. The suitable working environment is necessary and according to him a job description survey can be developed to assess the employee’s extrinsic satisfaction (Hygiene factors). Job characteristics model was described by
Bergh and Theron (2000) as a co-operating design that ensures that the employees are best suited for their jobs and fit best according to their working environments. The model declares that the achievement of performance, motivation and satisfaction is core in designing a job for every employee. Worker’s attitude and behaviour depends upon variety of skill, task identity, task importance, autonomy and feedback. The relationship between job nature and the job reward is different in different employees’ cases depending upon his knowledge, skill and job satisfaction (Amna, 2015).

**2.4.2.4 Job design and the work environment**

The nature and design of the job is a main factor that affects the performance and job satisfaction of any employee because it directly influences the way one feels and reacts to a job. Job design includes the planning and specifications of the tasks and the work environment where it has to be done (Wood et al, 2004). A study by smith (2002), showed that work environments with restrictions cause the employees responses to be unfavourable so it is important for organizations to design work environments with relaxed working conditions, lesser restrictions and where the workforce can achieve higher job satisfaction through creative task achievements. According to Ayers (2005), the management should provide a workplace and environment which is itself motivation for the employees to get the best out of them for the best interest of organization and also achieving satisfaction to work for the organization. Employees’ effectiveness, comfort and safety depend mainly upon the nature of the job and more importantly the working environment and conditions.

**2.4.2.5 The Human Environment**

According to (McCrarey, 2005) the success of any organization is in getting the right people always as they are the greatest asset of the organization. Our environment considers all the parameters that affect the performance of an employee and job satisfaction. According to Nel et al (2004), the quality and quantity of outcomes achieved through the manpower depends directly upon the level of the employees’ job satisfaction and contentment.

**2.5 Research Findings in general**

A study on Serbian health care workers showed very low level of job satisfaction among the healthcare workers. The study conducted by showed lowest level of job satisfaction in nurses while the doctors were satisfied with their jobs due to better remuneration (Aleksandra et al, 2007).
According to another study by Eker et al (2004), the importance of interpersonal skills in job satisfaction is highlighted while some studies also stated strong relationship between organizational factors and job satisfaction (Piko, 2006).

In Kuwait healthcare professionals were studied by Shah et al., (2001), analysed connection with job satisfaction which revealed that there is a substantial relationship between job satisfaction and the level of education of the employee. The study showed that employees with a diploma showed maximum job satisfaction and also the employees who had longer experiences were more satisfied than others. Orientation sessions and in-service education were also noted to be very beneficial in gaining job satisfaction.

According to Unni et al (2000), Norwegian hospital staff’s including doctors, nurses and auxiliaries were studied for job satisfaction. The study concluded that professional development was most important factor for the doctors to be satisfied by their job. Among nurse’s support and feedback from his/her immediate supervisor was main player in their job satisfaction while local leadership and professional development was the main source of job satisfaction for the auxiliaries.

Another study was carried out in Rome, Italy among the mental health professionals who showed that they were dissatisfied with the decision latitude, circulation of information and career prospects. Generally speaking they were not satisfied with their jobs. However increasing age was a factor which showed increased job satisfaction (Gigantesco et al 2003).

In Iran’s public hospitals, according to study by Ali-Mohammed (2004), showed an average level of satisfaction among the subjects. The creation of new opportunity and reward was a significant factor in improving job satisfaction. As the chances of development within the organization increases the levels of job satisfaction also increases.

According to Nassab’s (2008) study on plastic surgery trainees in United Kingdom pressure is a negative trait which results in job dissatisfaction. Job satisfaction may be increased by reducing the employees’ working hours. According to the study by Pillay (2008), on work satisfaction of professional nurses in South Africa for both public and private nurses results showed that the participants were overall dissatisfied. Public sector nurses had huge reservations on high workloads, low salary and resources which resulted in job dissatisfaction. Private sector nurses were moderate in their dissatisfaction for workload and pay.

According to De Stefano et al (2005), health professionals behaviours were studied in Arizona and results showed the closer relationship between job satisfaction and work environment. The study concluded that the most important factor for job satisfaction was the opportunity to develop while work pressure and time did not appear to have affected the level of job satisfaction.
Ishara et al., (2007), studied public psychiatric services in Brazil showed that due to less responsibility the technicians were comparatively more satisfied with their jobs however the general level of satisfaction among all the categories was almost at the same level.

According to a study by Kalish et al., (2005), United States (USA) which involved the promotion of teamwork and engagement among the nursing staff in a unit of a hospital. The results showed that there is an increase in staff relations, improved teamwork and lesser staff turnover. Thus channelized team work is also an essential factor to achieve higher level of job satisfaction. In a study by Ferrell et al., (2000), in the United States studying the professionals providing mental healthcare showed that the participants in this study were satisfied with various aspects of their jobs including patient care, e.g. providing psychological services, but they had concerns with administrative tasks.

Jain et al., (2009), conducted a study to evaluate the level of job satisfaction among dentists and dental auxiliaries in India regarding different work and environmental factors. The study showed that dentists were highly satisfied with their jobs as compared to the dental auxiliaries as they get the opportunity to enhance professionally, provide quality patient care, and have comparatively large income and more recognition. A study on healthcare staff was conducted in healthcare centres of Turkey by Bodur (2001), to assess the levels of job satisfaction. The study concluded that due to harsh working conditions and low salary the staff had low levels of job satisfaction.

According to (Aiken et al., 2010), by mandating the staffing ratio in hospitals will lower mortality and will improve the nurse retention rate. Similar findings has been found by (Mchugh et al., 2011) that a supportive nursing practice environment in hospitals is associated with higher staff job satisfaction while job dissatisfaction among nurses contributes to costly labour disputes, turnover, and risk to patients. The argument was backed by the study by Patrician, et al., (2010), there is a substantial association between working environment and job satisfaction and unfavourable nursing practice environments leads to job dissatisfaction, emotional exhaustion, intent to leave, and poor quality of care.

According to Gallie et al., (2012), frontline healthcare work like entry level tasks, administrative work or direct care work really requires a bonding between clients and typical service work. This intrinsic aspect will be followed through the workers evaluation of their work and extrinsic will be followed through nature of work. So, overall satisfaction will be from both intrinsic and extrinsic factors that contributes the wellbeing of employees.

A study on nursing assistant’s turnover by Rosen et al., (2011), pointed the key factors that relate to individualistic preferences rather than organizational paradoxes. This study revealed that
“contingency factors” and personal characteristics appear to drive retention rather than perceived job characteristics, including supervisory support, career and financial rewards, or different dimensions of quality of care. The similar findings by Janette et al., (2012), that decisions of low-wage health care employees are embedded through “contingency factors” which defines their job satisfaction or career pathway. Important implication from this study simply derives the attention towards the personal contingencies, While looking at job satisfaction primary breadwinners (contingency factor) report that they are more satisfied with their jobs due to their source of livelihood than non-breadwinners.

2.6 Critical review of existing Literature on job satisfaction

Satisfaction is basic requirement of every human being and studies have shown that there is a positive influence of job satisfaction on productivity as a whole.

Recent literature has moved the attention of the researcher to support management archives to notify and clarify the themes of job satisfaction (Linda et al., 2014). They studied the job satisfaction level and intention to stay among health care providers in Afghanistan and Malawi. They implied cross-sectional approach by devising a self-structured questionnaire to assess job satisfaction, intention to stay at the current position/job accompanied by five features of the workplace environment including resources, performance recognition, financial compensation, training opportunities and safety. Due to insecure working environment in Afghanistan limited healthcare employees were satisfied with their job as compared with Malawi where percentage of satisfied employees was higher. In case of intentions to stay it was found that both job satisfaction and remain on same profession depends on local context environmental factors. The results showed huge variations in job satisfaction and intentions to stay which emphasizes that there is need of expertise research in human resources of health by contextualizing different themes and contexts. According to them there is proper need to study the effectiveness of interventions designed to improve health care employee performance and their retention rate.

Kekena et al., (2007), emphasized the importance of working environment as important predictor of job satisfaction. Linda et al., & Mbaruku et al., (2014), supported the importance of studying the working environment to assess the level of job satisfaction. Mbaruku et al., (2014), studied the working environment by focusing on the health workers to assess which factors motivates them to stay in rural posts. This study pointed out the research gap that there is growing evidence of studies to assess job satisfaction among health worker in hospitals but limited studies are available on the country-side health care worker. Their study explored the workplace
satisfaction of health workers in primary health clinics in rural Tanzania by employing self-administered job satisfaction survey found that majority of health workers were highly satisfied. This study was different from Linda et al., (2014), as two different dimensions of healthcare dimensions were discussed in context of working environment, namely infrastructure and supportive interpersonal work environment, results showed that Healthcare workers tends to be more active and satisfied with increased cooperation and supportive interpersonal relationships than with the infrastructure. They suggested and recommended that human resource committees need to enhance such policies which create favourable working environment that sinks interpersonal relationships at work and proper infrastructure which will boost healthcare worker condition and intention to stay. Bagehri (2012), added by saying that factors such as task variety, feedback, promotional opportunities, professional status, working conditions, collaboration with the staff and strength of the organizational culture have been associated with job satisfaction.

A different theme by Maqbali (2015), executed a study to assess work satisfaction and retention among nurse and found that nurses are more concerned about the individual level factors that satisfies nurses which has attracted the attention of nurses to implement proper measures to sustain and improve job satisfaction among nurses. These findings supported Grober et al., (2002), who suggested that special attention must be given to behaviour of employees and Taifa (2012), highlighted that due to different human nature every individual must be treated separately not as one unit means avoid the policy of one size fits all.

According to Ispeeta et al., (2014), they streamlined the study of Mbaruku (2014), and added in the literature that work environment, work design, salary important factor for analysing job satisfaction but a broader view has been evaluated that non-monetary benefits which are intrinsic in nature also play a greater role. Their findings and suggestions supported the findings of Bagehri (2012), and they suggested that Human Resource Management (HRM) system must revise their scale of measuring job satisfaction which will help in improving the performance management system, working environment which will decrease the job stress and ultimately that will lead to job satisfaction. Ispeeta et al., (2014), suggested that coming generation named as (Z generation) is a completely different breed with mechanic minds so future studies can focus on factors such as coaching, mentoring and personal growing plans prompting job satisfaction. The above studies favours the views of Patrician et al., (2010), Jain et al., (2009), de Stefano et al., (2005), Bodur (2001), and Green berg et al., (1997), they all emphasized the importance of working environment. Goetz et al., (2015), also emphasized the importance of working environment to attain higher level of job satisfaction and they found that Health care staff indicated high commitment to provide
quality services and low levels regarding the adequacy and functionality of equipment at their work station.

A massive literature is available on employee job satisfaction and job performance as well as research on organizational financial performance. There are few things which are noticeable as suggested by (Abbott, 2003), that variables measuring the financial or organizational performance are varied among different studies so although the results might come with minor differences but the objective variables have huge variations. Moreover a loophole was discussed by Judge et al., (2001), in their respective studies that various studies measured association between job satisfaction and job performance but found low correlation between them although they must have direct impact on each other. Minors (1993), incorporated job satisfaction and financial performance by using variables such as patient admissions, and expenses per patient day as well as ratio analysis, net income, and growth over a period of time. In addition to Saari & Judge (2004), documents that study examining job satisfaction and organizational performance in non-profit organizations as an area of research is limited and limited empirical research is considered to test the emotional variables and their relationship to an organizational financial performance. The same views by Piko (2006), that organizational factor are important in determining the satisfaction level of employees. While the findings were opposed by Rosen et al., (2012), emphasized that human resources systems must emphasize on individual preferences rather than organizational factors. As supported by Judge et al. (2001), proposed to incorporate mediating variables such as employee affect or mood.

Saari and Judge (2004), suggested understanding the cause and effect phenomenon and the consequences of job satisfaction among healthcare workers. They suggested studying the factors that influence job satisfaction among workers of non-profit organizations which will bring more prolific effects to understand job satisfaction as a deeper phenomenon.

The similar prodigy is suggested by Bonenberger et al., (2014), that for low- and middle-income countries the concept of motivation and job satisfaction are considered as the most important factors for health worker retention and the outcome due to the low resourced facilities. Their study emphasized to value the employee as District health managers has to widened decision space which enables them to positively influence health worker motivation and job appreciation in decentralized health systems. And that helps to achieve a positive impact on retention and amount of production at district-level. While a study by Adezi (2012), claimed that health care workers are only motivated by financial incentives. He also advocated that other than financial are leadership skill, career Progression and availability of better infrastructure and resources were secondary predictors of motivation and retention. The same finding by Pillay (2008), Wood et al., (2004), and Ali Mohammed (2004), that employees level of satisfaction is directly influenced by rewards.
Moreover Kober (2006), also found that increase in salary and privileges enhances motivation and retention of workforce. While Prince (2005), disagree with the above point of view as he argued that historically it was identified that salary act as hygiene factor but actually basic salary must be present to accomplish the assigned job. While there is disagreement about it as Goetz et al., (2012), said salary is the exclusive element of extrinsic factors of motivation and Yami et al., (2011), pointed out that job satisfaction and the retention rate could be improved if bonuses were announced or house allowance had been declared/announced or an increment on the salaries among healthcare employees.

Yami et al., (2011), came up with more stimulating finding where he assessed the quality of work being assigned and done. They said that human power is considered to be the foundation for the delivery of quality health care for the population all over the world and a high level of professional satisfaction based totally on quality, among health workers helps to achieve a good outcome such as a high rate of workers retention and contentment for patients. The respondents suggested improvements in the administration system and improvement of the infrastructure of the hospital. They suggested that Responsible bodies should plan out some mechanisms to improve satisfaction of job and retention of health professional so the healthcare services of the hospital could be improved.

A Survey was conducted in Sub-Saharan Africa by Marinucci et al., (2013), to evaluate factors responsible for satisfaction of job among health workers and the results pointed out that the absence of professional development and less training opportunities were the main factors behind less amount of satisfaction and more evacuation. To improve the impact of health programmes it is important that job satisfaction and retention are considered as the most important factors & they are considered to be vital for improvements. These findings supported Kekena et al., (2007), by emphasizing social aspects of job as important predictor of job satisfaction.

Faye et al., (2013), suggested that job satisfaction is a complex entity which includes education, salary and benefits, management style, tasks, work environment, workload, moral satisfaction and job stability. While Kvist et al., (2014), holds the view that organizational characteristics such as the hospital and type of unit, age of patients, are related to the perceptions of patients about the quality of care determines the satisfaction level. Moreover the outcome showed that general job satisfaction is based on Patients’ perceptions of overall quality of care by the nursing staff. These findings were supported by Gallie et al., (2012), and Al-Hussami (2008), in their study which highlights importance of organizational characteristics.

Gigantesco et al., (2003), and Robert et al., (2008) found that as the employee gets closer to retirement their satisfaction level is being increased. Judith et al., (2009), also supported the above
findings that age plays a vital role in determining the satisfaction level as employees get older more chances that we have a satisfied health work force.

2.7 Literature Conclusion

Satisfaction is one of the key requirement and basic requirement of every individual and studies have shown that there is a direct relationship between the level of general satisfaction and productivity as a whole. In health care sector the quality of care is required in the stressed manner so job satisfaction is must in that stressful environment so that patient care must not be compromised at any cost. Demographics worldwide are predicting that there will be a shortage of healthcare staff in future so there must be proper planning to retain and attract the new entrants to strengthen the healthcare workforce. Factors influencing the job satisfaction are very important and many theories have been developed in that context of studying the human behaviour. Health care assistants have been considered as low cadre jobs and they are often ignored although they are backbone in providing the total quality of care as a whole. So health managers must consider both intrinsic and extrinsic factors to satisfy the health care assistants to retain and reduce the turnover and overall level of interest.
3. Methodology

In this chapter the procedure of carrying out and conducting this research has been discussed and the protocols are detailed. Cross-sectional Research methodology was applied using self-administrative questionnaire and responses were recorded from health care assistants working in Hospices, care homes, residential care or different HealthCare facility in Dublin. Research philosophy is positivism as it is quantitative in nature and it’s based on the existing theory of motivation.

3.1. Research Philosophy

According to Saunders et al., (2012) there are three major ways in the research philosophy, first is epistemology which focus on observers views about things, the second is ontology focus observers existing knowledge while the third axiology looks at the judgments and arguments. Saunders et al., (2012), further elaborated research approaches as positivism, realism and Interpretivism.

Positivism approach is deductive through development of theory and testing hypotheses and they should be measured through objective methods (Easterby-Smith et al., 2008). According to (Burns and Burns, 2008), evidenced that to investigate human and social behaviour, Positivism is the best and appropriate way for this assessment. Realism is based on the observer’s opinion for finding the truth. According to Saunders, et al., (2012), the realist’s opinions are subject to phenomenal changes. Interpretivism explores the social phenomena in natural occurring environment as it is more subjective than objective. In general this approach is based on rational and emotion of people and explains social conduct (Saunders and Lewis, 2012).

In brief, the researcher adopted positivism as research was based on the testing of hypothesis, existing theories of motivation and influencing behaviours. It can be used to explain the cause and effect relationships leading to probable outcomes. Positivism is suitable for this piece of research because the focus was on the facts and figure that I got from the data which were measured empirically using quantitative methods, data was collected using the mono-method which is quantitative (Saunders et al, 2009). Moreover the positivism assumes that the reality can only be discovered through categorisation and scientific measurement of the behaviour of people and systems and that will be the true predictor of future enhancement (Saunders and Lewis, 2012). According to Smith et al. (2008) positivism philosophy provides the best way of investigating human and social behaviour. It allows assessing the Research question to investigate human behaviour and attitudes.
3.2. Research Approach:

Bryman (2008), marked that there are two types of research that we can choose in our research methods that is deductive and inductive. Deductive approach links theory to research based on set of observations and is considered as scientific approach in which hypothesis are tested (Saunders et al., 2012). The result of this deductive approach has direct impact and findings will modify or verify the theory (Cooper and Schindler, 2008). The inductive approach is based on observations and empirical evidence to develop theory (Saunders, et al, 2012). The researcher creates a conceptual framework and collects data to explore a phenomenon, identify themes and patterns so this approach allows the researcher to build theory (Collis and Hussey, 2009).

This research is deductive in nature and hypothesis based. It assessed the satisfaction level of the Health Care Industry. According to research studies factors that influence the job satisfaction are analysed and hypothesis are tested based on the information gathered from the health care assistants. Moreover it is emphasizing on scientific approach moving from theory to data and the motivational variables were used for assessing the nature of satisfaction that may affect the individual health care assistants. Positivism is supported by Jankowicz (2000), for quantitative study as it excerpts the truth from logical and empirical findings. Saunders et al (2009), supported him by evidencing that "deductive approach moves towards testing theory". The strategic procedure was applied to collect primary data using survey strategy, self-administered questionnaire backed by delivery and collection method. According to Saunders et al., (2009), Survey strategy with the deductive approach is suitable for survey and self-administered questionnaire. Smith et al., (2008), supported and evidenced that deductive approach is most popular and common strategies in business management research. Survey strategy also tends to be used for exploratory and descriptive research and suits the research question assessing satisfaction and it allow collection of data in economical way (Saunders et al., 2009; Gray 2009). Thus current research was carried out by using positivism philosophy, deductive approach and collection of data in a way that quantitative approach is justified.

3.3. Research Choices:

According to Bryman and Bell (2011), there are three choices of research methods, mono-method, mix-method and multi methods. Cameron and Price (2009), detailed that research study can be qualitative, quantitative or a combination of both. The qualitative method is in depth and detailed study even about minimal number of dataset allowing the researcher to enhance
understanding of the environment of study. The limitation of this approach is that it minimizes the possibilities of generalisation. While quantitative method is to develop and apply mathematical models, theories and hypothesis that can be tailored into a limited number of predetermined responses. According to Adzei et al., (2012), stated in their finding that qualitative approach can enrich their issue of assessing job satisfaction by bringing up complex relationship views of health workers according to their experience of motivation and retention at work but they used quantitative study as they stated that they are better to apply in establishing cause and effect relationships.

The current research was based on mono-method as data was obtained through self-administered survey questionnaire and the quantitative research is most appropriate which examines relationship between variables and this method uses probability to ensure generalization. It was based on primary data in which satisfaction level of the health care assistance with their job are examined through descriptive statistics using Statistical Package for the Social Sciences (SPSS).

3.4. Research Strategy:

A cross-sectional survey using self-administered questionnaire was conducted to assess the factors influencing job satisfaction among health care Assistants. It was carried out in nursing homes, residential care homes and healthcare facilities situated in Dublin city centre.

The questionnaire is most widely used procedure for data collection as they are standardised, consent is required and anonymity is provided, reliving the respondent to leave the research at any point of time (Saunders et al., 2009). According to Denscombe (2014), it is a simple direct technique to extract opinions from varied numbers of people and the forte of using questionnaire is generation of worthwhile ideas and results if they are administered properly. As the delivery and collection method is direct contact with potential respondents, it will enhance the probability of getting back the responses in larger proportions and reducing the time lapse and effort involved in collection and distribution of questionnaires as documented by Gray (2009) that it is time consuming. I distributed the questionnaire to the respective QQI level-5 students and they collected the data from their work placements in different health care facilities located across Dublin.

Considering the advantages and significance of survey research discussed above, the justification for using this approach is quite obvious. This survey research was focused particularly in assessing the job satisfaction of HCAs in Dublin; there was no prior data which can be used. As mentioned in the justification of this study that prior studies conducted were in general which considered all the working staffs of the hospital including doctors, nurses and HCAs. A particular
data on HCAs is not available. In addition, the variables selected in this study require the use of fresh data collection. Data already available was not appropriate as per the requirement of this study. Hence, it was the prime need of this study to collect a very precise, purposeful and up to date data which can only be collected by a well-focused & self-administered questionnaire approach.

There were two parts of questionnaire, part A captured demographics to find out the respondents basic information and part B consisted of 28 closed end questions which were appropriate for several reasons as they required little time, no written explanation required, it’s easy to process and most importantly it is useful for testing specific hypotheses. According to that Gray (2009), pre designed responses allows close and real implication to generalize the findings although respondent might not be able to give exact scale to their opinions but due to limited time frame time frame and available resources the questionnaire design was suitable.

The data was collected from HCA’s capturing their perceived level of job satisfaction that is analysed using ordinal scales. Thus likert scale (strongly agree, agree, uncertain, disagree and strongly disagree) was used which is referred to as ordinal data, that is based on counting of responses for analysis and questionnaire and surveys are best suited to collect such data (Gray, 2009). According to Denscombe (2014), attitudes or opinions that does not have defined mean.

3.5. Time Horizons:

There are two types of time horizons, which are cross-sectional and longitudinal. Cross-sectional research is collection of data by observing many subjects at the same point of time (limited/ specific) while whereas longitudinal research follows one subject's changes over the course of time (Saunders et al, 2011). The current research used cross-sectional approach as the researcher was academically bound to complete the study within the specified time frame.

Research Onion: Pictorial representation of Research onion
3.6. STUDY SITE

The study was conducted in Dublin and Health care assistants were targeted through convenient sampling. Healthcare assistants (i.e. working in various nursing homes, residential homes and home care) in Dublin are included. Convenient sampling was used as researcher is also doing the Health Care skills award (QQI level 5) so it was decided to use the students doing the course for collection of data. They were working in healthcare facilities and they distributed the questionnaire among HCA’s and they were used as focal persons for questionnaire distribution and data collection.

3.7. STUDY POPULATION

The study population consisted of health care assistants working in Hospices, care homes, residential care or HealthCare facilities located in Dublin. The health care assistants working in different health care facilities were targeted.

3.7.1. Sample size
In order to minimize bias the respondents (Health care assistants) from different healthcare facilities across Dublin were included using convenient sampling, this technique was preferred due to limited time span and ease of accessibility to obtain respondents although the probabilistic sampling could have been the best. The convenience sampling is suitable because it offers direct and subjective response of interest to the current research study moreover its economical and enables the researcher to save time (Baker, 1993). This research study targets the healthcare assistants, their working schedule are based on rota so it was more likely to miss them at their working station thus the students were directed to distribute and collect back to get the filled questionnaires. In short a proportionate sample conveniently selected was obtained from different health care facilities till the proportionate sample was reached.

3.7.2. Inclusion and exclusion criteria

The inclusion criterion was the healthcare assistants at the facilities who were available at the time of the study and willing to participate. The exclusion criteria were those who were not available such as those who were on leave and those who decided to exercise their right not to participate.

3.8. DATA COLLECTION TOOL

3.8.1. Data Collection Instruments

Data collection is essence and crucial to all research as researchers accrue empirical and quantifiable variables on which their research is based. This research was based on the primary data collection by using self-administered questionnaire. The literature review enabled to find out the most important and relevant studies through which answer to the research question can be obtained and objectives of the research can be meet. Self-Administered Questionnaire were used to collect the data, one of the important facts the researcher itself had joined the health care assistant course in Our Lady’s Hospice Harold cross to assess and know the practicality of being a health care assistant. It became be an ease of experiencing the actual work related factors.

3.8.2. Sampling - Selecting Respondents

For the present study a sample of 75 healthcare assistants (i.e. working in various nursing homes, residential homes and home care) in Dublin was obtained. Convenient sampling was used to collect data from participants who fit the characteristics and inclusion criteria.
3.8.3. Components and details of the instrument

Researcher used the self-administered questionnaire for collection of data from the participants (HCA). Questionnaire was structured and it consisted of two parts part A capturing the demographics while part B covered the factors influencing job satisfaction. The structured questionnaire was used by Ramasodi (2010), in his thesis that was developed to test the satisfaction level of hospital staff including the doctors, nurses, paramedics and nursing assistants thus it needed to be reviewed for my study, few changes were made and then pre-tested on 15 HCA and they confirmed the clarity of the statements as self-explanatory thus the whole research process was done to validate the instrument. The questionnaire states the job satisfaction statements measured on a five-point Likert scale (‘strongly agree’ to ‘strongly disagree’) that are coded using SPSS. To give ease to the researcher value of 1 was given to the highest level of job satisfaction (strongly agree) and the value of 2 to (agree) 3 to (uncertain) 4 to (disagree) and 5 to the lowest level of job satisfaction (strongly disagree). Questionnaire attached as Appendix A.

3.8.4. Validity and reliability

To make the instrument more appropriate and Valid, the draft questionnaire was submitted to the supervisor for expert scrutiny regarding the relevance of each item. Pre-testing of the questionnaire was done by distributing 15 questionnaires were randomly to different Health care assistants and they were advised to comment on the clarity of the questions. After their feedback it was found that all questions were self-explanatory and predefined which were easy to self-administer.

According to Gray (2009), the term reliability is referred to the research which can be done at later stage with same or different sample and finding would have same descriptive output. The data collection process might be bias due to enthusiasm, time limitation, and environment. Saunders et al., (2009), stated that threats to research and its reliability can be identified as "subject or participant error" which can occur in during the research process.

3.9. DATA COLLECTION METHOD

The period of data collection was 3 weeks, between 15 April and 5 May 2016. The researcher personally took the responsibility for distributing and collecting all questionnaires as course students were used to assist. They were properly explained each item asked in the questionnaire and
purpose of study was highlighted as well. The distribution and collection was done systematically as the whole process was explained to the respondents about the research themes and the nature of output, its importance to the Health care assistants and the whole health care system.

3.10. Business Research Ethics

Every research which is specifically based on primary data faces ethical problems. There are limitations for the respondents to respond to all the questions. Keeping in mind this issue, this research study also faced such sort of issues. There is a possibility that HCAs do not respond truly to the questions due to the reason that they might think that this questionnaire is from their employer. The fear of losing job might also hinder them to respond truly so may be biased responses which can be re-tested at some stage later with same contextual factors.

The practicality allowed to discuss whether this particular research requires formal ethical clearance and approval to conduct this study. This research was concerned and dealt with the health care assistants as subjects not with the objective representatives of any healthcare facility thus it does not require any formal ethical approval as the questions are not likely to cause distress the feelings etc. Moreover since informed consent was necessary in this study so participants were informed about the nature of study and they were allowed to participate on voluntary basis and they can withdraw or quit from study at any time if they wished to do so. Since Confidentiality and anonymity was ensured throughout the execution of the study as participants were not required to disclose personal information on the questionnaire. (See appendix B as participants information pack)

3.11. LIMITATIONS OF THE STUDY

The most invasive limitation of the research study which might affect the results of the research was responses of the respondents although participants were assured of confidentiality, there is a possibility that they either over or underreported their level of satisfaction. This research study didn’t discuss the dissatisfaction level of HCAs that might have different effect on the overall results of the study. Moreover since the survey instrument used was a self-reporting measure, the information presented by participants was based upon their subjective perceptions. The findings of the study may not be generalized to healthcare assistants in other healthcare facilities since the sampling was based on convenience approach which might enable different responses and results if sampling was done through random procedure. The health facilities might have different environment and circumstances prevailing and they can impact differently on job satisfaction
moreover there is a possibility that responses of individuals who did not participate may have differed in some manner from those who participated.

3.12. DATA ANALYSIS

The questionnaires were distributed by the QQI level students and 80 questionnaires were printed and distributed, 75 were returned (a response rate of 95%). Of these total, 5 were incomplete, thus 75 questionnaires were available for analysis. Responses from the Questionnaires were statistically coded and entered into statistical software SPSS version 22.0 that was used to analyse the generated data.

3.13. VARIABLES:

The motivators are the satisfaction factors and they are termed as promotional and personal growth opportunities, responsibility, achievement and recognition. They satisfy spiritual and personal inner needs thus these factors are intrinsically rewarding to the individual and known as intrinsic factors. The de-motivators are the hygiene factors which satisfy extrinsic needs of the individuals thus they are known as Extrinsic factors they include pay, physical working conditions, job security, company policies, quality of supervision and relationship with others (Robbins, 2003). According to (Locke, 1983), the factors such as supportive colleagues, supportive working conditions, mentally challenging work and equitable rewards are termed as motivators and they provide high levels of employee satisfaction.

According to Hollyforde (2002), the predetermined factors that encourage Job satisfaction are very important in contributing to the systems stability, reducing turnover and increasing worker motivation. If motivation is defined as the willingness to exert and maintain effort towards attaining organizational goals, then well-functioning systems should seek to boost factors such as morale and satisfaction, which predict motivation. Job satisfaction is a complex phenomenon that has been studied quite extensively.

Hollyforde (2002), pointed out by literature that there is a positive relationship between job satisfaction, performance and motivation. The feeling of contentment and motivation boost the positive energies in employee that is dependent on their level of job satisfaction. According to Wood et al (2004), Job satisfaction and performance are positively influenced by rewards and job satisfaction is predicted by the effort entailed by the employee and their ability to perform best of their ability and shows commitment to the organization.

Kritner (2002) emphasized that it is credible to manage stress at the workplace that
encourages employee involvement and enhances the factors that influence job satisfaction. Human beings behave differently in different situations so for managerial point of view it’s very important to understand and analyse the behaviour of employee based on their perceived level of satisfaction. This assessment will assist the managers to design worker friendly environment as the perceived level of satisfaction among older employee is higher due to their career enhancement efforts diminishes as they realizes the reality of retirement. Likewise it is an acceptable note that higher management are satisfied with their job due to high remuneration, improved and relaxed working environment (Greenberg etal, 1997).

According to Ramasodi (2010), the intrinsic and extrinsic factors contribute to the general and total job satisfaction. Employees portrays their satisfaction in terms of benefits attached with their job and their efforts must be valued in a meaningful ways that demonstrates their skills and abilities while the employer look into these benefits in a way that their business might be profitable and competitive at the same time recruiting and retaining the competitive people. In the same way the organizational motive will be to employ those people who can perform specific task in line with the organizational goals and mission statement. When employees and employer get their desired motives then a win-win situation is created between them which defines growth of the organization.

Many organizational scholars have tried to understand the factors that satisfy the employee with their jobs and others express lower levels of job satisfaction. There is very limited knowledge about the factors that influence job satisfaction among healthcare professionals. According to the available literature few factors and variables have been documented that links employee’s satisfaction with their job. The variables which are used to develop questionnaire is based on the existing literature review and satisfaction theories. According to American Health Care association (AHCA, 2009), conducted a survey to assess the factors that motivates the Health care assistants and job satisfaction and AHCA Quality Improvement Committee found that the following items are the key factors that improve staff satisfaction including caring attitude of management towards their employees, employees voice, less job stress, fair evaluations, safer working environment and the Supervisors value the care assistant as a person as well. According to them the most important factors that might influence satisfaction level of healthcare workers (Health care assistants) are detailed below:

3.13.1. General satisfaction

The general satisfaction is the state of art emotional feeling that is very important predictor of well-being among health care professional. Satisfied employees work well even in low resources and high turnover facilities. As documented by Lonnie Golden (2011), that high level of Job satisfaction is an important factor in determining the quality of care to the patient and ultimately improves the
productivity and reliability of the health systems. General Job satisfaction is a relationship index based on active roles and responsibilities, task orientations, interactions with patients and staff, overall rewards and incentives.

3.13.2. Staff relations

Strong affiliation and good relationship among Staff is very important factor to attain job satisfaction as it relates to interpersonal relationships that provide ease and helps in increasing patient safety, improving quality of care and as a whole it caters and improves overall patient satisfaction. A strong interpersonal and caring environment is also responsible for providing clear and vibrant support to new entrants and inexperienced staff that removes the barriers of communication. Healthcare environment greatly depends on the team work and there has been a growing need to improve teamwork which will result in stronger interpersonal relationships, clear understanding and active staff communication as well as it will act as catalyst in upbring the job satisfaction.

3.13.3. Time pressure

Time value of money is important for both patients and carer as is a subjective experience although it can be measured. The utilization of time efficiently in order to carry out the task is very important. It is important to note that time pressure is associated with level of job satisfaction among healthcare professionals as it may indicate concerns about their sovereignty and autonomy.

3.13.4. Responsibility

Responsibility matters a lot in caring industry as being responsible is the ultimate key to achieve the task in an appropriate manner. Power sharing and increased responsibility are liked with the positive attitude and they enhance employee motivation. Responsibly sharing can build strong interpersonal skills and enhanced team working skills that allow individuals an opportunity to make key managerial decisions that have optimizing organizational benefits which would lead to increased job satisfaction and performance. Herzberg’s two-factor Motivation-hygiene factor theory indicates that employee recognition and skills development (intrinsic work factors) increase job satisfaction as practically it is suggested by him that increased responsibility of work may motivate as the employee gets recognition and enhanced interpersonal relationships which have influence on individuals’ identity.

3.13.5. Opportunity to develop

Human nature is to move further and look or better future and improved skills thus career development is the ladder to determine individuals social and economic life. When individual have the defined career path they utilize their skills in efficient manner leading to better outcome and thus
recognition at work and job satisfaction. Opportunities to develop motivate individuals to link their performance to grow and enhance their career.

3.13.6. Patient care

Patient care is the key element in healthcare industry as employee (humans being) gets appreciation which enable satisfaction and further commitment to work. Job satisfaction is greatly influenced by managerial support, cooperative teamwork, shifting workload and sharing responsibilities have direct impact on the delivery of quality patient care.

3.14. Justification of approaches:

An extensive literature is available on the area of assessing job satisfaction among health care professionals which all are based on deductive approach and survey (self- administered Questionnaire) were adopted as the mean approach few studies are detailed below:

Cortese (2007) estimated the job satisfaction of Italian Nurses using structured interviews and questionnaire. The sole purpose of the research was to determine the factors influencing job satisfaction and dissatisfaction observed by nurses operating in three Italian hospitals. He found job content, professional relationships, responsibility, independence & professional growth, relationship with the patients & their families and relationship with higher management are the satisfaction factors while coordinator management style, activity programming, relationship with doctors and patients were found to be the dissatisfying factors. He suggested that present nursing and management techniques need to be improved in order to retain the staff through higher job satisfaction.

Nicholas et al. (2006), studied the job satisfaction factors of caregivers in two nursing homes in Pennsylvania he used Job Description Index (JDI) to collect data from Registered Nurses, Licensed Practical Nurses, and Nurse aides to examine the job satisfaction level among these caregivers. They found overall job satisfaction level but they are not happy with promotional opportunities, superiors and rewards and they suggested that nursing homes improvement in quality of work environment may have a positive impact on job satisfaction of staff thus reducing their turnover rates.

According to Lee et al., (2008), they anticipated that front line health care workers are the backbone linkers between senior management and clinical nurses as they have strong influence on organizational culture. They performed cross-sectional study and evidenced significant positive relationships were found between span of control, organizational support, empowerment and the job satisfaction of front line nurse managers. They suggested that job satisfaction of front line managers may be improved by addressing above mentioned factors.
A correlational study by Delobelle (2011), found that the relationships between demographic variables, job satisfaction, and turnover intent among primary healthcare nurses in a rural area of South Africa. The cross-sectional study found that nurses were satisfied with the intrinsic variables while they showed dissatisfaction with pay and work conditions. They suggested that to increase satisfaction pay and promotional opportunities must be enhanced.

Adegoke et al., (2015), studied job satisfaction and retention of the midwives in three Northern states of Nigeria. Mixed method approach was used to collect the data included a job satisfaction survey, focus group discussions (FGDs) and exit interviews to explore job satisfaction and retention factors. Midwives were very satisfied with the feeling of caring for women. Midwives are not satisfied with the career ladder, availability of promotional opportunities within the scheme, safety of accommodation, and with pay.

Engström et al., (2006), assessed three variables that include work satisfaction, patient care and staff retention for staff working in elderly care. They used questionnaires and found that increased workload and stress was reported as dissatisfaction factors. They found that caring itself was the motivating factors for the workers and while stress and career progression was considered as demotivating character.

Bonenberger et al., (2014), employed a cross-sectional study based on questionnaire in three districts of Ghana’s East Region where allied health workers pharmacists doctors & nursing professionals were interviewed. The study proved to be helpful in finding out the effects of motivation and job satisfaction on turnover intention and how motivation and satisfaction can be improved further by district health managers in order to increase retention of health workers. Their findings stipulate that productive HR management practices influence health worker motivation and job satisfaction, and thus reduce the likelihood for turnover at district level and to implement retention strategies, human resource management skills should be nourished at district level to support district health managers.

Ali Jadoo et al., (2015), conducted a study to inquire about the notable factors which affect job satisfaction and turnover intentions among Iraqi doctors. An expressive cross-sectional study was carried out among doctors across 20 hospitals in Iraq using a multistage sampling technique. The participants answered a questionnaire, which included socio-demographic information, work characteristics and on turnover intention. Descriptive and multiple logistic regression analyses helped out to identify noteworthy factors affecting job satisfaction and turnover intentions. The high-turnover & job satisfaction among Iraqi doctors is significantly associated with working and security conditions. A well planned strategy is required to prevent doctors from evacuation or fleeing.

Yami et al., (2011), conducted cross-sectional study to find out the level of job satisfaction
and some key factors that affect job satisfaction and retention of health professionals working in Jimma University Specialized Hospital. A self-regulated questionnaire and focus group discussion was conducted which pointed out that insufficiency of motivation, a less amount of salary, shortage of good training opportunities and inadequate amount of human resources were the major reasons for workers dissatisfaction. Faye et al., (2013), studied health workers’ satisfaction adapted to sub-Saharan African working conditions and cultures by employing cross-sectional survey was conducted to assess the factors for job satisfaction and it was found that continuous efforts in the fields of education, management style, the environment for working, workload, moral satisfaction and job stability were the main determinants for job satisfaction.

3.15. Conclusion

It has been evident that literature supports cross-sectional and deductive approach to assess the level of satisfaction among health care professionals. Apart from the above mentioned recent studies also utilized the same approach in their respective studies as Khamlub et al., (2013), Tansiman et al., (2014), Chaulagain & Khadka (2012), Pineau et al., (2015), Hui et al., (2015), Hunsaker et al., (2015), Isabelle Et al., (2016). These studies used self-administered questionnaire to assess the satisfaction level among health care professionals. It is evident that present research used the same methods to conduct research supported by researcher in various healthcare settings.
4. RESULTS and DISCUSSION

In this chapter the results are presented and the analytical discussion with comparing other studies having same subject matter. The results are presented in two parts: the first part describes the overall findings of the study in descriptive statistics, while the second part comprises the inferential statistics calculated.

### Table 1 Socio-demographic of respondents

<table>
<thead>
<tr>
<th>Variable</th>
<th>N</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>≤40</td>
<td>48</td>
<td>64 %</td>
</tr>
<tr>
<td>&gt;40</td>
<td>27</td>
<td>36 %</td>
</tr>
<tr>
<td><strong>Sex</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>25</td>
<td>33.33 %</td>
</tr>
<tr>
<td>Female</td>
<td>50</td>
<td>66.66 %</td>
</tr>
<tr>
<td><strong>Marital Status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>35</td>
<td>46.6 %</td>
</tr>
<tr>
<td>Married</td>
<td>36</td>
<td>46.67 %</td>
</tr>
<tr>
<td>Divorced</td>
<td>2</td>
<td>2.66 %</td>
</tr>
<tr>
<td>Widow</td>
<td>2</td>
<td>2.66 %</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FETAC Level 5</td>
<td>75</td>
<td>100 %</td>
</tr>
</tbody>
</table>

### Table 2 General Satisfaction

<table>
<thead>
<tr>
<th>Variables</th>
<th>Responses in each item – n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>Agree</td>
</tr>
<tr>
<td>Choice of career</td>
<td>11 14.66 %</td>
</tr>
</tbody>
</table>
Table 2 shows the results from the first section, general satisfaction. The results indicated that 14.66% of participants strongly agreed while 46.66% were agreed that if they had to choose a career again, they would choose the same career. More than two-thirds (a total of 80%) agreed or strongly agreed that their job had more advantages than disadvantages. About half of respondents (44%) did not think that their income was the reflection of the job they do. While a total of 33.33% of the respondents believed that there was personal growth in their work, about half (45.3%) did not experience any personal growth. The study showed that about 22.66% of respondents had no intention of changing their career means that they are uncertain in their decision. More than two third (81.33%) were strongly agreed or agreed that they enjoyed their work, while only 4% strongly disagreed. More than two third of the respondents (84%) indicated that in general they were satisfied with their jobs.

Table 3 Opportunities

<table>
<thead>
<tr>
<th>Variables</th>
<th>Responses in each item – n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strongly agree</td>
</tr>
<tr>
<td>Sufficient opportunity to develop</td>
<td>10 13.33 %</td>
</tr>
<tr>
<td></td>
<td>6.66 %</td>
</tr>
<tr>
<td>Work variation</td>
<td>5 6.66 %</td>
</tr>
<tr>
<td></td>
<td>18.66 %</td>
</tr>
<tr>
<td>Work challenge</td>
<td>14 18.66 %</td>
</tr>
<tr>
<td></td>
<td>13.33 %</td>
</tr>
<tr>
<td>Work frustration</td>
<td>10 13.33 %</td>
</tr>
<tr>
<td></td>
<td>13.33 %</td>
</tr>
<tr>
<td>Lack of stimulation</td>
<td>2 2.66 %</td>
</tr>
<tr>
<td></td>
<td>2.66 %</td>
</tr>
</tbody>
</table>
Table 3 indicates that about two third of the respondents (a total of 68%) agreed or strongly agreed that there were sufficient opportunities for self-development, while more than two third (a total of 76%) agreed or strongly agreed that they were satisfied with the variation within their work. Nearly three-quarters (a total of 78.6%) reported that they find their work challenging while at the same time a total of 52% agreed or strongly agreed that they experienced frustration in their work due to limited resources. The proportions agreeing and disagreeing about lack of stimulation were 30.6% were agreed or strongly agreed while about half of the respondent strongly disagreed or disagreed. However, about half (a total of 50.66%) indicated that too much was expected from them at work.

Table 4 Responsibilities

<table>
<thead>
<tr>
<th>Variables</th>
<th>Responses in each item – n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strongly agree</td>
</tr>
<tr>
<td>Status in the community</td>
<td>8 10.66 %</td>
</tr>
<tr>
<td>Recognition for task well done</td>
<td>6 8 %</td>
</tr>
<tr>
<td>Great responsibility</td>
<td>32 42.66 %</td>
</tr>
</tbody>
</table>

The results in Table 4 indicates that while clear majority of respondents (88%) enjoyed their status in the community as healthcare Assistants, and nearly all of the respondent (93%) perceive that they carry great responsibility, while, two third (72%), agreed or strongly agreed that they receive recognition for tasks well done.

Table 5 Patient Care

<table>
<thead>
<tr>
<th>Variables</th>
<th>Responses in each item – n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strongly agree</td>
</tr>
<tr>
<td>Patient appreciation</td>
<td>16 21.33 %</td>
</tr>
<tr>
<td>Time for each patient</td>
<td>6 8 %</td>
</tr>
</tbody>
</table>
The results in Table 5 show that Almost 88% of the respondents were strongly agreed or agreed that the patients do appreciate what they do for them. More than half of the respondents (60%) indicated that they have sufficient time for each patient, while quarter of the view that they do not have sufficient time for each patient. About 86% of the respondent indicates that patient do cooperate with them during performing their duty.

Table 6 Time Pressure

<table>
<thead>
<tr>
<th>Variables</th>
<th>Responses in each item – n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strongly agree</td>
</tr>
<tr>
<td>Non-clinical tasks</td>
<td></td>
</tr>
<tr>
<td>Freedom to do work</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>12 %</td>
</tr>
</tbody>
</table>

The results in table 6 show that in total well near half the participants agreed or strongly agreed that they have to perform many non-clinical tasks (46.6%). About 59 % of the respondent were agreed or strongly agreed with question they were ask about the freedom in their work while 29.33% were disagreed or strongly disagreed on this.

Table 7 Staff Relations

<table>
<thead>
<tr>
<th>Variables</th>
<th>Responses in each item – n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strongly agree</td>
</tr>
<tr>
<td>Working relationship</td>
<td></td>
</tr>
<tr>
<td></td>
<td>27</td>
</tr>
<tr>
<td></td>
<td>36 %</td>
</tr>
<tr>
<td>Co-operation between staff &amp; management</td>
<td></td>
</tr>
<tr>
<td></td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>24 %</td>
</tr>
<tr>
<td>Channel of communication</td>
<td></td>
</tr>
<tr>
<td></td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>10.66 %</td>
</tr>
<tr>
<td>Managers concern about staff</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>9.33 %</td>
</tr>
</tbody>
</table>
The results show that a good majority (93.33%) reported having a good working relationship with their colleagues. Well over half agreed or nearly two third strongly agreed (68%) agreed that there is an atmosphere of co-operation between staff and management and similar proportions (58.66%) indicated that there is a clear channel of communication. However nearly half (48.66%) agreed or strongly agreed that their managers are concerned about their well-being, while nearly two third majority 68% believe that management use to involve them in making any decision while proportions of just 17.33 % were disagreed or strongly disagreed who said they did not involve them. More than two third (77.3% taken together) agreed or strongly agreed that they can depend on their colleagues for support, while opinions on management style were that about 64% were agreed or strongly agreed.

### 4.2. INFERENTIAL STATISTICS

In this section, the overall results given above are further analysed to elicit possible correlations that will contribute to making inferences.

#### Table 8 Level of job satisfaction

<table>
<thead>
<tr>
<th>Level of Satisfaction</th>
<th>N</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highly Satisfied</td>
<td>14</td>
<td>18.66 %</td>
</tr>
<tr>
<td>Moderate Satisfied</td>
<td>49</td>
<td>65.33 %</td>
</tr>
<tr>
<td>Fairly Satisfied</td>
<td>8</td>
<td>10.66 %</td>
</tr>
<tr>
<td>Not Satisfied</td>
<td>3</td>
<td>4 %</td>
</tr>
<tr>
<td>Highly Dissatisfied</td>
<td>1</td>
<td>1.33 %</td>
</tr>
<tr>
<td>Total</td>
<td>75</td>
<td>100</td>
</tr>
</tbody>
</table>

The results in table 8 shows that majority of 84% were highly satisfied or satisfied with their jobs while just 5.3% were not satisfied of their jobs. It indicates that almost all of the respondents were very much happy with the job they have and they are enjoying their jobs.
Figure 1: Bar chart depicting the respondents’ level of job satisfaction

<table>
<thead>
<tr>
<th>Variables</th>
<th>Level of satisfaction</th>
<th>Chi square value</th>
<th>P- Value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Satisfied N (%)</td>
<td>Dissatisfied N (%)</td>
<td></td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt;40</td>
<td>38</td>
<td>4</td>
<td>2.53</td>
</tr>
<tr>
<td>&lt;40</td>
<td>25</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td><strong>Sex</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>21</td>
<td>1</td>
<td>0.118</td>
</tr>
<tr>
<td>Female</td>
<td>42</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>Marital Status</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>17</td>
<td>3</td>
<td>3.55</td>
</tr>
<tr>
<td>Married</td>
<td>22</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Divorced</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Widow</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fetac Level 5</td>
<td>42</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

The results in Table 9 show that chi-square analysis results between respondents’ socio-demographic characteristics and level of satisfaction. The results indicate that there is no relationship and no proportional difference.

<table>
<thead>
<tr>
<th>Variables</th>
<th>Level of satisfaction</th>
<th>Chi Square value</th>
<th>P-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Opportunity to develop</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td>10 (13.33)</td>
<td>1 (1.33)</td>
<td>1.35</td>
</tr>
<tr>
<td>High</td>
<td>48 (64)</td>
<td>16 (21.33)</td>
<td></td>
</tr>
<tr>
<td><strong>Responsibility</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td>8 (10.66)</td>
<td>1 (1.33)</td>
<td>1.34</td>
</tr>
</tbody>
</table>
The results in Table 10 show the chi-square analysis results of factors associated with job satisfaction. The results showed that opportunity to develop, responsibility, patient care and staff relations were significantly associated with job satisfaction. Almost (77.3%) of respondents were highly satisfied with the opportunity to develop at their workplace, at p value 0.244. Almost all of the respondents (96%) were significantly satisfied with their responsibilities. The results also indicated that respondents were significantly satisfied with the level of patient care and staff relations at p value 0.70.

4.3. Discussion:

The results showed that variables such as opportunity to develop, responsibility, time pressure, patient care and staff relations have a significant influence on job satisfaction level, each variables was examined individually and the results showed that respondents value these factors significantly which is an important component form managerial point of view. These results affirm the motivation-hygiene theory of Herzberg which states motivating factors includes responsibility, achievement, recognition and opportunities to develop. While the hygiene factors which include salaries, quality of supervision and working conditions determines job dissatisfaction. This study showed that 84% were satisfied, only 4% were dissatisfied in general level of satisfaction which is similar to the findings of a study by Carrillo (2013), found that 77.2% of the health professionals surveyed were satisfied with their work while it is significantly higher with the findings by Chaulagain & Khadka (2012), in which 54.29% were satisfied, 18.48% were not satisfied general level of satisfaction and Ramasodi (2010), who found that 56.2% of health care professionals were generally satisfied with their work while 26% were not satisfied. A cross-sectional study on three different countries by Blaauw et al., (2013), concluded that health care workers were satisfied at a rate of 52.1% of health workers in South Africa, 71% from Malawi and 82.6% from Tanzania. The finding from this study really support our results specially job satisfaction level among health care professionals in Tanzania. On the contrary Yami et al., (2011), found that only 41.4% health professionals were satisfied with their job indicating their factors of job satisfaction as motivation.
from others staff and professional pleasure while the result showed that 46.2% of the health workers were dissatisfied with their job due to inadequate salary, lack of growth and lack of human resource. Another study on Serbian health care workers showed very low job satisfaction almost 22.4% according to their study the age gender or Profession, had no influence on job satisfaction. The study conducted by showed lowest level of job satisfaction in nurses while the doctors were satisfied with their jobs due to better remuneration (Aleksandra et al, 2007).

Research findings indicate that respondents (88%) enjoyed their status in the community as healthcare Assistants, and nearly all of the respondent (93%) perceive that they carry great responsibility, while, two third (72%), agreed or strongly agreed that they receive recognition for tasks well done. The results match with the study by Chaulagain & Khadka (2012), they found more than two-third of the respondents was significantly satisfied with their current responsibility on job. Employee recognition and skills development may increase job satisfaction as evident from the Herzberg’s two-factor theory. The results showed that (93.33%) respondents reported having a good working relationship with their colleagues and (68%) agreed that there is an atmosphere of co-operation between staff and management and (58.66%) indicated that there is a clear channel of communication and (48.66%) agreed that their managers are concerned about their well-being. The results were consistent with findings by Chaulagain & Khadka (2012) and Ramasodi (2010) in South Africa. In this study it has been found that (a total of 68%) respondents agreed or strongly agreed that there were sufficient opportunities for self-development.

Nearly three-quarters (a total of 78.6%) reported that they find their work challenging while at the same time a total of 52% agreed or strongly agreed that they experienced frustration in their work due to limited resources. The proportions agreeing and disagreeing about lack of stimulation were 30.6% were agreed or strongly agreed while about half of the respondent strongly disagreed or disagreed. However, about half (a total of 50.66%) indicated that too much was expected from them at work. These findings are consistent with that of Chaulagain & Khadka (2012), who found that dissatisfaction with routine work due to lack of resources, time pressures.

The results showed that opportunity to develop, responsibility, patient care and staff relations were significantly associated with job satisfaction. Almost (77.3%) of respondents were highly satisfied with the opportunity to develop at their workplace, level of patient care and staff relations. Which shows the association between socio-demographics and job satisfaction characteristics on the contrary the study by Chaulagain & Khadka (2012), found no association between socio-demographic characteristics and job satisfaction factors. Although their study claimed that all the individual factors of job satisfaction showed positive relationship with responsibility sharing, Growth opportunity and relationship with staff.
This study stated that in overall, general satisfaction had a high positive relationship with other influencing factors of job satisfaction. Patient care is one of the key factors that motivate and induce the human behaviour to stay at work since appreciation form the patient care or inner feelings and emotions work as the spiritual boosters as well. This study also found that almost 70% respondents were happy with the patient care and motivating factors such as opportunity to develop, responsibility, patient care and staff relations impact significantly to effect level of job satisfaction among healthcare assistants. Jain et al (2009) and Ramasodi (2010), also reported that participants were significantly satisfied with the quality of patient care. Bonenberger et al., (2014), that for low- and middle-income countries the concept of motivation and job satisfaction are considered as the most important factors for health worker retention and their study found that 69% of the respondents reported to have turnover intentions. He also stated that dimensions of job satisfaction and motivation are directly associated with the turnover intention which induce the asserted behaviour. Healthcare worker consider career development, workload, management, organizational commitment and stress to decide turnover. Pillay (2008), found that 70% employees were satisfied due to their delight they obtain in caring for patient, their interpersonal relationship, value in the communities while they were most dissatisfied with their pay, increased workload their undefined career development opportunities lack of resources available within the facility while Yami et al., (2011), found that 41.4% of health professionals were satisfied with their job due to the feelings, appreciation and satisfaction from helping others while 46.2% of the health workers were dissatisfied with their job due to lack of motivation, inadequate salary, insufficient training opportunities and inadequate number of human resources.

Findings of this study also indicated that the respondents were dissatisfied with their income which a human behaviour that they always assume that they are paid lesser due to expecting more and this also equates to the theory of vroom who suggested that efforts are directly related to output as this theory is based on the probability that their exerted effort will result in expected reward. The basis of the theory is the human expectancy that amount or nature of the return expected decides the amount of the effort to be exerted which will result in job pleasure and satisfaction. In other words people will exert more effort if they are assured of proper appreciation or return on their efforts. This is to be noted that there is no rule of thumb to describe employees’ motivation. A person is not ensured to perform more effectively just by recognizing his needs and requires proper motivation. These findings are similar to those of Ramasodi (2010), where it was found that participants were dissatisfied with their salaries. While these findings significantly differ from Jain et al (2009), found that healthcare professionals (dentists) significantly satisfied with their income. But here it should be noted that Jain et al., (2009), studied dentists which are considered to be on the higher
ladder so for general point of view we can quote this findings but when we go in depth comparison then we must take into account subject which in this case were health care assistants. Delobelle (2011), found that Nurses were satisfaction with their working content and interpersonal relationships but they are dissatisfied with their pay and work conditions. Maqbali (2015), studied work satisfaction and retention among nurse and found that nurses (57.1%) of the nurses were satisfied with institutional leadership composition while (41.3%) of nurses were satisfied with the growth opportunities within the facility.

The findings of this study showed healthy level of job satisfaction among the healthcare assistants surveyed. The study found a positive association between job satisfaction and variables of job satisfaction such as opportunity to develop, patient care, responsibility and staff relations among healthcare assistants. A study found strong correlation between the factors influencing job satisfaction like gender, marital status, age, organizational post and wages with General Job satisfaction. While no statistically significant correlation was observed between job satisfaction of employees with their certification levels the respondents were highly satisfied with supervision, nature of the job and co-workers consideration while they were least satisfied with the benefits, contingent rewards, communication, salaries, working conditions, and promotion (Mosadeghrad, 2014). Goetz et al., (2012) studied satisfaction among Health care staff in Kenya and found that they are highly satisfied around 75% in terms of colleagues support and appreciation at work while they are less satisfied with pay and non-availability of required equipment.

Generally older employees are satisfied with their jobs may be the reason being that they are likely to get retired and see less chances of their advancement (Robert, 2008). Similarly according to Greenberg et al (1997), people in management jobs are also found satisfied an obvious reason being better working conditions and better salaries. Dolobelle (2011), also found that age plays a significant role in determining the intention to stay for a particular health care employee as the findings suggested that younger and higher educated nurses being more likely to show turnover intent. Carrillo (2013), found that the young health work force between the ages of 20-30-year-olds and professionals over 61 years old were highly satisfied with their jobs young might be due to their career start and old might be due to their career stop. In general, these two age groups showed higher satisfaction levels as compared with the middle-aged professionals. A study conducted on mental health professionals showed dissatisfaction with the decision latitude, circulation of information and career prospects and they were not satisfied with their jobs. However aged employees showed increased job satisfaction (Gigantesco et al 2003).
4.4. Conclusion

It is pertinent to note that this finding of this study should not be generalizable as further investigation into the subject is necessary. Moreover the researcher found that sampling technique can play a vital role in assessing the satisfaction level and random sampling must be used to investigate the satisfaction level as findings concluded in this study are subjective perceptions of the respondents based on their self-assessment that may be biased due to lack of knowledge or external pressure. The present study results are supported by literature which is a positive indication and extinguisher for further research in some organizational or contextual settings. The important aspect is that this research is been carried out after analysing the research gap so it encourage further research and it allows comparison with other studies that are done in South Africa, Asia and some studies carried out in European countries which is important addition to the literature.
5. Conclusion and Recommendations:

5.1. Conclusion

According to the existing literature reviewed the respondents showed their concerns and highlighted the factors that can give them satisfaction with their job increase retention rate included motivation of staff through different incentives such as bonus, house allowance, salary increment, establishing good administration management system and improving hospital facilities and infrastructure. In order to efficient health mechanism it is important that job satisfaction and retention are considered as the most important factors as they are considered to be vital for improvements.

The study assessed the satisfaction level of healthcare assistants based on the following key variables as general satisfaction, career progression/opportunity to develop, responsibility, patient care, time pressure and staff relations. When asked from the respondents about their general level of satisfaction 84% of the total respondents were satisfied with their job which is significant in showing the strength of health care system in Ireland. In general satisfaction when asked about choice to choose the career again 46.66% were agreed they would choose the same career. Almost 80% agreed that their job had more advantages. In another question 44% of HCA responded that did not think that their income was the reflection of the job they do. While a total of 33.33% of the respondents believed that there was personal growth in their work, about half (45.3%) did not experience any personal growth. The study showed that about 22.66% of respondents had no intention of changing their career means that they are uncertain in their decision. More than two third (81.33%) were strongly agreed or agreed that they enjoyed their work, while only 4% strongly disagreed.

The questions about Career progression indicates that 68% of HCA agreed that there were sufficient opportunities for self-development, while 76% agreed that they were satisfied with the variation within their work. A total of 78.6% reported that they find their work challenging while at the same time a total of 52% agreed or strongly agreed that they experienced frustration in their work due to limited resources. However, about half (a total of 50.66%) indicated that too much is expected from them at work.

The questions related responsibilities indicates that while clear majority of respondents (88%) enjoyed their status in the community as healthcare Assistants, and nearly all of the respondent (93%) perceive that they carry great responsibility, while, two third (72%), agreed or strongly agreed that they receive recognition for tasks well done.

The questions related to patient care the 88% HCA responded as agreed that the patients do appreciate their work. More than half of the respondents (60%) indicated that they have sufficient
time for each patient, while quarter of the view that they do not have sufficient time for each patient. About 86% of the respondent indicates that patient do cooperate with them during performing their duty.

The questions related to time pressure the 46.6% HCA responded that they have to perform many non-clinical tasks and 59% of the respondent were agreed or strongly agreed with question they were ask about the freedom in their work while 29.33% were disagreed or strongly disagreed on this.

When asked about staff relations 93.33% reported having a good working relationship with their colleagues and 68% agreed that there is an atmosphere of co-operation between staff and management and 58.66% indicated that there is a clear channel of communication. However nearly half (48.66%) agreed or strongly agreed that their managers are concerned about their well-being, while nearly two third majority 68% believe that management use to involve them in making any decision. A total of 77.3% respondents agreed that they can depend on their colleagues for support, while opinions on management style were that about 64% were agreed or strongly agreed. Inferential statistics showed no association between demographics and job satisfaction factors.

According to our objectives of study we can say that factors that influence job satisfaction among healthcare assistants working with in care facilities in Dublin we can say that a strong association is found between the variables assessed as general satisfaction, the opportunity to develop, responsibility, patient care, time pressure and staff relations. As far as the question of finding the association between the socio-demographic characteristics of the healthcare assistants and job satisfaction it was found that there is no relationship, no proportional difference and no association is found between demographics and job satisfaction. Hence statistically we can accept our hypothesis that Health Care Assistants are generally satisfied with their job and Age differential doesn’t matter on the general satisfaction of the people. As age doesn’t affect the satisfaction level of the healthcare assistants they want to enjoy same benefits and autonomy.

Our research has limited generality as our population sample was not random moreover it is evident that larger sample size can have different implications. One important factors about self-administered questionnaires which are based on rational assumption that health care assistant will answer the questions with their best abilities should be kept in mind. Summing up we can say based on our results that regardless of these limitations comparison of our results with previous studies are valid and authentic.
5.2. **Recommendations:**

Maslow’s (1954) five-level hierarchy ranging from physiological needs, safety, love, and esteem to self-actualization shows that once individuals have satisfied one need in the hierarchy they urge to move to the next level up the hierarchy. In this study Healthcare assistants showed a concern that their income in not true reflection of their work and too much is expected from them at work so these two findings must be addressed for benefiting health care assistants and enhancing their job satisfaction. The leadership style for giving importance for the concerns of health care assistants should try to meet their assistant’s basic needs, by improving organizational maturity, by promoting teamwork, cooperation and participation among insiders of the organization. Health care settings are must consider the comfort and safety of their employees that usually depend upon working environment, conditions nature and timing of the job.

Our study showed a healthy workforce so the health services executive or the general body of health system must regulate the same to attract and retain the staff for upcoming future needs as highlighted by the researchers. Literature highlighted that Job satisfaction and working atmosphere are key indicators not only for recruitment and retention but also for the provision of good quality of care in the healthcare settings. It has been noted that motivational factors like pay increments, opportunities and career development or technological advanced equipment only have the desired effect in supportive work environments. So, our study also pointed out that healthcare assistants complained that too much is expected from them showing a dire need to hire more staff and adjustments in the worksheets for health care assistants defining their works and tasks. The results of our study can be helpful in developing strategies to improve the global retention of healthcare assistants.

The following steps are recommended based on the study findings as under:

1. It is obvious and understood that result of individual study cannot be considered as solid base for decision making in health planning but we can suggest that interventions should be carried out to increase levels of job satisfaction by improving working conditions and compensation.
2. Staff involvement in the decision process is important to achieve desired outcome so their participation must be enhanced and their performance should be regularly monitored and evaluated to devise the necessary changes. Working environment must be improved to get quality healthcare services.
3. This study initiates and requires more investigative research in different healthcare facilities on a broader scale to study the health care assistant’s behaviours.
6. SELF REFLECTION AND LEARNING

This chapter discusses the improvement in skills/knowledge that has been acquired through the course of Master’s in Business Administration at Dublin Business School. It summarizes the theoretical aspect of learning knowledge and professional skills during the completion of aforementioned program. It also discusses that how this learning has helped to improve the skills which are valuable asset for future career furthermore the researcher will also discuss his future plans to sustain and extend this learning process.

6.1. Kolb’s learning theory

Kolb (1984) presents an experiential cycle of learning which is based upon the earlier learning model by Lewin, Dewey and Piaget. The crux of the Kolb’s model is that there exists a transformation process which converts individuals' experiences into knowledge. The Kolb’s model consists of four stages of learning cycle. The stages are: concrete experience (CE), reflective observation (RO), abstract conceptualization (AC) and Active experimentation (AE). These stages follow each other in a circular manner. A generic view of Kolb’s learning cycle is displayed in figure 1.

![Figure 2 Kolb's learning Cycle](image)

Source: The Kolb’s Learning Cycle, Barclays (1996)

A close look at figure 1 shows that an individual passes through four stages of learning cycle in different modes of behaviour. At stage 1 he experiences new skills followed by different observations during experience which leads to think a specific theory and finally he plans to explain
that particular theory. It will be advantageous to name these modes as activists, reflectors, theorists and pragmatists. Let us explain these terms.

6.1.1. Activists

During activist mode the learner welcomes the new information and experience definitely it requires quick action and enjoying the challenge through open minded behaviour. Learners in activist mode should be intuitive and having a tendency to make decisions on their own. Furthermore an activist enjoys working with others to gain experience.

6.1.2. Reflectors

The reflectors fall under the stage of reflective observations thus reflectors always prefer observe the environment and surroundings. An individual with a low profile can be a good reflector. Therefore reflectors take long time looking at things/happenings around them from all possible angles to collect observation data. The main qualities of a reflector are impartial, patient and cautious.

6.1.3. Theorists

Theorists transform their observations into theories/models. They enjoy the quantitative analysis of the observation data and theorist must be precise in his logic rigorous with analysis and must have a clear concept towards the theory he is going to present.

6.1.4. Pragmatist

The fourth mode of the learning cycle is active experimentation and pragmatists are involved in this process. They have skills to influence people and to change the current situation for new directions. It is important for such people to be confident and take their decisions quickly. They enjoy challenges and takes risks to achieve the target to change the current situations according to new theories.

The previous research shows that researchers/fellows/students pass through different learning styles during their dissertation/coursework. If we closely look at learning cycle, most of us pass through all these stages. Different people have their own choices and habits/behaviour for different stages. Some could be more converge towards observation and some others may be good at experiments and etc., depending on personalities. My experience/learning in this course of Masters in business administration at Dublin Business School and my experience/observations in my professional and academic carrier in Pakistan has given me a chance to analyse myself in regard to four stages of learning cycle. My learning through this is explained below with details.
6.2. Self-Reflection

Knowing yourself is the key element of one’s own personality, it shows how much one is concerned and a good observer of himself/herself. If individual can observe inner personality she/he can do better in life. He/she can make his moves accordingly and can be a successful person at every stance. Thus writing about yourself will give you key insight about your areas of expertise and you will be able to think about yourself and not merely dependent on what other think about you. One of the major benefits of writing personal development plan knows your future path as your current efforts as your current moves will clearly be stating your future.

I did my Bachelor and Master of Science in Economics from International University Islamabad, Pakistan. After acquiring my Master’s degree I joined Social Research Unit as Field Supervisor for one year then I switched to a managerial post and worked as Assistant Manager Administration in Executive Business Centre, Saudi Pak Tower. I got attracted towards health department as no one from my family is in medical field so facing the real problems I joined Punjab AIDS Control Program as Case Manager where I worked from 15th September 2010 to 4th April 2015. My prime responsibilities were care and support provision for HIV/AIDS victims to channelize the facility driven process in addition to perform the coordination as the liaison officer. Moreover I have worked as Research consultant with IDRAK (it’s an NGO, promoting health and Social Justice) gave me essence of practical case studies conducting techniques and procedures with blend of field work.

6.2.1. My learning experience of MBA to date

Learning is the core attribute of human beings to discover universe. Thus human always make oneself ready to learn new experiences/phases of life. So after getting education and skills form different fields I analysed the gap in my competencies and throughput. Thus a feel of exploring bit more has risen inside. I moved for MBA from my country to entirely new place. I left my comfort zone and joined a community where I had to make my space. And this brought my inner challenger out of me. “Knowledge is a key for a success in every aspect of life”. A very famous quote says "Time is money", if you plan your time properly and accurately you can manage your life in a better way.

My ambitions are quite simplistic and I am feeling confident in moving towards them. I want to complete my level 9 in good grades with complete sense of understanding and knowledge of field. The system of education as compared to my home country is different in terms of delivery, monitoring and evaluation. As per current learning environment, I feel comfortable now as I am working on my language skills and moreover, I have been able to get good feedback from the
module instructors/leaders. As with blend of practical experiences of previous jobs the MBA (HRM) sparkle my mind and now I have found myself satisfied and contended. I can easily relate practicability of my experience with theory and practice as having economics degree. I found myself incomplete doing a management work and this process is continuous learning, as learning is by managing and managing is by learning. MBA is a stone step in achieving my goals as its level 9 in European system of education. I have already acquired some managerial experience, although it was specific to one area, but somehow I was able to get few keen insights in management issues.

My expectations are simply to acquire theoretical knowledge and apply that into the real world or real situations where theory and practice can work appropriately. I am moving accordingly and still trying to keep in touch with all issues that can make difference in my understanding. I have proper routine for my studies and leisure time as I have arrived one month ago so to avoid homesickness. I usually talk with my family and friends so that helps me to stay contended. Moreover I have to handle and adjust with the environment as here the weather is unpredictable. I am a regular student in classes and latest email from our coordinator verifies that my attendance ratio is 100%. This is worth-mentioning because if I am not regular in classes it means I am not ready to learn new concepts and there is some lapse in my personality. So I am trying to move in the right direction with my full pace to achieve my desired goal.

6.2.2. MBA Modules (Reflection of learning)

The first semester settle my basis of understanding as a whole and totally invaded my heart in the full swing. The core modules in the first semester are Personal and Professional Development (PPD), International Management, Financial Analysis, Research Methods 1 (RM-1) and elective course Strategies for managing the Human Resource management (HRM). The educational standards differ a lot when compared to my home country Pakistan, as there is mixture of strategies for completing the courses including individual assignment, group assignments and report writing with proper references. One important skill I gained is to cite a source using proper references and the software Zotero is really a lynchpin for incorporating a quality standard work and references. Dublin Business School (DBS) Library facilities provided us with few sessions related to the plagiarism and Reference writing technologies that really make me very comfortable. Moreover, the access to e-resources and Athens account helped a lot to explore the e-books, articles and magazines that make me to sit anywhere and search my related assigned work.

PPD worked like a hammer to extract the inner personality and it brought me up with my strengths and weaknesses. It also explores the ways how to strengthen them. It highlights the personal innovation to which a person is unaware of. As knowledge is power the more you know
your strengths, the better you perform that with boosted confidence. Thus weakness, if early investigated, can be reduced/ minimized with proper techniques and efforts. But ignorance leads to wilderness and distracted personalities. So PPD is a real platform who ignited my inner person to come out positively and work for me. The personality tests and self-awareness techniques (MBTI, VAK, LOC, Spectrum of success and Belbin team role Inventory assessment) make me to think and renovate my capabilities so that I can directly target my goals.

Group assignment for financial analysis and strategies for HRM helped me to explore my technical and collaborative skills as I thought the compromising is better. But later I found the compromising situation is not valid for every circumstance. In some cases likewise, we have studied in Strategies for managing (HRM) about Thomas Killmann Conflict management styles that deals with the two dimensional situations that achieving your goals/objectives is more important or relationship is important. And there comes five sub categories compete, collaborate, compromise avoid and accommodate. So it depends on situation and issues sometime a solution to certain issue is required so if you find compromising situation then the issue will not be simple. It will be raised again and again increasing certain problems. Thus a win-win situation is sometime effective in business organizations to make the employer and employee happy and satisfied.

International Management module gave overall idea about the international business setting worldwide, threats and opportunities for international business expansion, ethical challenges internationally and how managers and business analysts do PESTEL (Political, economic, socio-cultural, technological, environmental and legal) analysis to get a brief idea for expansion of the company by analysing these factors missing it with SWOT (Strength, weakness, opportunities and threats) analysis.

The second semester broaden my scope of understanding as a whole and changed my thoughts about human resource management (HRM) as I thought previously that work done is important not the way but with the proper taught courses I refined that basic ideas that it is appropriate to consider the ways and procedure of job rather the sole output as it might affect the retention rates of your employees. The core modules in the second semester are Performance and Reward management, Business Strategy, Performance Driven Marketing, Writing for graduate studies and Research Methods II (RM-2).

Performance and Reward management dealt with the crux of motivational theories and extent to which motivation theory underpins performance management systems. This module gave inner understanding of underlying assumptions and implications of motivational theories which helped me a lot in selecting a research area for my Dissertation. In this module the relevant academic literature has been reviewed and class based exercise in this module gave lot of strength
to apply in the practical live organizations which enhanced analytical abilities and refined optimal understanding of Human resources management issues.

Business strategy module gave an insight for critical evaluation of the strategic position of organisations with varied organisational contexts and formulating suitable strategic choices for analysis and upbringing of that organization. It also gave insights that Information and Communications Technology (ICT) solutions must be integrated into the evaluation system of the organizations and the ways of enjoying and identifying competitive advantage and strategies.

Performance Driven Marketing added real value in my learning. This course allowed to critically asses the marketing strategies in the corporate sector and ability to develop the strategic marketing decisions. It also developed understanding of marketing mix and role of advertising and their Pitfalls. This module requirement was to build a marketing plan that really made me to think like an entrepreneur and thus enhanced my learning.

Research methods-I and II gave a glimpse of research strategies and as it deals with the essence of MBA program so it helped me choose my dissertation topic related to my field of interest “Factors influencing Job Satisfaction among Healthcare Assistants (HCA) working in Dublin” as it deals with the research onion strategy i.e., different methods of research techniques and philosophies have been used to finish my dissertation successfully. By summarizing these modules helped me to see the in-depth understanding of human resources management strategies.

The dissertation is the real essence of the whole program and I feel great motivation and learning while working on it. I planned to work on health care industry and I have intentions to join Human Resources for Health (HRH). The health care in Ireland is so bound to administrative bottom lines that it was real hard decision to proceed as initially I planned to get data from Our Lady’s Hospice Harold Cross but they have their own system for entertaining research as their research committee needs more time to analyse the proposal then the stipulated time given to us by the Dublin Business School. So, I withdrew that plan and focused on convenient sampling. The other issue that came across during the study was to find the authenticity of research problem since been new to research this experience enhanced my critical analysis skills as various studies were used to verify the research methods used and results obtained. The process was full of innovative approaches and the new thing which I got from this research is a researcher approach that made me to think critically as the technique I learnt while justifying my results and approaches used in various researches gave me ability to develop analytical approach. I feel myself confident in researching the area of job satisfaction in relevance to the theories and approaches used.

The asymptotical doctrine learnt in completing the dissertation developed my research interest for further studies and my next aim is to research a low-resourced economy and their
human resource issues particularly to find the solution to the real world problem especially in under developed country, with special focus on health sector. I believe that we can save a larger community by just giving them awareness and proper facilitation to the basic health and hygiene services. By summarizing I can say confidently that MBA (HRM) was a stone step to my future career as I got insights in human resource management policies an practices now I will apply the learnt knowledge in practical field and I want to see myself as health administrator in near future. According to Kolb’s cycle of learning I found myself on all phases of learning as it’s still a continuous process as I believe that every day is a new day new life experience and it totally depends on you how you perceive that and apply it to enhance your skills and abilities.
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Appendix A: Questionnaire

Research Questionnaire (Job Satisfaction level)

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age__________</td>
<td>Sex_______</td>
</tr>
</tbody>
</table>

**Marital Status:**
- a) Single
- b) Married
- a) Divorced
- b) Widowed

**Locality:**
- a) Urban
- b) Rural

**County of Residence**:__________

**Years of experience**: __________

**Years of experience**:
- Education ______________
- Nationality ______________

Kindly decide how you feel about the aspect of your job as described by the following statements and encircle/tick the appropriate option.

**General Satisfaction**

Q1. If I could choose the career again I would make the same decision

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Uncertain</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
</table>
| Q2. My job has more advantages than disadvantages
| Strongly Agree | Agree | Uncertain | Disagree | Strongly Disagree |
| Q3. My income is reflection of work I do
| Strongly Agree | Agree | Uncertain | Disagree | Strongly Disagree |

Q4. There is no personal growth in my work

| Strongly Agree | Agree | Uncertain | Disagree | Strongly Disagree |
| Q5. I would like to change my career
| Strongly Agree | Agree | Uncertain | Disagree | Strongly Disagree |

Q6. I really enjoy my work

| Strongly Agree | Agree | Uncertain | Disagree | Strongly Disagree |
| Q7. In general I am satisfied with my work
| Strongly Agree | Agree | Uncertain | Disagree | Strongly Disagree |

**Career Progression/Opportunity to develop**

Q8. I have sufficient opportunity to progress in my field

| Strongly Agree | Agree | Uncertain | Disagree | Strongly Disagree |
| Q9. The variation in my work is satisfactory
| Strongly Agree | Agree | Uncertain | Disagree | Strongly Disagree |

Q10. My work is mentally stimulating

| Strongly Agree | Agree | Uncertain | Disagree | Strongly Disagree |
| Q11. I experience frustration in my work due to limited resources
| Strongly Agree | Agree | Uncertain | Disagree | Strongly Disagree |

Q12. I find my work routine not stimulating

| Strongly Agree | Agree | Uncertain | Disagree | Strongly Disagree |
| Q13. Too much is expected from me at work
| Strongly Agree | Agree | Uncertain | Disagree | Strongly Disagree |

**Responsibility**

Q14. I enjoy the status in the community as a health care assistant

| Strongly Agree | Agree | Uncertain | Disagree | Strongly Disagree |
| Q15. I receive the recognition for all tasks done well
| Strongly Agree | Agree | Uncertain | Disagree | Strongly Disagree |

Q16. I am trusted worker at my work place

| Strongly Agree | Agree | Uncertain | Disagree | Strongly Disagree |

**Patient care**

Q17. The patients appreciate what I do for them

| Strongly Agree | Agree | Uncertain | Disagree | Strongly Disagree |
| Q18. I have sufficient time for each patient
| Strongly Agree | Agree | Uncertain | Disagree | Strongly Disagree |

Q19. My patients are satisfied with the care

| Strongly Agree | Agree | Uncertain | Disagree | Strongly Disagree |

**Time Pressure**

| Strongly Agree | Agree | Uncertain | Disagree | Strongly Disagree |
Q20. There are many non-clinical tasks that I have to do
   - Strongly Agree
   - Agree
   - Uncertain
   - Disagree
   - Strongly Disagree

Q21. I have enough freedom to decide how I do my work
   - Strongly Agree
   - Agree
   - Uncertain
   - Disagree
   - Strongly Disagree

**Staff Relations**

Q22. I have a good working relationship with my colleagues
   - Strongly Agree
   - Agree
   - Uncertain
   - Disagree
   - Strongly Disagree

Q23. There is an atmosphere of co-operation between staff & management
   - Strongly Agree
   - Agree
   - Uncertain
   - Disagree
   - Strongly Disagree

Q24. There are clear channels of communication at my workplace
   - Strongly Agree
   - Agree
   - Uncertain
   - Disagree
   - Strongly Disagree

Q25. My manager is concerned about my well being
   - Strongly Agree
   - Agree
   - Uncertain
   - Disagree
   - Strongly Disagree

Q26. My manager involves staff in decision making
   - Strongly Agree
   - Agree
   - Uncertain
   - Disagree
   - Strongly Disagree

Q27. I can depend on my colleagues for support
   - Strongly Agree
   - Agree
   - Uncertain
   - Disagree
   - Strongly Disagree

Q28. I am happy with the management style in my department
   - Strongly Agree
   - Agree
   - Uncertain
   - Disagree
   - Strongly Disagree

Thank you for taking the time to participate in this research.
Appendix B: Participant Information Pack

COVER LETTER

Dear Participant,

Re: Factors influencing job satisfaction among healthcare assistants (HCA) working in palliative care in Dublin

Thank you for your interest in this study. This pack provides you with a participant information sheet and a consent form which you will need to complete if you are willing to take part.

Participation in this study is entirely voluntary and you can withdraw at any stage without detriment. Any information that you provide will be confidential and when the results of the study are reported, you will not be identifiable in the findings. If you decide to take part you will be allocated a unique code that can only be identified by members of the research team. This number will be used on all information that is held by us.

If you are interested in taking part in the study please return the survey to:

Altaf Akbar
Apt 1, 5 Upper Sherrard Street, Dublin 1
0899795991
altakbar@gmail.com

Yours sincerely,

Altak Akbar
MBA- HRM
Dublin Business School
Participant Information Sheet

1. **Study Title**
Factors influencing job satisfaction among healthcare assistants (HCA) working in palliative care in Dublin

2. **What is the purpose of the study?**

The purpose of study is to assess the factors that influence Health care assistants in achieving job satisfaction. Moreover the primary outcome of this research is my entitlement of degree award i.e, I will be graduated as Master of Business Administration in Human resource Management (MBA-HRM).

3. **Why have I been chosen?**

You are very important resource person for this research as your experience can help in devising policy and future research so your views will be considered worthy and your feelings will be explained for better understanding of Health care assistant’s inner perceptions about Job satisfaction.

4. **Do I have to take part?**

It is up to you. If you decide to take part you will be given this information sheet to keep and asked to sign a consent form. You are free to withdraw at any time and without giving a reason.

5. **What will I have to do?**

You will have to fill out the questionnaire along with this info-pack that will be voluntary and confidential.

6. **What are risks or benefits of taking part?**

This research will not compromise on ethical standards and confidentiality will be monitored at every stage of the research and consent form will allow the respondent to decide. As he is free to withdraw at any time and without giving a reason. The benefit of this research is due to limited studies on job satisfaction of health care assistants so it will add body of knowledge and devise possible policy recommendations for Nurse Managers to attain job satisfaction among health care assistants.

7. **Will my taking part in this study be kept confidential?**

All personal information held will be kept confidential and you will not be identified in any reports. However, if something should arise that threatens the safety and well-being of you or others, this will be brought to the attention of the people supervising the research and to the most appropriate person in your care team.

8. **Who do I speak to if I have concerns about my care during the research?**

If you have any queries or concerns about the research, please speak with Mr. Altaf Akbar, or your ward manager so that your concerns can be handled appropriately.

9. **What if I wish to complain about the research?**

If you feel unhappy with the manner in which this research is being conducted, or if you have any concerns or complaints about the research study, or your contact with the research team, please contact Co-ordinator research committee

10. **Contact for further information.**

If you need any further information or clarification please contact:

Altak Akbar
Cell # 0899795991
Email: altafakbar@gmail.com
## Appendix C: Research Time plan

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<th>Week 1</th>
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