



ADDIS ABABA UNIVERSITY
COLLEGE OF HEALTH SCIENCES
SCHOOL OF PUBLIC HEALTH

**The Role and Dynamics of Organizational Use Power on Employees’
Job satisfaction: Comparative Study in Public and Private Hospitals
in Addis Ababa, Ethiopia, 2014/2015**

By

Adiam Nega (BSc. Public health)

Advisor

Professor Damen Haile Mariam

A Thesis Submitted to the School of Graduate Studies of Addis Ababa
University in Partial Fulfillment of the Requirements for the Degree of
Master of Public Health

June, 2015

AKNOWLEDGMENTS

In the first place I would like to thank to almighty God for sustained me and made this thesis report reality.

My deepest appreciation goes to my advisor Professor Damen Haile Mariam for his support, constructive commitment, encouragement and help.

I would like to thank Addis Ababa University for giving me this chance to do my thesis.

I would like to thank school of public health for provide me necessary references.

Also I would like to thank Addis Ababa health bureau for give me information which is helpful for my study.

I would like to thank data distributors and respondents for their contribution for the success of the study.

Last but not least my special thanks go to all whom where beside me and share their idea.

Table of Contents

AKNOWLEDGMENTS	i
Table of Contents.....	ii
LIST OF TABLES.....	iv
LIST OF FIGURES.....	v
ACRONYMS	vi
ABSTRACT.....	viii
1. INTRODUCTION	1
1.1 Background	1
1.2 Statement of the Problem	2
1.3 Significance of the Study	3
2. LITERATURE REVIEW	4
2.1 Power Bases	4
2.2 Dynamics of Power	5
2.3 Job satisfaction.....	5
2.4 The Role of Power Bases on Employees' Job Satisfaction	6
2.5 Factors Affecting Employees' Job Satisfaction.....	7
3. OBJECTIVES	10
3.1 General Objective	10
3.2 Specific Objectives	10
4. METHODS	11
4.1 Study Design and Period	11
4. 2 Study Area	11
4.3 Source Population	12
4.4 Study Population	12
Inclusion and Exclusion criteria.....	13
4.5 Sample Size	13
4.6 Sampling Procedures	13
4.7 Data Collection Procedures.....	16
4.8 Study Variables and Operational Definitions.....	16

4.9 Operational Definitions.....	17
4.10 Data Analysis Procedures.....	18
4.12 Ethical Considerations.....	19
4.13 Dissemination of Results.....	19
5. RESULTS	20
6. DISCUSSION	43
7. STRENGTHS AND LIMMITATIONS.....	46
7.1 STRENGTHS	46
7.2 LIMITATIONS	46
8. CONCULUSIONS.....	47
9. RECOMMENDATIONS.....	48
REFERENCES	49
Annex I	52
Annex II	57
ANNEX III.....	58

LIST OF TABLES

Table 1: The proportion of number of health professional to public and private hospitals	15
Table 2: Socio demographic characteristic of health professional who works in public and private hospitals in Addis Ababa, 2015.	21
Table 3: Employees’ working environment in public and private hospitals in Addis Ababa, 2015.....	23
Table 4: Manager and employees’ relationship in their work in public and private hospitals Addis Ababa, 2015.	25
Table 5: Reasons for employees’ job satisfaction in public & private hospitals in Addis Ababa, 2015 ...	27
Table 6: The role of power on employees’ job satisfaction in public and private hospitals in Addis Ababa, 2015.	30
Table 7: Chi square test showing the association of socio demographic characteristic and job satisfaction among public and private hospitals in Addis Ababa Ethiopia, 2015.	33
Table 8: Chi square test showing the reasons for employees’ job satisfaction in public and private hospitals found in Addis Ababa, 2015.	34
Table 9: Chi square test showing the association of employees’ work environment with job satisfaction in public and private hospitals in Addis Ababa, 2015.	39
Table 10: Chi square test showing the association of employees’ manager and employees’ relationship with job satisfaction in public and private hospitals in Addis Ababa, 2015.	39
Table 11: Chi square test showing the association of power on employees’ job satisfaction in public and private hospitals in Addis Ababa, 2015.	39
Table 12: Binary and multiple Logistic regressions on the factors affecting employees’ job satisfaction in public and private hospitals in Addis Ababa, 2015.....	41

Table 13: Binary and multiple logistic regressions on the role of power on employees' job satisfaction in public and private hospitals in Addis Ababa, 2015.....	42
--	----

LIST OF FIGURES

Figure 1: Conceptual Framework which shows power bases and the factors for job satisfaction.....	9
Figure 2: Diagrammatic Presentation of Sampling Procedure.....	14
Figure 3: Satisfaction for the opportunity given to improve level among public and private hospitals in Addis Ababa, Ethiopia, 2015	28
Figure 4: Job satisfaction of employees' among public and private hospitals found in Addis Ababa,.....	35

ACRONYMS

AAU: Addis Ababa University

AGH: Amin General Hospital

AOR: Adjusted Odds Ratio

BGH: Betel General Hospital

BSc: Bachelor of Science

CEO: Chief Executive Officer

CI: Confidence Interval

COR: Crude Odds Ratio

DMH: Dagmawi Minilik Hospital

GGH: Genet General Hospital

GMH: Ghandi Memorial Hospital

HH: Hayat Hospital

HO: Health Officer

HRM: Human Resource Management

LGH: Legehar General, Hospital

MSGH: Megbare Senay General Hospital

RDDH: Ras Desta Dametaw Hospital

SGGH: St.Gebriel General Hospital

SPH: School of Public Health

SYH: St.Yared Hospital

TBH: Tirunesh Beijing Hospital

TGH: Tezena General Hospital

Y12H: Yekatit 12 Hospital

ZGH: Zenbaba General hospital.

ZMH: Zewditu Memorial Hospital

ABSTRACT

Background: In an organization, power is an influential tool in order to achieve organizational goals and keep human resource on the right place. And like other resources it needs guideline over the entire activities in an organization. Therefore in order in order managers to achieve organizational goals and to contribute employees' job satisfaction using the best type of power base have an influential tool to come up with the desired out come. And there is no study done in our setting on the role and dynamics of power on employees' job satisfaction.

Objective: The objective of this study is to assess the role and dynamics of power on employees' job satisfaction in public and private hospitals in Addis Ababa.

Methods: An institution based cross sectional study design was conducted on 586 health professionals, 454 from public hospitals and 132 from private hospitals found in Addis Ababa from March to April 2015. Two population proportion formulas was used to calculate the sample size using P-value 50% because there is no study done on the role of power on employees' job satisfaction in our setting. Simple random sampling technique was used to select the hospitals. Qualitative study was also conducted in selected public and private hospitals to enrich the quantitative findings and to explore some of the major findings in detail.

Results: Two hundred fifty six (56.4%) of public hospital professionals were dissatisfied with their job and one hundred ninety eight (43.6%) were satisfied with their job. Whereas in private hospitals ninety five (72%) of health professionals were satisfied with their job and thirty seven (28%) were dissatisfied with their job. The factors that affect employees job satisfaction were get training, comfortable working hours, conducive infrastructure and opportunity for further education. Those professionals who said manager use legitimate power were more likely to be satisfied with their job compared to those professionals who said manager did not use legitimate power [AOR: 1.88.95%CI: (1.31, 2.7)]. Those professionals who said manager use information power were more likely to be satisfied with their job than professionals who said manager use information power. [AOR: 1.72. 95%CI: (1.19, 2.49)].

Conclusion and Recommendations: Legitimate and information power have positive relationship to employees' job satisfaction. Therefore policy makers must create conducive environment for the application of legitimate, expert, referent and information powers.

1. INTRODUCTION

1.1 Background

Every organization requires resources. The most important ones are human resources because development and productivity are highly depend on human resources. And like other resources it needs guideline over the entire activities in an organization. Above all in order organization successfully survive they must be managed in a way which creates motives and interest to the employees' who works for the organization (1). The crucial role of human resource manager is to increase performance in an organization. And managers need to develop competencies in order to perform effectively and efficiently. Managerial competencies are skills, knowledge, behavior and attitude (2).

In a dynamic environment, health system managers need to improve skills and knowledge to meet changes in economic, technological change, socio- political, expectation of patients, public (3). Also in one organization power is an influential tool in order to achieve organizational goals and to keep human resource on the right place. According to John French and Bertram Raven the six bases of power are legitimate; reward; coercive; expert; referent, information (4). Evaluating the use of power base showed coercive lead to resistance, reward and legitimate to compliance, expert, referent and information to commitment (5).

A study done in United States of America hospitals indicated that 84% of the perceived power was expert power, 72% is referent power, and over 50% is legitimate power whereas reward and coercive power have 11% and 4.6% respectively (6). Not using appropriate type of power lead to employee's dissatisfaction in job and dissatisfaction contribute to absenteeism, turnover, employee's non participation and disobedience and all this are organizational problems. A study done in Hungarian indicated that when employees are not satisfied in their job results in 89% turn over (7). According to Europe report on job satisfaction index Denmark was with the highest 95.7% whereas Romania with the lowest 52.5% (8).

1.2 Statement of the Problem

It is true fact that Ethiopia is among those countries with high burden of diseases, in addition to this when there is no effective human resource management (managers) lead to crisis. In order to solve the problems related to health service delivery system managers have a great role. Study done in human resource for health in South Africa indicates (94.9%) of public sector managers and (80.5%) of private sector managers require further management development (8).

Employees' satisfaction is an important issue for the people who works in the organization because the negative consequence lead to low productivity, turnover, absenteeism and theft and the positive consequence are high productivity, loyalty, punctuality, dedication and commitment that promote the organizational success (9).

Human resource management in health service institution are neglected part, only little focus is given. In our setting on average 40% of hospital managers, there is a competencies gap which needs development in knowledge and skills. A study done in Jimma among health workers indicates that 67 (46.2%) were dissatisfied in their job. And with regard of the five years plan 79 (54.4 %) of the respondent plan to leave the hospital (10).

Organizational changes are influenced by power. Because of global competition there is a need for new form of organization and different way of managing organization and their employees.'

When the value coercive, reward and legitimate powerbase increase by one unit subordinate job stress increased by 13%, 25% 12% and respectively. With regard to personal power: expert and referent power on the other hand have negative relationship with subordinate stress.

When the value of expert and referent powerbase increase by one unit subordinate job stress decrease by 20% and 41% respectively (11).

So in order managers to achieve organizational goals and to contribute employees' job satisfaction using the different power base have an influential tool to come up with the desired out come.

There is no study done in our setting on the role and dynamics of power on employees' job satisfaction.

1.3 Significance of the Study

Generally the study is significant for all managers of public and private hospitals and it will contribute knowledge what to implement the best type of power towards the employee's in order to bring job satisfaction. And it helps to do practical action for the best type of power. Also it is useful for human resource policy makers to aware what makes employees' dissatisfied and make policy accordingly.

2. LITERATURE REVIEW

2.1 Power Bases

John French and Bertram Raven who were first classify source or base of power as coercive, reward, legitimate, expert, referent and information (5).

Coercive power: is the ability potentially to punish or dismiss an employee and is, in part, implied by managers who have position from the organization. Punishment is defined by a range of options, from a mild warning to a suspension to termination of employment, all of which are assumed to have negative consequences for the person being punished (4).

Reward power: is derived from control over tangible benefits, such as a promotion, a better job, a better work schedule, a larger operating budget, an increased expense account and formal recognition of accomplishments (5).

Legitimate power: Also called formal authority and the power come with the position and are assigned to the person who occupies a specific position within the organization. This power is legitimate because it is defined by the organizational structure, and the individual occupying the position is vested with the power. And it signified by an official title (5).

Expert power: is a power derived from particular qualifications possessed by an individual, including specialized skills, knowledge, abilities, or previous experience and able to influence others based on the qualifications (4).

Referent power: is the power of one individual to influence another by force of character or personal charisma. An individual may be admired because of a specific personal trait, and this admiration creates the opportunity for interpersonal influence within a group or organization (4).

Information power: is power which comes from access to and control over information. This is when people in an organization have data or knowledge which is important for others so those who need it highly depend on them (5).

2.2 Dynamics of Power

Generally power is used by Chief of Executive Officer (CEO), top managers consultant, work councils employees' and others, and its main objective is by using this power to manage and influence others. Using power differs from department to department and changes over time. The three determinants of department power base are (12).

- Ability to cope with uncertainty that influences day to day activities of an organization.
- Prevent substitution and control over scarce resource.
- Centrality, power of department derives from dependency of other department and it's important for the flow of work.

Managers' bases of coercive, reward, legitimate, expert, referent and information power used by influencing agents change the beliefs, attitudes or behaviors of the target. Using coercive and reward will bring superficial change in the target. They did not bring change in beliefs, attitudes or values. Using legitimate power leads to private acceptance that comes from within the target, initially is socially depend on the influencing agent. Using referent power leads to private acceptance by the target by enabling them to maintain good relationship and make similar on different dimension with the agent. If a target perceives an agent as an expert, this will results in private acceptance on the target. Finally information power lead to changes in the targets' beliefs, attitudes or value. Only information power lead to cognitive change in the target and become immediately independent of the influencing agent. (13)

2.3 Job satisfaction

Job satisfaction is the extent to which employees' enjoy the job. And it is a combination of intrinsic and extrinsic factors (14). Intrinsic job satisfaction is when employees' consider only the kind of work they do and the task that make up. Extrinsic job satisfaction is when employees' consider the work. Intrinsic factors leading to satisfaction, describes as motivation were promotion, personal growth opportunity, responsibility and recognition. Whereas extrinsic

factors describes as pay, working condition, job security, company, supervision and relation with others (15).

The importance of job satisfaction is, it leads to positive relationship with individual, performance, productivity, employees' physical and mental health, insure high quality care and life satisfaction. And job dissatisfaction leads to discomfort to procedures and policies, employees' absenteeism, deterioration of mental and physical health and conflict (16).

2.4 The Role of Power Bases on Employees' Job Satisfaction

Managers in order to achieve organizational goals and to bring employees' job satisfaction using the different power base is an influential tool to come up with the desired out come.

Different studies have shown different results about the relationship between the different powerbase and employees' job satisfaction. A study done in Pakistan indicates that reward power is 17.1% responsible for bringing positive change in employees' job satisfaction in private sectors. In public sectors reward power is 13.7% responsible for bringing change in employees' job satisfaction. This shows that if there is an increase of one unit in managers' rewards power then employees' job satisfaction will increase by 25 unite in private sectors. Coercive power is 52.5% responsible for bringing negative change in employees' job satisfaction. If there is an increase of one unit in coercive power job satisfaction will decreased by 32.5 units in private sectors (17).

Again study done in Pakistan indicates that bases of power have significant relationship with employees' satisfaction at $P - \text{value} < 0.01$.

Managers' bases of reward, expert and referent power have positively related to employees' satisfaction with supervision at correlation result $r = 0.85, 0.23, 0.26$ respectively.

Managers' bases of legitimate, coercive power have negatively related to employees' satisfaction with supervision at correlation result $r = -0.29, -0.63$ respectively. (18)

A study done in Turkey indicates that with regard to position power: legitimate, reward and coercive power have positive relation to subordinate stress.

When the value coercive, legitimate and reward powerbase increase by one subordinate job stress increased by 13%, 12% and 25% respectively.

With regard to personal power: expert and referent power on the other hand have negative relationship with subordinate stress.

When the value of referent and expert powerbase increase by one subordinate job stress decrease by 41% and 20% (11).

Other finding indicates that coercive power have negative relation to job satisfaction but expert, referent, reward and legitimate have positive relationship to subordinate job satisfaction (19).

From the source of power expert influence 20%, reward 4%, legitimate 4% and coercive 0% (20).

2.5 Factors Affection Employees' Job Satisfaction

Health service are affected by many factors such as human resource, delivery system and infra structure. Among these human resource is the important one. Employees' job satisfaction is also important issue in order to bring motivation and increase patients' satisfaction (10).

A study done in South Rand Hospital 79.6% of the participant was not satisfied with their job and there was no association between job satisfaction and socio-demographic characteristic. Opportunity to develop, responsibility, patient care and staff relations were found to be significantly influence to job satisfaction. Majority (82.4%) of the respondents were highly satisfied with the opportunity to develop at their work place. Almost three quarter (73.9%) of the participants were satisfied with the responsibilities. Also they were satisfied with the level of patient care and staff relation at p-value 0.004 (21).

Whereas a study done in India among public and private sectors indicated that the top five important job characteristics were good working relationship with colleagues, good physical condition, training opportunity, tools to use skills on the job, challenging work (22).

A study done in Addis Ababa identified pay and benefit, perceived fairness of promotion, orientation provide to new staffs, risk injury, availability of drugs, supplies, and equipment affects job satisfaction of employees' (23).

A study done in West Shoa Zone, result showed that 65.1% of health professionals were dissatisfied with their job and the main reason for dissatisfaction were poor payment, lack of training opportunity, lack of incentive, bureaucratic management style, poor performance evaluation system poor working condition. Age of the respondent, sex, profession and level of education were significantly associated to job satisfaction at ($P < 0.01$). Health profession age 30 years and older were less likely to satisfied with their job. Females were more likely to be satisfied with their job. Midwives and laboratory workers were more likely to be satisfied with their job (16).

A study done in Sidama Zone in Ethiopia, shows that the factors that influence person's level of job satisfaction were benefits and salary, autonomy, professional training, recognition of performance at work, leadership relationship, promotion, working environment and group cohesion (24).

A study done in Jimma University indicates that 46.2% of health workers were dissatisfied with their job the main reason for the dissatisfaction were lack of motivation 49.3%, lack of incentives 59.7% and not having free health care 59.7%, bureaucratic constraint in relation to further education 49.3% and lack of promotion 47.8% (25).

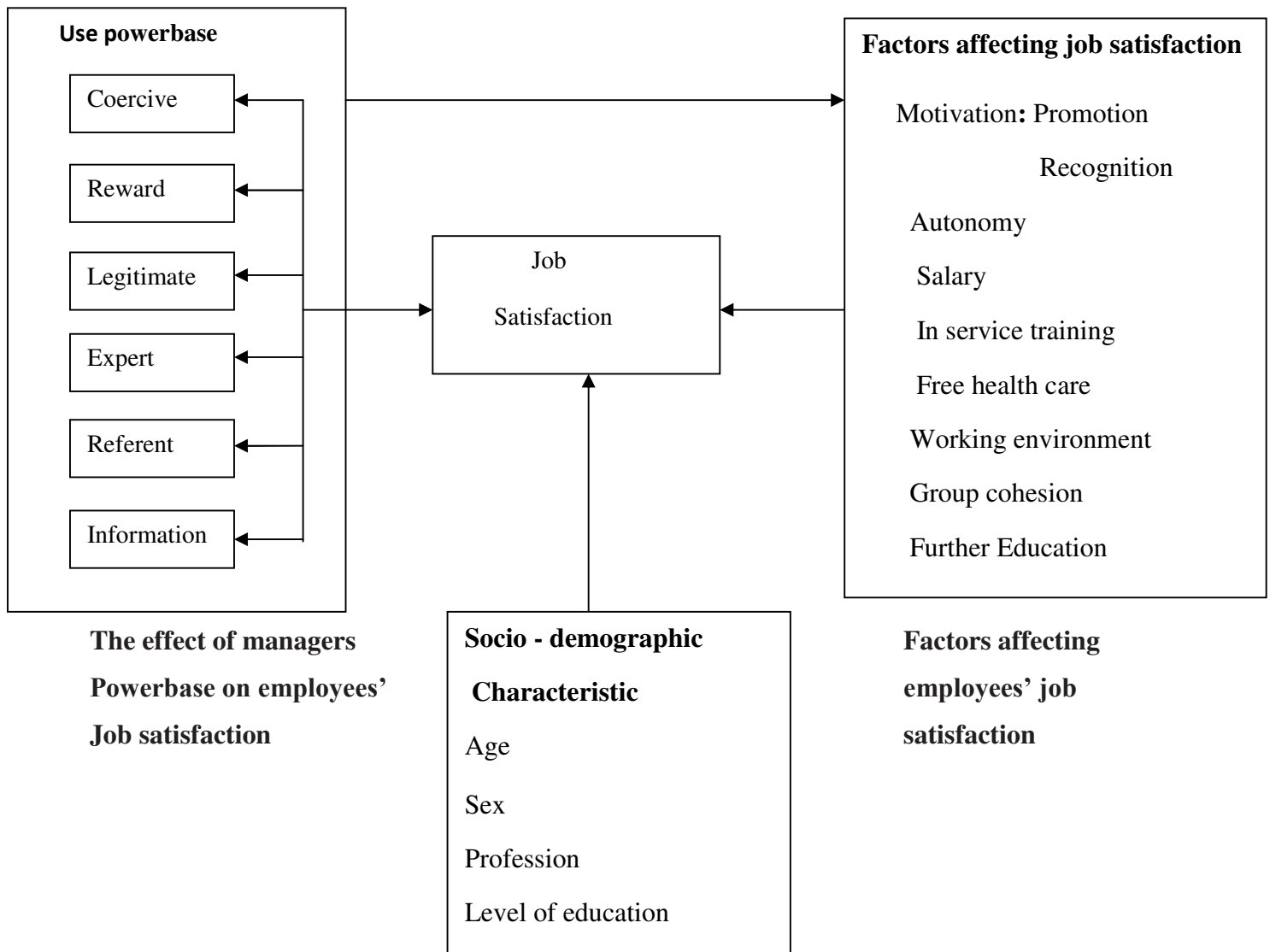


Figure 1: Conceptual Framework which shows power bases and the factors for job satisfaction

3. OBJECTIVES

3.1 General Objective

- To assess the role and dynamics of power use on employee's job satisfaction in public and private hospitals in Addis Ababa, Ethiopia.

3.2 Specific Objectives

- To assess the role of power use by managers on employees job satisfaction in public and private hospitals in Addis Ababa;
- To assess the dynamics of power use by managers on employees' job satisfaction in public and private hospitals in Addis Ababa;
- To compare the role of power use by managers on employees' job satisfaction between public and private hospitals in Addis Ababa; and
- To identify the factors which influence employees' job satisfaction in public and private hospitals in Addis Ababa .

4. METHODS

4.1 Study Design and Period

An institution based cross sectional study design mixing both quantitative and qualitative surveys was conducted in selected public and private hospitals found in Addis Ababa from March to April 2015. The qualitative study conducted to enrich the quantitative findings and to explore some of the major findings in detail.

4.2 Study Area

The study was conducted in public and private hospitals in Addis Ababa. Currently, there are 11 public and 35 private hospitals in Addis Ababa. Six of the public hospitals are under Addis Ababa Regional Health Bureau, 4 under federal government and the 2 hospitals who stand by their own (Armed Force and Police Hospital) and Tikur Anbesa which is a teaching hospital. Hospitals which are under Addis Ababa Regional Health Bureau include Ghandi Memorial Hospital, Dagmawi Minilik, Yekatit 12, Ras Desta and Zewditu Memorial Hospitals. And under federal government Alert, St Peter, St Paul and Amanuel Hospitals. From private hospitals eleven out of the 35 are general hospitals. These are Tezena General Hospital, Amen General Hospital, Betel General Hospital, Legedhar General Hospital, Genet General hospital, St. Gebriel General Hospital, Hayat Hospital, Megbare Senay General Hospital, St. Yared Hospital, Teklehaymanot General Hospital, Zenbaba General Hospital.

Public hospitals with their health professionals include Dagmawi Minilik Hospital (333 health professionals), Zewditu Memorial Hospital (442 health professionals), Ras Desta Damtew Hospital (182 health professionals), Yekatit 12 Hospital (470 health professionals) and Ghandi Memorial Hospital (224 health professionals), Tirunesh Beijing Hospital (319 health professional), Alert hospital (363 health professional), St Peter hospital (147 health professional), St Paul hospital (717 health professional), Amanuel Hospitals (221 health professional), Tikur Anbesa hospital (1012 health professional), Armed Force hospital (health professional) and Police Hospital (317 health professional). Private hospitals include Tezena General Hospital (34 health professionals), Amin General Hospital (32 health professionals), Teklehaymanot General

hospital (137 health professionals), Zembaba General Hospital (36 health professionals), Legehar General Hospital (15 health professionals), Genet General Hospital (17 health professionals), St Gabriel Hospital (71 health professionals), Migbare Senay General Hospital (37 health professional), St Yard General Hospital (70 health professionals) and Hayat General Hospital (63 health professionals), Betel General Hospital (70 health professsional), Hemen Mother and Child Hospital (24 health professionals), Betel General Hospital 2 (33 health professionals), Bethzata Hospital (78 health professionals), Ethio-Sudan Tebib Hospital (38 health professionals), Ethio- Sudan Tebib Mother and Child Health (18 health professionals), International Cardiovascular Hospital (35 health professionals), Abebech Gobena Mother and Child Health (30 health professionals), Addis Cardiac Hospital (31 health professionals), Landmark Hospital (80 health professionals), Federal Maremiya Betoeh (34 health professionals), Yordanos Hospital (43 health professionals), Betsegab Mother to Child Health (37 health professionals), Mother and Child Health Teaching (205 health professional), Cure Ethiopian Children Hospital (35 health professional), Addis Hiwot Hospital (34 health professional), Melbourne Hospital (14 health professional), Girum Hospital (113 health professional), Dinberwa Mother and Child Health (25 health professionals), BGM Mother and Child Health (34 health professional), Kadisko Hospital (82 health professionals), Brass Mother and Child Health Hospita (27 health professionals), Addis Hospital (33 health professionals), Addis Mother and Child Hospital (26 health professionals), National Hospital (30 health professionals).

4.3 Source Population

All Health professionals who works in public and private hospitals found in Addis Ababa

4.4 Study Population

Randomly selected health professional who works in the selected public and private hospitals found in Addis Ababa

Inclusion and Exclusion criteria

Inclusion Criteria

- Selected employees' present at the time of data collection included in the study and
- Permanent workers

Exclusion Criteria

- Employees' who have work experience less than six months.
- Non health professionals

4.5 Sample Size

Sample size calculated using two population proportion formula because this study is a comparative study. By assuming 95% confidence interval, 80% power, P=50% because no study done on the role and dynamics of power on employees' job satisfaction. OR $1.7r=n_2/n_1=1;2$ $Z_{\alpha/2}$ =the value of the standard normal distribution curve corresponding to level of significance $\alpha 0.05 = 1.96$ and $Pr Z_{\beta}$, the value of the standard normal distribution curve corresponding to 80% power = 0.84

$$n = \frac{\left[z_{\alpha/2} \sqrt{(1 + 1/r) p(1 - p)} + z_{\beta} \sqrt{p_1(1 - p_1) + \frac{p_2(1 - p_2)}{r}} \right]^2}{(p_2 - p_1)^2}$$

Sample size became 551 and by adding 10% non response rate added and the final sample size became **606**.

4.6 Sampling Procedures

Samples from public and private hospitals selected by simple random sampling technique. And then from the six public hospitals under Addis Ababa regional health bureau five selected randomly and from eleven private hospital which are general hospitals, ten selected randomly.

Sampling Technique

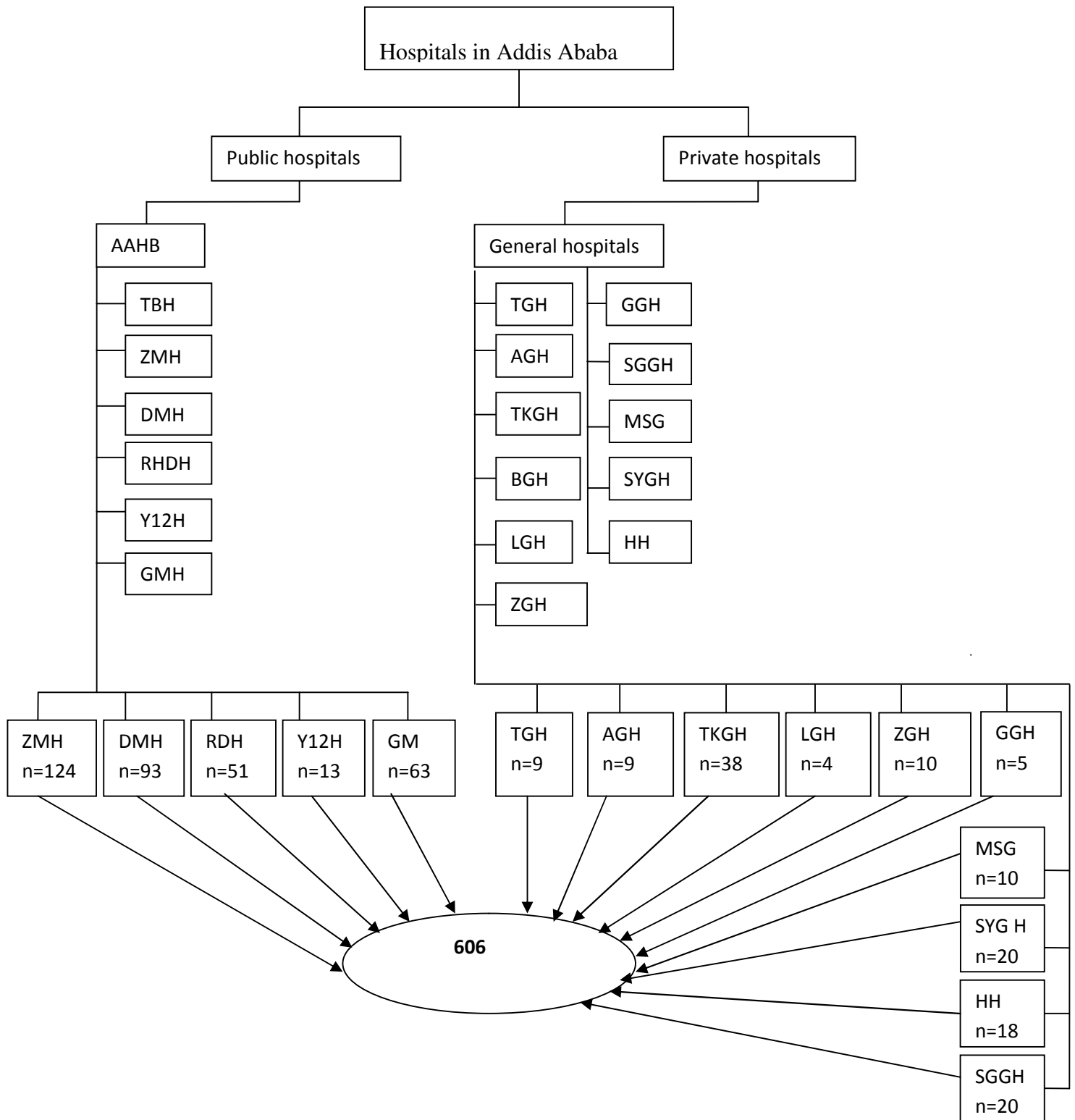


Figure 2: Diagrammatic Presentation of Sampling Procedure

Study participant, drawn proportionally from each selected hospitals using stratified sampling according to their professions then by lottery method they selected

Table 1: The proportion of number of health professional to public and private hospitals

Hospitals	Health professionals							
	Doctor	Nurse	Health officer	Pharmacy	Anesthetic	Lab technician	X-ray	Total
ZMH (n)	18	81	2	7	1	9	6	124
DMH (n)	15	56	2	6	4	6	4	93
RDH (n)	10	26	3	5	1	4	2	51
Y12H (n)	32	72	5	7	5	7	4	132
GMH (n)	3	44	4	4	3	2	3	62
TGH (n)	1	4	–	1	–	2	1	9
AGH (n)	1	5	–	1	–	1	1	9
TKGH (n)	5	16	2	6	2	4	3	38
LGH (n)	–	2	1	1	–	–	–	4
ZGH (n)	2	3	2	1	–	1	1	10
GGH (n)	1	2	–	1	–	1	–	5
MSG (n)	1	5	1	2	–	1	–	10
SYGH (n)	3	10	1	1	1	3	1	20
HH (n)	3	8	1	2	–	3	1	18
SGGH (n)	4	7	2	1	1	3	2	20

4.7 Data Collection Procedures

The data from participants was collected by facilitator using self-administered questionnaire. The questionnaire included questions on socio-demographic characteristics like age, and profession, level of education and to determine the role of power relate to whether objectives and goals are clearly communicated, manager motive to demonstrate commitment to job, response to the best performance. For job satisfaction, whether the job gives a feeling of personal accomplishment, job experience makes a good use of skills. The wording and sequence of questions is designed in such a way that the logical flow of ideas (from general to specific). The questioner was developed in English language then transferred to Amharic. And pre-test was used in police hospitals which is not included in the sample.

The qualitative part is done after the quantitative is finished. In order to supplement the data obtained by the use of the questionnaire, out of the study participant eight health professionals were interviewed for in-depth interview after permission gave by administration of each hospital. Interview was done to be explained openly the reason for satisfaction and dissatisfaction in their job. And facilitator guided the interview and the important issues were covered by principal investigator in Amharic language. Individual interview done until saturation was reached. On average the interview lasted 20minutes. The interview audio-taped. In addition the principal investigator took notes and transcribed the interviews with in 24-48 hours. The interview style was narrative.

4.8 Study Variables and Operational Definitions

Study variables

Independent variables

- ❖ Socio demographic characteristics (age, sex, profession ,level of education, monthly salary

- ❖ Factors affecting employees' job satisfaction(salary, autonomy, professional training, recognition at work, promotion, working environment and group cohesion)
- ❖ Type of power(coercive, reward, legitimate, expert, referent, information)

Dependent variables

- ❖ Job satisfaction

4.9 Operational Definitions

Power: coercive, reward, legitimate, expert, referent and information.

Dynamics: the relationship of powerbase with job satisfaction

Job satisfaction: score measurement (Likert scale) for overall satisfaction level, respondents with greater than mean 58 values were classified as satisfied and those less than mean 58 values were classified as dissatisfied.

Health professionals: doctor, nurse, health officer, Pharmacy, Anesthetic, Lab technician, X-ray.

Autonomy: is employees' satisfaction in making decision in their daily activities and it is about independent of the work.

Working environment and group cohesion: Through working program knowing new things, The rule of the organization make my work easy, The building and compound of the hospital are conducive environment for my work, Give voice that this hospital is nice place to work, Working cooperatively with partner

Promotion: is the interest in jobs development in the organization.

Recognition at work: is employees' satisfaction in feeling of being respected by the organization administration.

4.10 Data Analysis Procedures

A. quantitative

Data entry was performed using Epi Info version 7. 0.8.3. Then exported and analyses performed using SPSS statistical packages version 21. First, descriptive analyses carried out to explore the socio-demographic characteristics of the respondents. Bivariate analyses carried out to examine the relationship between the role of power and employees job satisfaction. Factors for which significant bivariate association absorbed and continue for multivariable analysis using multi logistic regression. Odds ratios used to measure the strength of the association between dependent and independent variables and 95% CI used to determine the significance of the associations. Chi- square statistics was also used for comparison. To measure job satisfaction a five point Likert scale with value range from 1 (strongly disagree) to 5 (strongly agree) was used. The participants indicate their feeling on the factors affecting level of satisfaction on five point Likert scale. These factors were derived from literature. To determine the general satisfaction level, respondents with less than mean 58 values were classified as dissatisfied and those greater than mean values were classified as satisfied.

B. qualitative

The qualitative part, first the interview was transferred to English language then coded and categorized by open code. Analysis was done through thematic, those who have the same idea were identified then summarized by the main theme..

4.11 Data Quality Management

To assure quality of the data Pre-testing of the questionnaire undertaken before the actual data collection took place and corrections on the instruments made accordingly. The quantitative data checked for completeness and consistency. The data entered and cleaned by the principal investigator.

4.12 Ethical Considerations

Before the study began ethical approval and clearance was obtained from Research Ethics Committee at AAU, School of public health. Then an official letter from SPH was written to the selected public and private hospitals found in Addis Ababa. Study participants were given any information they need, informed consent from each respondents was obtained before data collection. Participation was voluntary, anyone who was not willing to participate in the study was excluded, and confidentiality was maintained by avoiding leveling of names.

4.13 Dissemination of Results

The study conducted for the partial fulfillment for the requirement of degree of Masters in Addis Ababa University, college of health science, school of public health and the result of the study will be submitted to the institute. The study findings will also be given to relevant bodies such as Federal Ministry of Health, Addis Ababa regional health bureau and to public and private hospital for their timely intervention activities based on the findings. The findings of the study will be disseminated through professional associations, seminars on specific issues and finally it will be published through reputable peer reviewed journals.

5. RESULTS

Socio - demographic characteristic

From the total 606 study participant 586 completed and turned back the questionnaire and the respondent rate became 96.7%. From those 454 (77.5%) works in public hospitals and 132 (22.5%) works in private hospitals. The mean age of the respondents from public hospitals were 32 (± 8.5) and from private 32 (± 10) with maximum 65, 80 and minimum 21, 20 years of age respectively. Majority of the study participant who works in public 255 (56.1%) and private 83 (62.9%) were females. Less than two third 274 (60.3%) and greater than half 70 (53%) were nurses in public and private hospitals respectively. With the level of education less than two third from the public 294 (64.8%) and more than half from the private 69 (52.2%) were degree holders. From public hospitals 278 (61.2%) and from private hospitals 66 (50%) their monthly salary were more than 3100. (See table 2)

Table 2: Socio - demographic characteristic of health professional who works in public and private hospitals in Addis Ababa, 2015.

Independent variable		Public n = 454 (%)	Private n = 132 (%)	Total n = 586 (%)
variable	category			
Age group	• 18-24	85 (18.7)	17 (12.9)	102 (17.4)
	• 25-34	237 (52.2)	80 (60.6)	317 (54.1)
	• 35-44	82 (17.8)	21 (15.9)	103 (17.6)
	• Above44	50 (11.3)	14 (10.6)	64 (10.9)
Sex	• Male	199 (43.9)	49 (37.1)	248 (42.3)
	• Female	255 (56.1)	83 (62.9)	338 (57.7)
Profession	• Doctor	72 (15.9)	17 (12.9)	89 (15.2)
	• HO	17 (3.8)	9 (6.8)	26 (4.4)
	• Nurse	274 (60.3)	70 (53)	344 (58.7)
	• Pharmacist	30 (6.6)	15 (11.4)	45 (7.7)
	• Lab technician	28 (6.2)	14 (10.6)	42 (7.2)
	• Other specified	33 (7.2)	7 (5.3)	40 (6.8)
Level of education	• PhD	1 (0.2)	0 (0)	1 (0.2)
	• Master	3 (0.6)	4 (3.1)	7 (1.2)
	• Degree	294 (64.8)	69 (52.2)	363 (61.9)
	• Diploma	148 (32.6)	54 (40.9)	202 (34.5)
	• Other specified	8 (1.7%)	5 (3.8)	13 (2.2)
Monthly salary	• 1000-2000	86 (18.9)	27 (20.5)	113 (19.3)
	• 2100-3000	90 (19.8)	39 (29.5)	129 (22)
	• More than3100	278 (61.2)	66 (50)	344 (58.7)

Employees' work environment

Two hundred two (44.5%) from public hospital respondents and 65 (49.2%) from private hospitals agree that through the work program they knew new things. Nearly one third of public hospitals respondents 148 (32.6%) and greater than one third of private hospitals of the study participant 48 (36.4%) responded neutral and agree respectively to the rule of the organization made their work easy. One hundred twenty eight (28.2%) from public hospitals and from private hospitals 53 (40.2%) of the study participants responded neutral and agree respectively to the hospitals building and compound are conducive environment for their work. Greater than one third of public hospitals 161 (35.5%) and nearly one third of private hospitals 43 (32.6%) of the respondents gave neutral and agree voice that the hospital is nice place to work respectively. Two hundred five (45.2%) of public hospital participant responded agree and private hospitals study participant 64 (48.5%) responded strongly agree for working cooperatively with partner. (See table 3)

Table 3: Employees' working environment in public and private hospital in Addis Ababa, 2015.

Independent variable		Public n = 454 (%)	Private n = 132 (%)	Total n = 586 (%)
variable	Category			
Through working program knowing new things	• Strongly disagree	23 (5.1)	3 (2.3)	26 (4.4)
	• Disagree	60 (13.2)	6 (4.5)	66 (11.3)
	• Neutral	130 (28.6)	19 (14.4)	149 (25.4)
	• Agree	202 (44.5)	65 (49.2)	267 (45.6)
	• Strongly agree	39 (8.6)	39 (29.5)	78 (13.3)
The rule of the organization make my work easy	• Strongly disagree	67 (14.8)	10 (7.6)	77 (13.1)
	• Disagree	132 (29.1)	27 (20.5)	159 (27.1)
	• Neutral	148 (32.6)	33 (25)	181 (30.9)
	• Agree	99 (21.8)	48 (36.4)	147 (25.1)
	• Strongly agree	8 (1.8)	14 (10.6)	22 (3.8)
The building and compound of the hospital are conducive environment for my work	• Strongly disagree	67 (14.8)	6 (4.5)	73 (12.5)
	• Disagree	115 (25.3)	10 (7.6)	125 (21.3)
	• Neutral	128 (28.2)	28 (21.2)	156 (26.6)
	• Agree	126 (27.8)	53 (40.2)	179 (30.5)
	• Strongly agree	18 (4)	35 (26.5)	53 (9)
Give voice that this hospital is nice place to work	• Strongly disagree	53 (11.7)	6 (4.5)	59 (10.1)
	• Disagree	93 (20.5)	7 (5.3)	100 (17.1)
	• Neutral	161(35.5)	35 (26.5)	196 (33.4)
	• Agree	107(23.6)	43 (32.6)	150 (25.6)
	• Strongly agree	40(8.8)	41 (31.1)	81 (13.8)
Working cooperatively with partner	• Strongly disagree	18 (4)	2 (1.5)	20 (3.4)
	• Disagree	6 (1.3)	3 (2.3)	9 (1.5)
	• Neutral	67 (14.8)	10 (7.6)	77 (13.1)
	• Agree	205 (45.2)	53 (40.2)	258 (44)
	• Strongly agree	158 (34.8)	64 (48.5)	222 (37.9)

Manager and employees' relationship in their work

Nearly one third of the study participants from public hospitals 152 (33.5%) and from private hospitals 37 (28%) responded neutral and agree respectively to manager made decision and change according to their suggestion. One hundred thirty (28.6) of the public hospitals participant disagree and from private hospitals 54 (40.9%) agree responded to had list of job description paper. Greater than half of public hospital respondents 237 (52.2%) and private hospital respondents 62 (47%) disagree to information given to what to work. Nearly one third of the respondents public hospitals 152 (33.5%) and private hospitals 45 (34.1%) made neutral voice for making decision independently in daily activity. greater than on third of the study participant public hospitals 159 (35%) and private hospitals 50 (37.9%) responded agree to the respect given by the organizational administration. (See table 4)

Table 4: Manager and employees' relationship in their work in public and private hospitals

Addis Ababa, 2015.

Independent variable		Public n=454 (%)	Private n =132 (%)	Total n = 586 (%)
variable	category			
My manager make decision and change according to my suggestion	• Strongly disagree	51 (11.2)	13 (9.8)	64 (10.9)
	• Disagree	100 (22)	30 (22.7)	130 (22.2)
	• Neutral	152 (33.5)	33 (25)	185 (31.6)
	• Agree	132 (29.1)	37 (28)	169 (28.8)
	• Great agree	19 (4.2)	19 (14.4)	38 (6.5)
Have list of job description paper	• Strongly disagree	81 (17.8)	12 (9.1)	93 (15.9)
	• Disagree	130 (28.6)	17 (12.9)	147 (25.1)
	• Neutral	102 (22.5)	23 (17.4)	125 (21.3)
	• Agree	121 (26.7)	54 (40.9)	175 (29.9)
	• Strongly agree	20 (4.4)	26 (19.7)	46 (7.8)
Always informed what to work	• Strongly disagree	103 (22.7)	19 (14.4)	122 (20.8)
	• Disagree	237 (52.2)	62 (47)	299 (51)
	• Neutral	56 (12.3)	16 (12.1)	72 (12.3)
	• Agree	50 (11)	27 (20.5)	77 (13.1)
	• Strongly agree	8 (1.8)	8 (6.1)	16 (2.7)
Making decision independently in daily activity	• Strongly disagree	42 (9.3)	10 (7.6)	52 (8.9)
	• Disagree	97 (21.4)	26 (19.7)	123 (21)
	• Neutral	152 (33.5)	45 (34.1)	197 (33.6)
	• Agree	136 (30)	37 (28)	173 (29.5)
	• Strongly agree	27 (5.9)	14 (10.6)	41 (7)
Respected by the organizational administration	• Strongly disagree	40 (8.8)	2 (1.5)	42 (7.2)
	• Disagree	50 (11)	14 (10.6)	64 (10.9)
	• Neutral	159 (35)	31 (23.5)	190 (32.4)
	• Agree	150 (33)	50 (37.9)	200 (34.1)
	• Strongly agree	55 (12.1)	35 (26.5)	90 (15.4)

Reasons for satisfaction

One hundred twenty eight (28.2%) of the study participants from public hospitals and from private hospitals 40 (30.3%) responded neutral and agree for getting training which is helpful for work respectively. One hundred eighty nine (41.6%) from public hospitals respondents and from private hospitals 67 (50.8%) agree with the comfortableness of the working hours. One hundred seventy five (38.5%) from public hospitals participant responded neutral and from private hospital participants 51 (38.6%) responded agree for the availability of materials helpful for work. Two hundred eight (45.8%) from public hospitals respondents and from private hospitals 65 (49.2%) agree that they work with all employees' in peaceful manner. Less than one third of the study participant public hospitals 142 (31.3%) and greater than one third private hospitals 47 (35.6%) responded strongly disagree and neutral respectively to satisfaction with monthly salary. less than one third of public hospitals and greater than one third of private hospitals 46 (34.8%) of the study participants responded neutral for getting free health care. (See table 5)

Table 5: Reasons for employees' job satisfaction in selected public and private hospitals in

Addis Ababa, 2015.

Independent variable		Public n=454(%)	Private n =132 (%)	Total n =586 (%)
variable	category			
Get training necessary for work	• Strongly disagree	66 (14.5)	14 (10.6)	80 (13.7)
	• Disagree	122 (26.9)	19 (14.4)	141 (24.1)
	• Neutral	128 (28.2)	39 (29.5)	167 (28.5)
	• Agree	122 (26.9)	40 (30.3)	162 (27.6)
	• Strongly agree	16 (3.5)	20 (15.2)	36 (6.1)
Comfortable with working hours	• Strongly disagree	35 (7.7)	3 (2.3)	38 (6.5)
	• Disagree	77 (17)	11 (8.3)	88 (15)
	• Neutral	124 (27.3)	21 (15.9)	145 (24.7)
	• Agree	189 (41.6)	67 (50.8)	256 (43.7)
	• Strongly agree	29 (6.4)	30 (22.7)	59 (10.1)
Availability of materials helpful for work	• Strongly disagree	78 (17.2)	8 (6.1)	86 (14.7)
	• Disagree	135 (29.7)	13 (9.8)	148 (25.3)
	• Neutral	175 (38.5)	34 (25.8)	209 (35.7)
	• Agree	62 (13.7)	51 (38.6)	113 (19.3)
	• Strongly agree	4 (0.9)	26 (19.7)	30 (5.1)
Work with all employees' in peaceful manner	• Strongly disagree	22 (4.8)	2 (1.5)	24 (4.1)
	• Disagree	20 (4.4)	2 (1.5)	22 (3.8)
	• Neutral	74 (16.3)	9 (6.8)	83 (14.2)
	• Agree	208 (45.8)	65 (49.2)	273 (46.6)
	• Strongly agree	130 (28.6)	54 (40.9)	184 (31.4)
Satisfaction with monthly salary	• Strongly disagree	142 (31.3)	23 (17.4)	165 (28.2)
	• Disagree	131 (28.9)	33 (25)	164 (28)
	• Neutral	118 (26)	47 (35.6)	165 (28.2)
	• Agree	53 (11.7)	20 (15.2)	73 (12.5)
	• Strongly agree	10 (2.2)	9 (6.8)	19 (3.2)
Get free health care	• Strongly disagree	65 (14.3)	21 (15.9)	86 (14.7)
	• Disagree	62 (13.7)	22 (16.7)	84 (14.3)
	• Neutral	141 (31.1)	46 (34.8)	187 (31.9)
	• Agree	155 (34.1)	27 (20.5)	182 (31.1)
	• Strongly agree	31 (6.8)	16 (12.1)	47 (8)
Satisfaction with the opportunity for further education	• Strongly disagree	160 (35.2)	30 (22.7)	190 (32.4)
	• Disagree	108 (23.8)	39 (29.5)	147 (25.1)
	• Neutral	101 (22.2)	24 (18.2)	125 (21.3)
	• Agree	70 (15.4)	21 (15.9)	91 (15.5)
	• Strongly agree	15 (3.3)	18 (13.6)	33 (5.6)

Greater than one third of public hospitals respondents 160 (35.2%) strongly disagree to satisfaction with the opportunity for further education and from private hospitals 39 (29.5%) disagree to satisfaction with the opportunity for further education. (See figure 3)

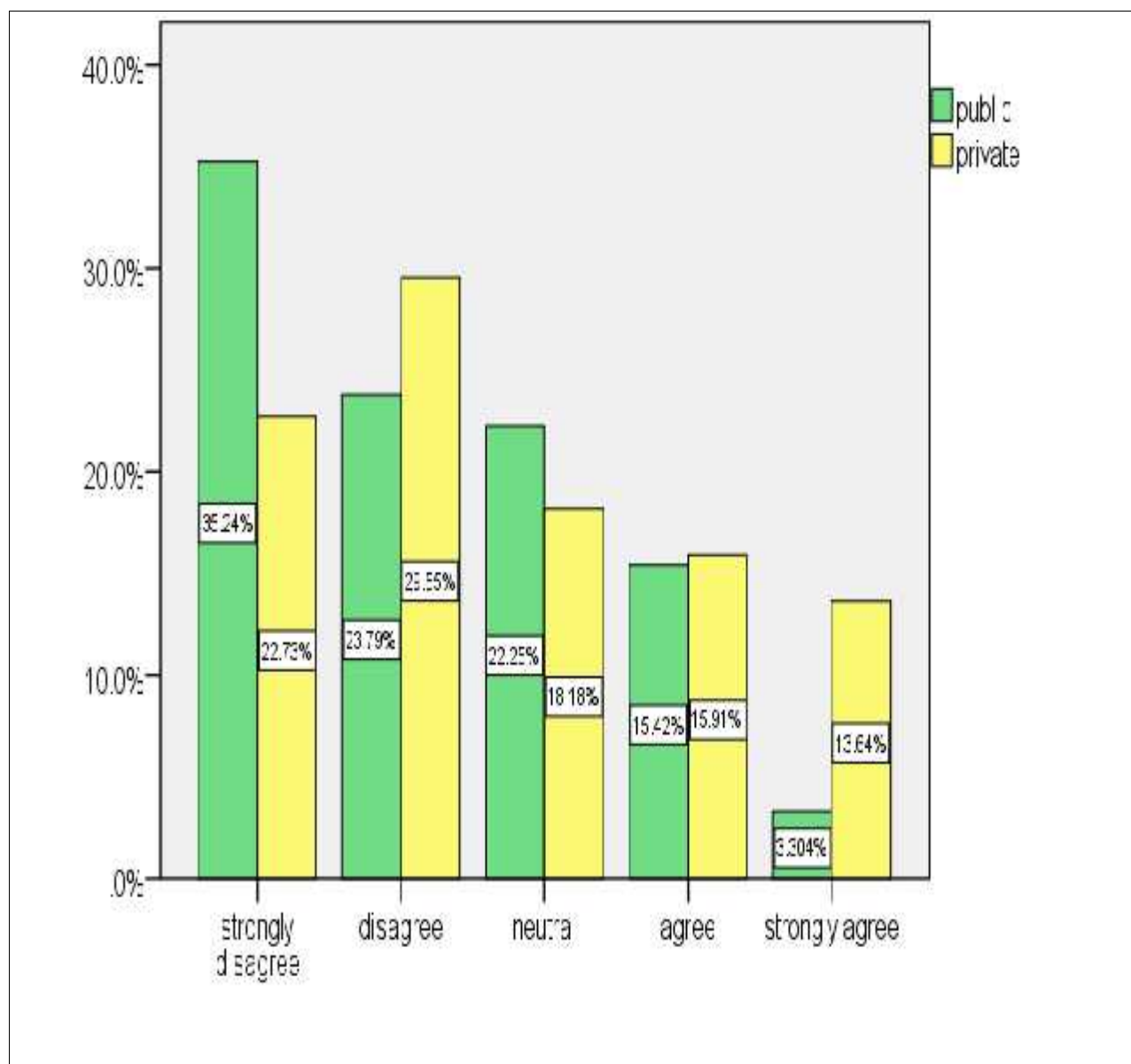


Figure 3: Satisfaction with the opportunity for further education among public and private hospitals in Addis Ababa, Ethiopia, 2015.

The role of power on employees' job satisfaction

Two hundred seventy (59.5%) of the study participant from public hospitals and 96 (72.7%) from private hospitals responded that manager communicate about objective and goals of the organization. Greater than half of public hospitals 242 (53.3%) and greater than three fourth of private hospitals 102 (77.3%) of participants responded manager is motive to demonstrate commitment to job. predominantly of public hospitals 326 (71.8%) and private hospitals 120 (90.9%) participant gave their voice that manager punish or dismiss when they do mistake. Greater than half of study participant from public hospitals 256 (56.4%) responded manager didn't made job situation easy whereas from private hospitals 78(59.1%) responded manager made job situation easy. More than two third of the respondents from public hospitals 305 (67.2%) and from private hospitals 109 (82.6%) gave their voice that manager didn't use his power to hurt employees'. Greater than half of study participant public hospitals 216 (47.6%) responded manager didn't motive to give their opinion and less than two third 82 (62.1%) of private hospitals responded that manager motivate to give their opinion. Greater than three fourth of the respondents public hospitals 348 (76.7%) and less than three fourth of private hospitals 94 (71.2%) gave their voice that manager didn't give prize for good achievement.

Greater than half of study participant public hospital 234 (51.5%) and less than three fourth 94 (71.2%) of private hospitals responded that manager do good job using his power received from the organization. Nearly half of study participant of public hospitals 229 (50.4%) and less than three fourth of private hospitals 93 (70.5%) responded yes to manager influence to job practice with his/her knowledge and skill to do in best way respectively. Greater than half of respondents public hospitals 257 (56.6) they didn't took manager as role model where as from private hospitals 90 (68.2%) took manager as role model. Nearly half of study participant public hospitals 234 (51.5%) responded that manager didn't have full of information which is important for them and private hospitals 111 (84%) responded to the reverse. Less than two third of the respondents from public hospitals 296 (65.2%) did not satisfied with the way they managed and from private hospitals 82 (62.1%) satisfied with the way they managed. One hundred seventy five (38.5%) of the participants from public hospitals respond neutral and from private hospitals 40 (30.3%) responded neutral, agree, strongly agree with overall job satisfaction. (See table 6)

Table 6: The role of power on employees' job satisfaction in public and private hospitals in Addis Ababa, 2015.

Independent variable		Public n =454 (%)	Private n =132 (%)	Total n = 586 (%)
variable	category			
Manager communicate about objective and goals of the organization	• No	184 (40.5)	36 (27.3)	220 (37.5)
	• yes	270 (59.5)	96 (72.7)	366 (62.5)
Manager motive to demonstrate commitment to job	• No	212 (46.7)	30 (22.7)	242 (41.3)
	• yes	242 (53.3)	102 (77.3)	344 (58.7)
Manager punish or dismiss when you do mistake	• No	128 (28.2)	12 (9.1)	140 (23.9)
	• yes	326 (71.8)	120 (90.9)	446 (76.1)
Manager make the job situation easy	• No	256 (56.4)	54 (40.9)	310 (52.9)
	• yes	198 (43.6)	78 (59.1)	276 (47.1)
Manager use his power to hurt employees'	• No	305 (67.2)	109 (82.6)	414 (70.6)
	• yes	149 (32.8)	23 (17.4)	172 (29.4)
Manager motivate you to give your opinion	• No	216 (47.6)	50 (37.9)	266 (45.4)
	• yes	238 (52.4)	82 (62.1)	320 (54.6)
Manager give prize like better working schedule for good achievement	• No	348 (76.7)	94 (71.2)	442 (75.4)
	• yes	106 (23.3)	38 (28.8)	144 (24.6)
Manager do good jobs using his power received from the organization	• No	220 (48.5)	38 (28.8)	258 (44)
	• yes	234 (51.5)	94 (71.2)	328 (56)
Manager influence to job practice with his/her knowledge and skill to do in a best way	• No	229 (50.4)	39 (29.5)	268 (45.7)
	• yes	225 (49.6)	93 (70.5)	318 (54.3)
Taking manager as role model	• No	257 (56.6)	42 (31.8)	299 (51)
	• yes	197 (43.5)	90 (68.2)	287 (49)
Manager have full of information which is important for you	• No	234 (51.5)	21 (15.9)	255 (43.5)
	• yes	220 (48.5)	111 (84)	331 (56.5)

Chi square test showing the association of socio - demographic characteristic and job satisfaction

Chi square test show that: Greater than half of public hospital respondents 163 (54.7%) above degree holders were not satisfied with their job and less than three fourth of private respondents 53 (72.6%) were satisfied. Fifty two (60.5%) of the study participant with monthly salary between 1000- 2000 of public hospitals were not satisfied with their job and Less than three fourth of private respondents 47 (71.2%) with monthly salary more than 3100 were satisfied. (See table 7)

Chi square test showing the reasons for employees' job satisfaction

More than half of public hospital study participants 106 (56.4%) who did not get training which is necessary for work were satisfied with their job and from private hospitals 60 (100%) who got training were satisfied. One hundred thirty two (60.6%) of public hospital respondents and from private hospitals 79 (81.4%) who were comfortable with working hours were satisfied with their job. In the qualitative study one nurse from public hospital stated *"I am satisfied in my job because I have time freedom so that I can do other activity like working part time and I can up grading my status"*. Nearly three fourth of public hospitals respondents 161 (75.6%) who said there is no available materials helpful for work were not satisfied with their job and from private hospitals 65 (84.4%) who said there is available materials were satisfied. From in-depth interview a woman (40 years old) from public hospital stated that *" the reason for I am not satisfied is there is no enough materials which is necessary for service delivery and when we ask for the availability it takes time and it is not ready at the right time. Sometimes patients pay what is needed for them self's for example glove. Even for fixing materials it takes time despite this there is more patient flow and while our material were not clean we face difficulty to advice the client to make their material clean"*.

Less than three fourth of public hospital participants 200 (73.3%) who were not satisfied with monthly salary were not satisfied with their job and from private hospitals 29 (100%) who were satisfied with monthly salary were satisfied with their job. From in-depth interview a men (31 years old) from public hospital stated *"I am not satisfied by salary I do not believe it is enough because what we give service and what we get is imbalance"*. Less than three fourth of public hospital respondents 198 (73.9%) who did not get opportunity for further education were not satisfied with their job and from private hospitals majority 37 (94.9%) were satisfied. From in-depth interview a woman from public hospital stated that *" there is no opportunity for further education sometimes from one hospital one health professional will be needed to update his/her status so the opportunity is so narrow."*

From the qualitative study other reasons which are stated for satisfaction were getting health insurance, being a health profession, when patients were treated and got thanks from them. And other reasons for dissatisfaction were work overload, imbalance of nurse patient ratio and risky of the job. (See table 8)

Table 7: Chi square test showing the association of socio - demographic characteristic and job satisfaction among public and private hospitals in Addis Ababa Ethiopia, 2015.

Independent variable		Job Satisfaction				χ^2	P-value
variable	category	Public		private			
		Dissatisfied (%)	Satisfied (%)	Dissatisfied (%)	Satisfied (%)		
Age group	• 18-24	49 (57.6)	36 (42.4)	5 (29.4)	12 (70.6)	3.626	0.305
	• 25-34	143 (60.3)	94 (39.7)	22 (27.5)	58 (72.5)		
	• 35-44	38 (46.3)	44 (53.7)	5 (23.8)	16 (76.2)		
	• Above 44	26 (52)	24 (48)	5 (35.7)	9 (64.3)		
Sex	• Male	108 (54.3)	91 (45.7)	14 (28.6)	35 (71.4)	1.887	0.170
	• Female	148 (58)	107 (42)	23 (27.7)	60 (72.3)		
Profession	• Doctor	34 (47.2)	38 (52.8)	7 (41.2)	10 (58.8)	10.112	0.072
	• HO	12 (70.6)	5 (29.4)	5 (55.6)	4 (44.4)		
	• Nurse	169 (61.7)	105 (38.3)	20 (28.6)	50 (71.4)		
	• Pharmacist	16 (53.3)	14 (46.7)	0	15 (100)		
	• Lab technician	11 (39.3)	17 (60.7)	3 (21.4)	11 (78.6)		
	• Other specified	14 (42.4)	19 (57.6)	2 (28.6)	5 (71.4)		
Level of education	• Above degree	163 (54.7)	135 (45.3)	20 (27.4)	53 (72.6)	11.611	0.020
	• Diploma	87 (58.8)	61 (41.2)	15 (27.8)	39 (72.2)		
	• Other specified	6 (75)	2 (25)	2 (40)	3 (60)		
Monthly salary	• 1000-2000	52 (60.5)	34 (39.5)	9 (33.3)	18 (66.7)	6.710	0.035
	• 2100-3000	54 (60)	36 (40)	9 (23.1)	30 (76.9)		
	• More than3100	150 (54)	128 (46)	19 (28.8)	47 (71.2)		

Table 8: Chi square test showing the reasons for employees' job satisfaction in public and private hospitals in Addis Ababa, 2015.

Independent variable		Job Satisfaction				X ²	P -value
variable	category	Public		Private			
		Dissatisfied (%)	Satisfied (%)	Dissatisfied (%)	Satisfied (%)		
Get training which is necessary for work	• Dissatisfied	82 (43.6)	106 (56.4)	5 (15.2)	28 (84.8)	21.644	0.010
	• Satisfied	11 (8)	127 (92)	0	60 (100)		
Comfortable with working hours	• Dissatisfied	91 (81.3)	21 (18.8)	8 (57.1)	6 (42.9)	18.512	0.000
	• Satisfied	86 (39.4)	132 (60.6)	18 (18.6)	79 (81.4)		
Availability of materials helpful for work	• Dissatisfied	161 (75.6)	52 (24.4)	14 (66.7)	7 (33.3)	92.899	0.000
	• Satisfied	13 (19.7)	53 (80.3)	12 (15.6)	65 (84.4)		
Work with all employees' in peaceful manner	• Dissatisfied	32 (76.2)	10 (23.8)	4 (100)	0	6.805	0.009
	• Satisfied	172 (50.9)	166 (49.1)	29 (24.4)	90 (75.6)		
Satisfaction with monthly salary	• Dissatisfied	200 (73.3)	73 (26.7)	33 (58.9)	23 (41.1)	9.381	0.002
	• Satisfied	13 (20.6)	50 (79.4)	0	29 (100)		
Get free health care	• Dissatisfied	100 (78.7)	27 (21.3)	25 (58.1)	18 (41.9)	2.451	0.443
	• Satisfied	71 (38.2)	115 (61.8)	6 (14)	37 (86)		
Opportunity for further education	• Dissatisfied	198 (73.9)	70 (26.1)	32 (46.4)	37 (53.6)	6.088	0.014
	• Satisfied	24 (28.2)	61 (71.8)	2 (5.1)	37 (94.9)		

Over all two hundred fifty six (56.4%) of public hospital professionals were dissatisfied with their job and one hundred ninety eight (43.6%) were satisfied with their job. Whereas in private hospitals ninety five (72%) of health professionals were satisfied with their job and thirty seven (28%) were dissatisfied with their job.

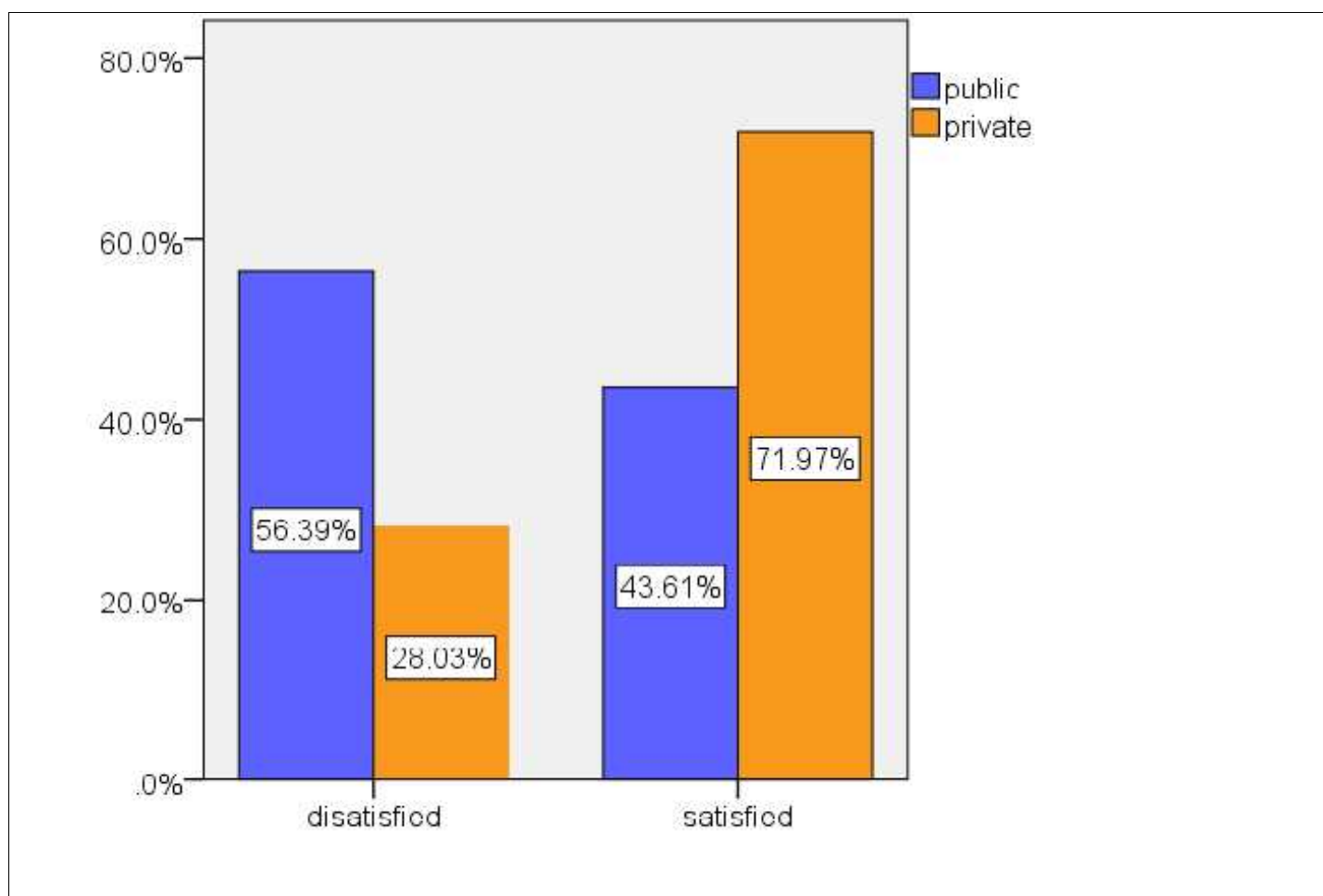


Figure 4: Overall job satisfaction of employees' among public and private hospitals in Addis Ababa, Ethiopia, 2015

More than three fourth 145 (79.7%) of public hospital participant who were not satisfied with the building and compound of the hospital were dissatisfied with their job and from private 73 (83%) who were satisfied with the building and compound of the hospital were satisfied with their job.

Table 9: Chi square test showing the association of employees' work environment with job satisfaction among public and private hospitals in Addis Ababa, Ethiopia, 2015

Independent variable		Job Satisfaction				X ²	P- value
variable	category	Public		Private			
		Dissatisfied (%)	Satisfied (%)	Dissatisfied (%)	Satisfied (%)		
The building and compound of the hospital are conducive environment for my work	• Dissatisfied	145 (79.7)	37 (20.3)	9 (56.3)	7 (43.8)	51.912	0.000
	• Satisfied	43 (29.9)	101 (70.1)	15 (17)	73 (83)		

One hundred twenty one (87.1%) of public hospital participant who were not satisfied in making decision independently in daily activity were dissatisfied in their job and from private hospital 44 (86.3%) who were satisfied in making decision independently in daily activity were satisfied in their job. Seventy nine (87.8%) from public hospital participant who were not satisfied with the respect given by the organizational administration were not satisfied in their job and from private hospital 73 (85.9%) who were satisfied with the respect given by the organizational administration were satisfied in their job

Table 10: Chi square test showing the association of manager and employees' relationship with job satisfaction among public and private hospitals in Addis Ababa, Ethiopia, 2015

Independent variable			Job Satisfaction				X ²	P value
variable	category		Public		Private			
			Dissatisfied (%)	Satisfied (%)	Dissatisfi ed (%)	Satisfied (%)		
Making decision independently in daily activity	• Dissatisfied		121 (87.1)	18 (12.9)	19 (52.8)	17 (47.2)	0.589	0.443
	• Satisfied		59 (36.2)	104 (63.8)	7 (13.7)	44 (86.3)		
Respected by the organizational administration	• Dissatisfied		79 (87.8)	11 (12.7)	12 (75)	4 (25)	8.257	0.004
	• Satisfied		71 (34.6)	134 (65.4)	12 (14.1)	73 (85.9)		

Chi square test showing the association of powerbase on employees' job satisfaction

Chi square test show that: More than half of public hospital participants 168 (51.5%) who said manager use coercive power were not satisfied with their job and from private hospitals 9 (75%) who said manager did not use coercive power were satisfied. From in-depth interview a man from public hospital stated that *“for those who did not perform good in their job and made mistakes, at the first and second time they give warning at the third time written warning is given then discipline committee see the case then transferred to management group then at last the board decide to punish or dismiss”*. A woman (27 years old) from private hospitals stated *“for those who did not show good performance in their job what is done was they planned to work with those who perform well in order to be motivated and there is no punishment”*.

Less than two third of public hospital participant 213 (61.2%) who said manager did not use reward power were not satisfied with their job and Majority of private hospital respondents 32 (84.2%) who said manager use reward power were satisfied with their job. On qualitative study one from public hospitals stated *“every week there is an evaluation those who perform excellent were recorded their name and they gave prize like certificate”*. Again one Nurse from public hospital stated *“every month there is selection of star professionals but nothing is done just they named as best performer”*. From private hospitals one stated *“there is evaluation and through the evaluation there is a situation our salary increased for those who perform best there were like 300 birr prize”*.

Less than three fourth of public hospital participant 163 (74.1%) who said manager did not use legitimate power were not satisfied with their job and majority of private hospital respondents 77 (81.9%) who said manager use legitimate power were satisfied with their job. From in-depth interview one from public hospitals stated that *“in our hospital excellent jobs is done in even some times it calls “mothers house” in Amharic “yenatoch bet. And other thing is neonatal ICU were built in addition one specialist came and give service. From the reward we got 100,000 new building were built so the service become wide and also there is an increase in number of professionals. And one from private hospital stated that “in other private hospitals they focus on payment but in our hospital if one patient did not have enough money we gave treatment for free”*.

Greater than three fourth of public hospital respondents 174 (76%) who said manager did not use expert power were not satisfied with their job and majority of private hospital respondents 75 (80.6%) who said manager use expert power were satisfied with their job. Majority of public hospital participant 185 (72%)

who said manager did not use referent power were not satisfied with their job and from private hospital 75 (83.3%) who said manager use referent power were satisfied with their job. From in-depth interview one from private hospital stated that *“my manager is my role model because she is a strong women, what makes me to say strong girl is she is married, has children and social life with all this challenges she lead the hospital in smart way and she is responsible and punctual person”*. And other stated that *“My manager is my role model because he is a hard worker, he spent all his time to treat patient starting from morning 8:00 am- 9:00 pm excluding lunch time. And he tolerates the behavior of the client and professionals and produce conducive environment for work”*.

Less than three fourth of public hospital respondents 164 (70.1%) who said manager did not use information power were not satisfied with their job and from private hospitals 86 (77.5%) who said manager use information power were satisfied with their job. From in-depth interview one from private hospital stated *“information is transferred directly from medical director to matron also every week there is meeting and information is gathered and shared*. One from public hospital stated that *“our manager tells as updated information which is necessary for us for example when new infection out break they inform as how to prevent and treat”*. (See table 9)

Table 11: Chi square test showing the association of powerbase on employees' job satisfaction in public and private hospitals in Addis Ababa, 2015.

Independent variable		Job Satisfaction				X ²	P_value
variable	category	Public		private			
		Dissatisfied (%)	Satisfied (%)	Dissatisfied (%)	Satisfied (%)		
Coercive power	• No	88 (68.8)	40 (31.3)	3 (25)	9 (75)	20.524	0.000
	• yes	168 (51.5)	158 (48.5)	34 (28.3)	86 (71.7)		
Reward power	• No	213 (61.2)	135 (38.8)	31 (33)	63 (67)	1.633	0.201
	• yes	43 (40.6)	63 (59.4)	6 (15.8)	32 (84.2)		
Legitimate power	• No	163 (74.1)	57 (25.9)	20 (52.6)	18 (47.4)	16.057	0.000
	• yes	93 (39.7)	141 (60.3)	17 (18.1)	77 (81.9)		
Expert power	• No	174 (76)	55 (24)	19 (48.7)	20 (51.3)	17.991	0.000
	• yes	82 (36.4)	143 (63.6)	18 (19.4)	75 (80.6)		
Referent power	• No	185 (72)	72 (28)	22 (52.4)	20 (47.6)	25.149	0.000
	• yes	71 (36)	126 (64)	15 (16.7)	75 (83.3)		
Information power	• No	164 (70.1)	70 (29.9)	12 (57.1)	9 (42.9)	52.827	0.000
	• yes	92 (41.8)	128 (58.2)	25 (22.5)	86 (77.5)		

In multiple logistic regressions, those professionals who get training were more likely to be satisfied with their job as compared to professionals who did not get training [Adjusted OR: 10.118. 95%CI: (2.176, 47.056)]. Those professionals who were comfortable with working hours were more likely to be satisfied with their job compared to professionals who were not comfortable with working hours [AOR: 24.410. 95%CI: (1.568, 375.755)]. Those professionals who said the building and the compound of the hospital were conducive environment for work were more likely to be satisfied with their job than professionals who said the building and the compound of the hospital were not conducive environment for work [AOR: 11.878. 95%CI: (2.333, 60.487)]. Those professionals who get opportunity for further education were more likely to be satisfied with their job as compared to those professionals who did not get opportunity for further education [AOR: 57.073. 95%CI: (3.097, 1051.679)]. (See table 10)

Legitimate power were significantly associated with job satisfaction. Those professionals who said manager use legitimate power were more likely to be satisfied with their job than professionals who said manager did not use legitimate power [AOR: 1.879. 95%CI. (1.308, 2.700)]. Those professionals who said manager use expert power were more likely to be satisfied with their job compared to those professionals who said manager did not use expert power [Crude OR: 5.610.95%CI (3.927, 8.013)]. Those professionals who said manager use referent power were more likely to be satisfied with their job than professionals who said manager did not use referent power [COR: 5.259.95%CI (3.697, 7.479)].

Information power were significantly associated with job satisfaction. Those professionals who said manager use information power were more likely to be satisfied with job as compared to those professionals who said manager did not use information power [AOR: 1.721. 95%CI: (1.192, 2.487)]. (See table 11)

Table 12: Binary and multiple Logistic regressions on the factors Of employees’ job satisfaction in public and private hospitals in Addis Ababa, 2015.

Independent variable		Job Satisfaction		COR(95% CI)	Adjusted OR (95% CI)
variable	category	Dissatisfied (%)	Satisfied (%)		
Get training which is necessary for work	• No (r)	169 (76.5)	52 (23.5)	1.00	1.00
	• Yes	118 (35.9)	211 (64.1)	5.811 (3.959, 8.531)*	10.118 (2.176, 47.056)*
Comfortable with working hours	• No (r)	99 (78.6)	27 (21.4)	1.00	1.00
	• Yes	104 (33)	211 (67)	2.727 (2.139, 3.478)*	24.410 (1.568, 375.755)*
Availability of materials helpful for work	• No (r)	175 (74.8)	59 (25.2)	1.00	1.00
	• Yes	25 (17.5)	118 (82.5)	14.000 (8.300, 23.613)*	4.248 (0.672, 26.841)
The building and compound of the hospital are conducive environment for my work	• No (r)	154 (77.8)	44 (22.2)	1.00	1.00
	• Yes	58 (25)	174 (75)	10.500 (6.710, 16.432)*	11.878 (2.333, 60.487)*
Work with all employees’ in peaceful manner	• No (r)	36 (78.3)	10 (21.7)	1.00	1.00
	• Yes	201 (44)	256 (56)	4.585 (2.222, 9.463)*	10.891 (0.306, 388.072)
Satisfaction with monthly salary	• No (r)	233 (70.8)	96 (29.2)	1.00	1.00
	• Yes	13 (14.1)	79 (85.9)	14.749 (7.832, 27.775)*	4.983 (0.819, 30.310)
opportunity for further education	• No (r)	230 (68.2)	107 (31.8)	1.00	1.00
	• Yes	26 (21)	98 (79)	8.102 (4.966,13.218)*	57.073 (3.097, 1051.679)*
Respected by the organizational administration	• No (r)	91 (85.8)	15 (14.2)	1.00	1.00
	• Yes	83 (28.6)	207 (71.4)	15.130 (8.282, 27.641)	5.164 (0.774, 34.479)

***P - value < 0.05**

Table 13: Binary and multiple logistic regressions on the role of power on employees' job satisfaction in public and private hospitals in Addis Ababa, 2015.

Independent variable		Job satisfaction		COR(95% CI)	Adjusted OR (95% CI)
variable	category	Dissatisfied (%)	Satisfied (%)		
Coercive power	• No (r)	91 (65)	202 (45.3)	1.00	1.00
	• Yes	49 (35)	244 (54.7)	2.243 (1.513, 3.327)*	0.970 (0.642, 1.468)
Legitimate power	• No (r)	183 (70.9)	75 (29.1)	1.00	1.00
	• Yes	110 (33.5)	218 (66.5)	4.836 (3.397, 6.884)*	1.879 (1.308, 2.700)*
Expert power	• No (r)	193 (72)	75 (28)	1.00	1.00
	• Yes	100 (31.4)	218 (68.6)	5.610 (3.927, 8.013)*	0.392 (0.246, 0.625)*
Referent power	• No (r)	207 (69.2)	92 (30.8)	1.00	1.00
	• Yes	86 (30)	201 (70)	5.259 (3.697, 7.479)*	0.629 (0.407, 0.970)*
Information power	• No (r)	176 (69)	79 (31)	1.00	1.00
	• Yes	117 (35.3)	214 (64.7)	4.075 (2.877, 5.772)*	1.721 (1.192, 2.487)*

*P – value < 0.05

6. DISCUSSION

The finding of this study indicates that Two hundred fifty six (56.4%) of public hospital professionals were dissatisfied with their job and one hundred ninety eight (43.6%) were satisfied with their job. Whereas in private hospitals ninety five (72%) of health professionals were satisfied with their job and only thirty seven (28%) were dissatisfied with their job. And this finding were consistent with the study done in West Shoa Zone (16).

The main factors for employees' job satisfaction were get training, comfortable with working hours, conducive infrastructure and opportunity for further education. And there was no association between job satisfaction and socio – demographic characteristic. This finding is in line with the study done in South Rand Hospital (21).

In this study health professionals who get training were more likely to be satisfied compared to health professional who did not get training. [AOR: 10.118. 95%CI: (2.176, 47.056)] and this finding is consistent with the study done in West Shoa Zone, Oromia Region which stated the main reason for employees' job dissatisfaction were lack of training opportunity (16).

Those health professionals who were comfortable with working hours were more likely to be satisfied as compared to those who were not comfortable with working hours [AOR: 24. 410. 95%CI: (1.568, 375,755)].

This finding is supported by qualitative study *“I am satisfied in my job because I have time freedom so that I can do other activity like working part time and up grading my status”*.

Those professionals who were comfortable with infrastructure of the hospital were more likely to be satisfied as compared to those who were not comfortable with infrastructure of the hospital [AOR: 11.878. 95%CI: (2.333, 60.487)].

Those professionals who get opportunity for further education where more likely to be satisfied compared to those professionals who did not get opportunity for further education [AOR: 57.073.95%CI: (3.097, 1051.679)]. This finding is supported by in-depth interview *“ there is no opportunity for further education sometimes from one hospital one health professional will be needed to update his/her status so the opportunity is so narrow*. This study is consistent with the study done in Jimma University which showed

one reason for employees' job dissatisfaction were bureaucratic constraint in relation to further education (25).

The major attention of the study is to find out the relationship of managerial power base and employees' job satisfaction in public and private hospitals. Legitimate, expert, referent and information power were significantly associated to employees' job satisfaction.

Those professionals who said manager use legitimate power were more likely to be satisfied with their job compared to those professionals who said manager did not use legitimate power [AOR: 1.879.95%CI: (1.308, 2.700)]. This finding were supported by in-depth interview from private hospital stated that "*in other private hospitals they focus on payment but in our hospital if one patient did not have enough money we gave treatment for free*". This study is consistent with the study done in University of Sedaya (19).

Those professionals who said manager use information power were more likely to be satisfied with their job than professionals who said manager use information power [AOR: 1.721. 95%CI: (1.192, 2.487)]. This finding were supported by in-depth interview from private hospital stated "*information is transferred directly from medical director to matron also every week there is meeting and information is gathered and shared*". From public hospital "*our manager tells as updated information which is necessary for us for example when new infection out break they inform as how to prevent and treat*".

Coercive, reward power did not have statically significant association to job satisfaction P - value (0.887, 0.201) respectively. The study is inconsistent with the study done in Pakistan, reward power is 17.1% responsible for bringing positive change in employees' job satisfaction in private sectors. In public sectors reward power is 13.7% responsible for bringing change in employees' job satisfaction (17). The reasons for inconsistence were the study used only coercive and reward power.

More than half (51.5%) of public hospital professionals were dissatisfied with their job because manager use coercive power. Where as in private hospitals (75%) of health professionals satisfied because manager did not use coercive power. This finding were supported by in-depth interview from public hospital "*for those who did not perform good in their job and made mistakes, at the first and second time they give warning at the third time written warning is given then discipline committee see the case then transferred to management group then at last the board decide to punish or dismiss*". From private hospitals "*for those who did not show good performance in their job what is done was they planned to work with those who perform well in order to be motivated and there is no punishment*".

Majority (61.2%) of public hospital professionals were dissatisfied with their job because manager did not use reward power. Whereas in private hospitals (84.2%) were satisfied with their job because manager use reward power. This finding were supported by in-depth interview from public hospitals stated *“every month there is selection of star professionals but nothing is done just they named as best performer”*. From private hospitals one stated *“there is evaluation and through the evaluation there is a situation our salary increased for those who perform best there were like 300 birr prize”*.

More than three fourth (76%) of public hospital professionals were dissatisfied with their job because manager did not use expert power and in private hospitals (80.6%) were satisfied by their job because manager use expert power. Majority (72%) of public hospital professionals were dissatisfied with job because manager did not use referent power and in private hospitals (83.3%) were satisfied with their job because manager use referent power. This finding were supported by in-depth interview from private hospitals *“my manager is my role model because she is a strong women, what makes me to say strong girl is she is married, has children and social life with all this challenges she lead the hospital in smart way and she is responsible and punctual person”*. And other stated that *“my manager is my role model because he is a hard worker, he spent all his time to treat patient starting from morning 8:00 am- 9:00 pm excluding lunch time. And he tolerates the behavior of the client and professionals and produce conducive environment for work”*.

7. STRENGTHS AND LIMMITATIONS

7.1 STRENGTHS

- The study is new in our setting.
- The study used both quantitative and qualitative method which helped in triangulation of the finding.
- The study is comparative.

7.2 LIMITATIONS

- The study did not discuss well due to lack of literature which fits with the study.

8. CONCLUSIONS

Job satisfaction among private hospitals is higher than public hospitals. From public hospital participant the main reasons for satisfaction in their job were availability of material, monthly salary, get training and for dissatisfaction not comfortable with working hours, not working with all employees' in peaceful manner, not getting free health care and not getting opportunity for further education. whereas for private hospital participant the main reason for satisfaction were get training, comfortable with working hours, monthly salary, get free health care, opportunity for further education and for dissatisfaction not working with all employees' in peaceful manner.

From public hospital, managers who did not use coercive, reward, legitimate, expert, referent and information power were employees' not satisfied in their job whereas from private hospital, managers who did not use coercive, who use reward, legitimate, expert, referent and information power were employees' satisfied.

There is no association between socio – demographic characteristic and job satisfaction

The main factors for employees' job satisfaction are get training, comfortable working hours, conducive infrastructure and opportunity for further education.

Legitimate and information power have strong relation to employees' job satisfaction.

9. RECOMMENDATIONS

To policy makers

- Interventions should be carried out to increase level of satisfaction among health professionals at Addis Ababa hospitals. Since powerbase, legitimate, expert, referent, and information power were significantly associated to job satisfaction.

To health bureau and public hospitals leaders

- Based on the study result, the level of employees' job satisfaction addressed by increasing availability of training, opportunity for further education and build infrastructures which are conducive for work environment.

To other researchers

- This study may serve as a base for further studies in different hospitals. Further research is needed on the impact of power base in each hospitals found in Ethiopia.

REFERENCES

1. William H. Human resource management. London: RRC Business Training; 2006.
2. John S. Human resource management. Britain. Elsevier butter worth; 2005.
3. Robert L.M, John J.J. Changing nature of human resource management; 2010. Accessed on December 10/2014
www.csb.gov.hk/english/publication/fiels/e-hrmguid.pdf
4. David I. Leadership in organization. United States of America: University press of America; 2009.
5. Nancy Langton, Stephen p, Robbins. Fundamental of organizational behavior. Pearson education Canada; 2006. Accessed on December 10/1014
[www.amazon.ca fundamentals organizational behavior. Canadian-edition /dp/0131757377](http://www.amazon.ca/fundamentals%20organizational%20behavior.%20Canadian-edition/dp/0131757377)
6. Christina B, Moon J. Public relations and perceived power in US hospitals. Communication management. 2013; 17(3)198-215. Accessed on August 16/2014
<http://www.emeraldinsight.com/doi/pdfplus/10.1108/JCOM-09-2011-0049>
7. Agnes S. Methodology analysis of the “what’s working 2006”employee satisfaction research. 2010. Accessed on August 21/2014
<https://szie.hu/file/tti/archivum/SzlaviczPhDThesiseng.pdf>
8. Andrew E.C. Measures of job satisfaction: what makes a good job? Evidences from OECD countries. OECD labour market and social policy occasional papers.1998;34. Accessed on August 13/2014
<http://dx.doi.org/10.1787/670570634774>
9. Rubin P. Managerial competencies of hospital managers in South Africa: a survey of hospital managers in the public and private sectors. Biomed central. 2008; 6(4). Accessed on October 10/2014.
<http://www.humanresource-health.com/content/6/1/4/06/10/2014>
10. Alemshet Y, Leja H, Alima H, Challi J, Morankar S.Job satisfaction and its determinants among health workers in Jimma University specialized hospital, South West Ethiopia. Ethiop J Health Sci.2011;21.

11. Hakan V, Jamel C. Relationship between leadership power base and job stress of subordinates: examples from boutique hotel. Emerald. 2006;29(5)285-297. Accessed on August 13/2014
www.emeraldinsight.com/0140-9174.htm
12. Jaap J, Kilian M. power dynamics and organizational change: a comparison of perspective. European. 1998;7(2)97-120. Accessed on August 12/2014
<http://www.tandfonline.com/doi/abs/10.1080/135943298398826?journalCode=pewo20>
13. Bruins J. Social power and influence tactics: A theoretical introduction. Journal of social Issues. 1999; 55,7-14
14. Marayyan M. Nurse job satisfaction and retention: comparing public and private hospitals in Jordan. Journal of Nurse Management. 2005; 13 (1)40-50
15. Lephalala RP, Ehlers VS, Dosthuizen MJ. Factors influencing nurses job satisfaction in selected private hospitals in England. Curations. 2008; 31(3)60-69.
16. Mulugeta M, Ayele G. Factors associated to job satisfaction among health care workers at public hospitals of West Shoa Zone, Oromia Regional State, Ethiopia: A Cross Sectional Study. Science publishing group. 2015; 3(2)161-167. Accessed on May 28/2015
<http://www.sciencepublishinggroup.com/j/sjph>
17. Faiz N. Impact of manager reward power and coercive power on employees job satisfaction: a comparative study of public and private sectors. international. 2013;3(4) 383-392. Accessed on August 12/2014
<file:///C:/Documents%20and%20Settings/Administrator/My%20Documents/Downloads/Documents/IJMBR21891380573000.pdf>
18. Jauhar J, Lee P, Abdul G. Effect of manager's bases of power on employees' job satisfaction an empirical study of satisfaction with supervision. Economics, Commerce and management. 2015; 3(2). Accessed on May 28/2015
<http://ijecm.co.uk/>
19. Lee K, ILow G. Supervisory power bases and job satisfaction: influences of organizational size, age difference and job tenure. International. 2009;5(1)352-366. Accessed on August 17/2014

20. Vidula B, Michael C, Judith S, kylen M. The role of power in effective leadership.2008.
Accessed on August 26
<http://www.ccl.org/leadership/pdf/research/roleOfPower.pdf>
21. Jackie M. Factors Influencing Job Satisfaction among Healthcare professionals at South Rand Hospital. Health system management and policy.2012. Accessed on May 12/2014
file:///C:/Documents%20and%20Settings/Administrator/My%20Documents/Downloads/Documents/FACTORS%20INFLUENCING%20JOB%20SATISFACTION%20AMONG%20HEALTHCARE%20PROFESSIONALS%20AT%20SOUTH%20RAND%20HOSPITAL.pdf
22. David H, Subrata C, Prasanta M, Laura S. Job satisfaction and motivation of health workers in public and private sectors: cross sectional analysis from two Indian states. Human Resource for Health.2010; 8(27). Accessed on August 16/2014
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3003185/pdf/1478-4491-8-27.pdf>
23. Tesfaye G. Assessment of job satisfaction among physicians working in public hospitals in Addis Ababa, Ethiopia. 2014.
24. Agezegn A, Tefera B, Ebrahim Y. Factors influencing job satisfaction and anticipated turnover among nurse in Sidama Zone in public health facilities, South Ethiopia. 2011. Accessed on August 25/2014
<http://www.hindawi.com/journals/nrp/2014/909768/>
25. Alemshet Y, Leja H, Alima H, Challi J, Morankar S. Job satisfaction and its determinants among health workers in Jimma University specialized hospital, South West Ethiopia. Ethiop J Health Sci. 2011; 21. Accessed on August 26/2014
<http://www.ncbi.nlm.nih.gov/pubmed/22435005>

Annex I

English version questionnaire

Verbal consent letter

My name is Adiam Nega. Currently I am doing my research work on the Role of power on employee's job satisfaction as partial fulfillment of the requirement for the Degree of Masters of Public Health in Health service Management at Addis Ababa University. Thus I am collecting information that helps me for my paper work from _____ hospital. This study is aimed to provide empirical evidence for program planners, program implementers and decision makers who work to improve employee's job satisfaction. I would like to assure you that the privacy and the confidentiality will strictly be secured throughout the study. All your information will be numbered and your name will not be used. You are not expected to write your name. Your answers to any of the questions will not be given to anyone else and no reports of the study will ever identify you. The interview is voluntary. Your participation/ non-participation, or refusal to answer questions is maintained. It will take only 10 – 15 minutes in order to finish the questioner. I would like to thank you in advance for your honest and genuine response and for your willingness to participate

Are you willing to participate in this study?

[] Yes [] No (end the interview)

Questionnaire

Part one: Socio - demographic response

No	Questions	Responses	skip	code
101	Age	_____ years		
101	Sex	<ol style="list-style-type: none"> 1. Male 2. Female 		
103	What is your profession	<ol style="list-style-type: none"> 1. Doctor 2. HO 3. Nurse 4. Pharmacist 5. Lab technician 6. Other specify 		
104	What is your level of education	<ol style="list-style-type: none"> 1. PhD 2. Master 3. Degree 4. Diploma 5. Other specify..... 		
105	Monthly salary	<ol style="list-style-type: none"> 1. 1000-2000 2. 2100-3000 3. More than 3100 		

Part two: employees' job satisfaction

No	Question	Response	Skill	code
201	I get training which are necessary for my work	1. strongly disagree 2. disagree 3. neutral 4. agree 5. strong agree		
202	Through this work program I know many new things	1. strongly disagree 2. disagree 3. neutral 4. agree 5. strong agree		
203	My manager makes decisions and change according to my suggestion.	1. strongly disagree 2. disagree 3. neutral 4. agree 5. strong agree		
204	The rule of the organization make my work easy	1. strongly disagree 2. disagree 3. neutral 4. agree 5. Strong agree		
205	I have list of job description paper	1. strongly disagree 2. disagree 3. neutral 4. agree 5. strong agree		
206	I Am comfortable with working hours	1. strongly disagree 2. disagree 3. neutral 4. agree 5. strong agree		
207	Am always informed what to work	1. strongly disagree 2. disagree 3. neutral 4. agree 5. strong agree		
208	There is available materials which is helpful for my work	1. strongly disagree 2. disagree 3. neutral 4. agree 5. strong agree		
209	The building of the hospital and the compound are conducive environment for my work.	1. Strongly disagree 2. disagree 3. neutral 4. agree 5. strong agree		
210	I work with all employees' in peaceful manner	1. strongly disagree 2. disagree		

		3. neutral 4. agree 5. strong agree		
211	I give my voice that this hospital is nice place to work	1. strongly disagree 2. disagree 3. neutral 4. agree 5. strong agree		
212	I am satisfied with monthly salary	1. strongly disagree 2. disagree 3. neutral 4. agree 5. strong agree		
213	I can make decision independently in my daily activity	1. strongly disagree 2. disagree 3. neutral 4. agree 5. strong agree		
214	I get free health care	1. strongly disagree 2. disagree 3. neutral 4. agree 5. strong agree		
215	I am satisfied with the opportunity given with the further education	1. strongly disagree 2. disagree 3. neutral 4. agree 5. strongly agree		
216	I work cooperatively with my partners	1. strongly disagree 2. disagree 3. neutral 4. agree 5. strong agree		
217	I am respected by the organizational administration.	1. Strongly disagree 2. disagree 3. neutral 4. agree 5. strong agree		
218	Overall are you satisfied with your job?	1. strongly disagree 2. disagree 3. neutral 4. agree 5. strong agree		

Part three: The role of power to employee's job satisfaction

No	Question	Response	skip	code
301	Does your manager communicate objectives and goals of the organization.	1. Yes 2. No		
302	Did your manager motive to demonstrate commitment to job	1. Yes 2. No		
303	Does your manager punish or dismiss when u do mistake	1. Yes 2. No		
304	Does your manager make the job situation easy	1. Yes 2. No		
305	Does your manager use his power to Hurt employees'	1. Yes 2. No		
306	Is your manager motivate you to give your opinion	1. Yes 2. No		
307	Does your manager give prizes like better working schedule ,better job for your good achievement	1. Yes 2. No		
308	Does your manager do good job using his power received from the organization	1. Yes 2. No		
309	Do your manager influence your job practice with his /her knowledge and skill to do in a best way	1. Yes 2. No		
310	Can u take your manager us your model	1. Yes 2. No		
311	Does your manager have full of information which is important for you	1. Yes 2. No		
312	Are u satisfied with the way managed	1. Yes 2. No		

Annex II

Qualitative Questionnaire

Guide for In- Depth Interview

The interviewer should follow the following form

1. Greeting
2. Politely will be asked for the willingness of the employees' to participate in the study
3. Explanation on the objective of the study
4. Confidentiality will be maintained and tap recorder will be used

Topics to be discussed during interview

1. Are you satisfied in your job?

A. Yes

B. No

Can you explain the reason for dissatisfaction/satisfaction in your job

2. How do perform in your work activity and what response do you get from your manager?
3. What good job is done by your manager in the hospital?
4. Does your manager have knowledge and skill which can influence your job practice?
5. Who is your role model in this hospital?
6. Does your manager have full of information which is important for you?

ANNEX III

Amharic version questionnaire

እንደምን አደረ/ዋሉ

ስሜ አዲዎም ነጋ ይባላል። በአሁኑ ሰዓት በአዲስ አበባ ዩኒቨርሲቲ የህብረተሰብ ጤና ሳይንስ የሁለተኛ ዲግሪ መመሪቂያ ፀሁፌን በሠራተኞች የሥራ እርካታ ላይ የኃሳፊዎች ስልጣን ያለው ድርሻ በሚል ርዕስ በማዘጋጀት ላይ እገኛለሁ። በመሆኑም ስመመሪቂያ ፀሁፌ የሚረዳኝን መረጃ በ----- ሆስፒታል በመሰብሰብ ላይ እገኛለሁ። ጥናቱ ስፕሮግራም አዉጭዎች፣ ስፕሮግራም አስፈፃሚዎች እንዲሁም ሰውሳኔ ሰጭዎች መረጃ በመስጠት የሰራተኞች የሥራ እርካታን ለማሻሻል አስተዋጾ ያደርጋል። የሚሰጡት መረጃ ሚስጥራዊነት እጅግ የተጠበቀ ሲሆን ሥምምነትዎን ወይም ሌላ የእርስዎን ማንነት የሚገልፅ በዚህ ጥናት ሂደት ውስጥ የማንጠቀም መሆኑን ሳረጋግጥልዎት አመደለሁ። ለዚህም እንዲረዳን ስምዎን በመጠየቁ ላይ አይዳፉ። ቃሉ- መጠየቁ በፍቃደኝነትዎት ላይ ተመሰረተ ሲሆን በዚህ ጥናት ውስጥ መሳተፍ ወይም ያለመሳተፍ መብትዎ የተጠበቀ ነው። መጠየቁን ለመጨረስ ከ10 — 15 ደቂቃ ብቻ ይወስዳል። ለሚሰጡኝ ታማኝና እውነተኛ መልስዎ እንዲሁም ለፍቃደኝነትዎ ቀድሞ አመሰግንዎታለሁ።

በጥናቱ ላይ ለመሳተፍ ፍቃደኛ ነዎት?

እስማማለሁ _____, አልስማማም _____

አድራሻ: ተንቀሳቃሽ ስልክ ቁጥር +251 (0) 910365878

Email: adiamnega123@gmail.com

መጠየቅ

ክፍል አንድ፣ የግለሰብ ማህበራዊና ኢኮኖሚያዊ ሁኔታ በተመለከተ የተዘጋጀ መጠየቅ

ተ.ቁ	ጥያቄ	መልስ	ይዘት	ኮድ
101	ዕድሜ	----- ዓመት		
102	ፆታ	1. ወንድ 2. ሴት		
103	ሙያ	1. ዶክተር 2. ጤና መኮንን 3. ነርስ 4. ፋርማሲስት 5. ሳይንስ ተራፊ ቴክኒሻን 6. ሌላ ካለ ይግለጹ -----		
104	የትምህርት ደረጃ	1. ፒኤችዲ 2. ማስተርስ ድግሪ 3. ድግሪ 4. ዲፕሎማ 5. ሌላ ካለ ይግለጹ-----		
105	የደመወዝ መጠን	1. 1000 — 2000 ብር 2. 2100 — 3000 ብር 3. ከ3100 ብር በላይ		

ክፍል ሁለት፤ የሰራተኞች የስራ አርካታ በተመለከተ የተዘጋጀ መጠይቅ

ተ.ቁ	ጥያቄ	መልስ	ደዝሰሉ	ኮድ
201	ስስራዊ የሚያግዙ ስልጠናዎችን ሰጥኛለሁ	1. በጣም አልስማማም 2. አልስማማም 3. መካከልኛ 4. አስማማለሁ 5. በጣም አስማማለሁ		
202	በዚህ የስራ ሂደት ብዙ ነገሮችን አጠቁደሁ	1. በጣም አልስማማም 2. አልስማማም 3. መካከልኛ 4. አስማማለሁ 5. በጣም አስማማለሁ		
203	የስራ ኃላፊዬ እኔ በሰጠሁት አስተያየትና ጥቅማ የስራ ሰዐጦችንና ዉሳኔወችን ያደርጋል	1. በጣም አልስማማም 2. አልስማማም 3. መካከልኛ 4. አስማማለሁ 5. በጣም አስማማለሁ		
204	የድረጅቱ የስራ ህግ ሥራዬን ቀላል አድርገልኛል	1. በጣም አልስማማም 2. አልስማማም 3. መካከልኛ 4. አስማማለሁ 5. በጣም አስማማለሁ		
205	የሥራ ድርሻዬ በዝርዝር ተሰጥቶኛል	1. በጣም አልስማማም 2. አልስማማም 3. መካከልኛ 4. አስማማለሁ 5. በጣም አስማማለሁ		
206	የተቀመጠዉ የሥራ ሠዕት ተስማምቶኛል	1. በጣም አልስማማም 2. አልስማማም 3. መካከልኛ 4. አስማማለሁ 5. በጣም አስማማለሁ		
207	ምን ጊዜም ምን እንደምሰራ ይነገረኛል	1. በጣም አልስማማም 2. አልስማማም 3. መካከልኛ 4. አስማማለሁ 5. በጣም አስማማለሁ		
208	ለሥራዬ የሚያግዙ አስፈላጊ ዕቃዎች ተሟልተዋል	1. በጣም አልስማማም 2. አልስማማም 3. መካከልኛ 4. አስማማለሁ 5. በጣም አስማማለሁ		

209	የሆስፒታሉ ህንፃና አካባቢው ስሥራዊ ምቹ ናቸው	1. በጣም አልስማማም 2. አልስማማም 3. መካከልኛ 4. አስማማለሁ 5. በጣም አስማማለሁ		
210	ከሥራ ባልደረባዎቼ ጋር ሠላማዊ የሥራ ግንኙነት አለን	1. በጣም አልስማማም 2. አልስማማም 3. መካከልኛ 4. አስማማለሁ 5. በጣም አስማማለሁ		
211	ይህ ሆስፒታል ስሥራ ምቹ እንደሆነ ድምፄን አሰጣለሁ	1. በጣም አልስማማም 2. አልስማማም 3. መካከልኛ 4. አስማማለሁ 5. በጣም አስማማለሁ		
212	በወር ደመወዜ እረክቻለሁ	1. በጣም አልስማማም 2. አልስማማም 3. መካከልኛ 4. አስማማለሁ 5. በጣም አስማማለሁ		
213	በቀን ከቀን እንቅስቃሴዬ ላይ ዉሳኔ ማሳሰፍ አችላለሁ	1. በጣም አልስማማም 2. አልስማማም 3. መካከልኛ 4. አስማማለሁ 5. በጣም አስማማለሁ		
214	የነፃ የጤና አገልግሎት አገኛለሁ	1. በጣም አልስማማም 2. አልስማማም 3. መካከልኛ 4. አስማማለሁ 5. በጣም አስማማለሁ		
215	ትምህርት ደርጃን ለማሻሻል በሚሰጠው ዕድል እረክቻለሁ	1. በጣም አልስማማም 2. አልስማማም 3. መካከልኛ 4. አስማማለሁ 5. በጣም አስማማለሁ		
216	ከሥራ ባልደረቦቼ ጋር በትብብር እሰራለሁ	1. በጣም አልስማማም 2. አልስማማም 3. መካከልኛ 4. አስማማለሁ 5. በጣም አስማማለሁ		
217	በድርጅቱ አስተዳደር ሰራተኞች ተገቢው ከበረታ ይሰጠኛል	1. በጣም አልስማማም 2. አልስማማም 3. መካከልኛ		

		4. እስማማሰሁ 5. በጣም እስማማሰሁ		
218	በአጠቃላይ በስራው ደስተኛ ነውት	1. በጣም አልስማማም 2. አልስማማም 3. መካከልኛ 4. እስማማሰሁ 5. በጣም እስማማሰሁ		

ክፍል ሦስት; በሰራተኞች የሥራ ዕርካታ ላይ ሥልጣን ያሰጠው ድርሻ በተመለከተ የተዘጋጀ መጠየቅ

ተ.ቁ	ጥያቄ	መልስ	አስፋ	ኮድ
301	የሥራ ኃላፊዎ ስለድርጅቱ አሳማኝ ግብ ገለፃ አድርጓል	1. አድርጓል 2. አሳደረገም		
302	የሥራ ኃላፊዎ ስሥራ ያሰጠው ቀርጠኝናት አሳደሷል	1. አሳደሷል 2. አሳሳየም		
303	የሥራ ኃላፊዎ አርባዎ ስህተት ሲሰራ አስፈላጊውን ቅጣት ይወስዳሉ	1. አዎ 2. አይወስዱም		
304	የስራ ኃላፊው ባለው ስልጣን ስራ ቀላል አድርጓል።	1. አድርጓል 2. አሳደረገም		
305	የስራ ኃላፊው ስላጣኑን በመጠቀም ለመጉዳት ይሞክራል	1. አዎ 2. አይሞክርም		
306	የሥራ ኃላፊዎ ስለሥራ ያሰጠውን አስተያየት እንዲሰጡ ያበረታታዎታል	1. ያበረታታል 2. አያበረታታም		
307	የሥራ ኃላፊዎ ስሰራት ጥሩ ሥራ ይሸጠማሉ	1. አዎ 2. አይሸጠሙም		
308	የስራ ኃላፊው በድርጅቱ በተሰጠው ስልጣን ጥሩ ስራዎች ይሰራል	1. አዎ 2. አይሰራም		
309	የሥራ ኃላፊዎ ዕውቀታቸውን በመጠቀም ሥራዎን በተሻለ እንዲሰሩ ያግዙዎታል	1. አዎ 2. አያግዙም		
310	የሥራ ኃላፊዎን እንደጥሩ ምሳሌ ይወስዳሉ	1. እወስዳለሁ 2. አልወስድም		
311	የሥራ ኃላፊዎ ስሥራ የሚያስፈልገውን መሳሪያ መረጃ አላቸዉ	1. አላቸዉ 2. የላቸዉም		
312	በዚህ ባለው የአስተዳደር ስራ ደስተኛ ነው	1. አዎ 2. አይደሰሁም		

ይህ የመጠየቅ ማጠቃለያ