

Research Article

Job Satisfaction and Associated Factors Among Midwives Working in Health Centers of Central Zone, Tigray, Ethiopia-2020

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Abstract

Background: Job satisfaction depends on the interactions of employee's characteristics, values, and expectations with the work environment and the organization. Low job satisfaction among midwives is supposed to be a problem to achieve organizational goals. Due to this reason, it is a must to determine their level of satisfaction and the contributing factors. The objective is to assess job satisfaction and associated factors among midwives working in Health Centers of Central Zone of Tigray, Ethiopia, 2020

Method: Institution-based cross-sectional study using both quantitative and qualitative methods was employed. The total samples were selected based on inclusion criteria. A magnitude of association between different variables with the outcome variable was measured by odds ratio with 95 % confidence interval by using bivariate and multivariate logistic regression analysis. The qualitative data were obtained using a semi-structured interview. Finally transcribed, coded, and analyzed manually using thematic analysis.

Result: The finding revealed that 79 (56.43%) midwives were not satisfied. Regarding motivation, the probability of being satisfied among midwives not motivated to do their job, were 76% times less likely compared to their counterpart, whereas the management system, the probability of not satisfied with the management system were 79.2% times less likely satisfied than who were satisfied with the management system. Work satisfaction, the probability of not satisfied with their work was 91.6% times less likely satisfied than those who were satisfied with their work.

Conclusion: Job satisfaction of midwives in central zone health centers was found to low. The regional and woreda health bureau and health centers would devise mechanisms to improve the job satisfaction of midwives.

Key Words: Job Satisfaction, Motivation, Midwives, Central Zone

Acronyms: AOR- Adjusted odds ratio; ANC- Antenatal care; COR- Crude odds ratio; EDHS- Ethiopia demographic and health survey; EMA- Ethiopian midwife association; MCH- Maternal and child Health; MDG- Millennium development Goals; MOH- Ministry of health; ICM- International confederation of midwives; SPSS- Statistical package for social sciences; WHA- World health assembly; WHO- World health organization; VIF- Variance inflation factor

Introduction

Job satisfaction depends on the interactions of employee's personal characteristics, values and expectations with the work environment and the organization throughout their lives [1]. There are many types of health care providers, among those midwives are the one, who give maternal care, especially in the reduction of maternal and new born mortality and morbidity. Even though midwives working in a harsh environment plagued by persistent personnel shortages, public sector midwives play a key role in tackling maternal mortality. Midwifery profession is gradually becoming more attractive career choices universally. The increase in the number of births attended by skilled health personnel is one of the major strategies to minimize maternal and child mortality [2].

The concerns of low job satisfaction are burnout and turnover. Experiencing emotional exhaustion was inversely associated with salary and task satisfaction, acting job searching was associated with being dissatisfied with job security and voluntary quitting was associated with dissatisfaction with continuing education. There is an ineffective human resource management, deployment and retention; poor quality of training, lack of standard to measure the competency of trainees; ineffective accreditation / licensing system; and the irregularities of continuing educations and on the job training. In addition, low motivation of midwives further exacerbates the situation [3]. Satisfaction with jobs largely determines the productivity and efficiency of human resource for health. It also affects the personality's general feeling about the job one has or does [4].

Job satisfaction of midwives is highly important in building up employee motivation and efficiency as higher job satisfaction determines better employee performance and high level of patients' satisfaction [5]. Job dissatisfaction resulting in burn out and turn

over would exacerbate the current shortage and results in serious under staffing of health care facilities. This has the potential to have a negative impact on the delivery of patient care because there is confirmation to suggest that reduction in health professional staff below a certain level is related to poor patient outcomes [6].

It is critical to explore how midwives perceive their jobs, so that strategies might be identified to enhance the quality of their working lives and improve satisfaction. The purpose of this study is to provide information and insight into sources of stress midwives, and the impact of these on their job satisfaction. Assessment of midwives' job satisfaction is essential to address target areas of concern for workplace stress. Many women and babies die from complications that could easily be prevented by a health worker with the right skills [7]. All countries need to have an adequate and sustainable source of midwives, within the context of Current and future issues in patient Safety and quality of care. A study in Iran show that 38.9% of midwives had no job satisfaction [8]. Although Midwife shortages happened before, today's shortage is different because it is being driven not just by low levels of enrollment, but by a growing shift of professionals to the other discipline for further study and poor retention [9].

Midwives who were dissatisfied at work were found to distance themselves from their patients, resulting in suboptimal quality of care. Dissatisfaction with their work can cause poor job performance, lower productivity, and staff turnover and is costly to organizations [10].

The main forms of losses are that midwives are either dying or they live abroad. The latter is a loss not only in quantity but also in quality as it is the more qualified midwives who emigrate. Insufficient salary was found to be the single most important reason why

midwives left [11].

In Sidney the proportion of health care staff satisfied with their work was 60% and from this, Midwives had the lowest satisfaction scores ($P < 0.05$). The working environment and income were the key important factors for dissatisfaction of midwives [11,12]. The negative consequence of less satisfaction is high turnover; costs related to recruitment, orientation of new health professionals; loss of skilled health professionals; periods of short staffing accompanied by tirelessly for remaining midwives, or use of temporary agency staff who are less familiar with the setting than employees; and potential for increase in adverse client outcomes and reduced organizational performance [12,13].

A cross sectional study conducted in Jimma hospital, 41.4% of the health workers is dissatisfied with their job [14]. Evidence shows that poor working conditions, low salaries (82.8 percent mentioned low salaries as a demotivating factor), lack of supervision and lack of chances for career development are the main demotivating factors for midwives [10]. However, to the knowledge of the researcher of this study, there is scarcity of studies which focused on the major factors that leads to job dissatisfaction. Due to this reason, the researcher of this study highly inspired to conduct this study and felt there is a gap that needs to assess comprehensively about factors related to midwife's job dissatisfaction.

Low job satisfaction among health care providers is supposed to be a problematic. Overall, 86% study subjects were dissatisfied, with about 26% higher dissatisfied with their job. The prevalence of health care staff satisfied with their work was 60% [15-17]. Job satisfaction is a function of numerous variables, including salaries or wages and allowances, the work environment and other non-monetary factors. 40% of public health workers interviewed had moderate satisfaction, neither high nor low and another 40% low and very low job satisfaction, that is, only 20% had high or very high job satisfaction (18). 40% of public health workers interviewed had moderate satisfaction, neither high nor low and another 40% low and very low job satisfaction, only 20% had high or very high job satisfaction. It means that midwives are not satisfied with their jobs [19-21]. There have not been programmed initiatives despite recent deliberate policies aimed at improving

and encouraging the career development of health workers [16]. Job satisfaction is a construct closely related to motivation; it is a direct result of motivational processes, of which it is the affective component [22]. Dissatisfaction result in tiredness, absenteeism, examination incorrectly, burnout, and excessive turnover have been reported [23].

The main reasons for health worker dissatisfaction were lack of motivation, inadequate salary, insufficient training opportunities and inadequate number of human resources. Satisfaction according to professional background showed that highest dissatisfaction among medical laboratory technologists (66.7%), and those having services between 6 to 10 years 8 (72.7%), diagnostic by position 9 (64.3%). Out of the total satisfied health workers, (90.0%) of their satisfaction is resulted from assistance and guidance obtained from others and only 8.3% of the satisfaction was from their salary. The professionals' satisfaction level was, 53.3%, 23.3%, 18.3% are high, medium, and very low respectively [8].

In Yirgalem and Hawassa hospitals, 83.7% of health professionals' have intention to leave the hospital, and about 30.4% of the respondents from the study hospitals have intention of leaving their job because of low government salary scale and seeking better job for better pay, and about 17.4% of the respondents from the study hospitals have reported that low government salary scale force them seeking better job elsewhere for better pay [24]. West Shoa Zone, 34.9% of health workers was satisfied with their job, and 65.1% were dissatisfied. From all health workers, the highest dissatisfaction were recorded among midwifery staffs 10 (83.3%). The main reasons for dissatisfaction were poor payment, lack of training, lack of incentives, bureaucratic management style, poor performance evaluation and poor working conditions [15].

The world needs midwives than ever, we need to retain the exits. Understanding employee perspectives and measuring their satisfaction factors are critical to an organization's success. Strategies might be identified to enhance the quality of their working lives and improve satisfaction. Each country needs to have an adequate and sustainable source of midwives. Therefore, the researcher highly anticipated that the results of this study will have the following significance. It may help public and private organizations,

including health centers at Regional and woreda level to be clearly aware of midwife's job dissatisfaction and related factors in the study area. This may inspire them to go beyond and make some sort of interventions towards alleviating this critical problem. It may help midwives to know their challenges, strengths and weaknesses in the working area.

Objectives

General objective

To assess job satisfaction and associated factors among midwives working in Health Centers of Central Zone of Tigray, 2020

Specific Objectives

- To determine job satisfaction among midwives
- To identify factors associated with job satisfaction among midwives

Methods

Study area, period, Design, study population

The study was conducted in the Central Zone of Tigray, which is located 1183 K.M North of Addis Ababa, the capital city of Ethiopia. Based on the 2017 Census conducted by the Central Statistical Agency (CSA) of Ethiopia this Zone had a total population of 1,245,824, of whom 613,797 were men and 632,027 women; 176,453 or 14.16% were urban inhabitants. There are 3 governmental hospitals and 52 Health Centers. The total number of Health Professionals in this zone is 1320. Among those 167 were midwives. The study was conducted from April 05/2020- May 05/2020 E.C. Institution-based cross-sectional study design was employed. All midwives who have been working with health Centers of the Central Zone of Tigray who fulfill the inclusion criteria were nominated.

Study Design

Institution-based cross sectional study design was employed

Source Population

The main source of population for this study were all midwives who are working in health centers in Central Zone of Tigray.

Study Population

Midwives who have been working with health Centers of Central Zone of Tigray who fulfill the inclusion criteria

Eligibility Criteria

Inclusion for quantitative:

Midwives who have been working for at least six months of experience in a current Health Centers of Central Zone of Tigray were selected.

Inclusion for qualitative:

Purposely selected midwives who have been working for at least two years of experience in a current Health Centers of Central Zone of Tigray

Exclusion Criteria

Severely ill and annual leave midwives

Sample Size Determination

Sample size(n) was determined by using single population proportion with the following assumptions 95% significance level to be 95% $Z_{\alpha/2}=1.96$, 5% margin of error ($d=0.05$), proportion of job satisfaction among midwives(17) 91.% and 10% non response rate.

n =sample size

p =proportion,midwives satisfaction(17).

$q=1-0.9=0.09$

$Z_{\alpha/2}$ =critical value at 95%CI of certainty (1.96)

d =marginal error of 0.05.

$n = (Z_{\alpha/2})^2 p(1-p)/d^2$

$n=(1.96)^2 * 0.91(1-0.91)/(0.05)^2 = 127$

Finally,by adding 10% non-response rate the estimated sample size will be: 140

140 midwives were included in the studies who were working in Health Centers of Central Zone of Tigray. Accordingly, 140 midwives were selected for a structured interview. Besides, 7 midwives

were selected purposely for semi-structured interviews.

Sampling technique and procedure

Purposive sampling technique was employed to include 7 midwives used for qualitative data collection. Besides, 140 midwives were included who fulfill the inclusion criteria for quantitative. Systematic random sampling technique method used from Regional Health Beourou registration book to filter the study participants. Out of which midwives from each health center were selected and refined to only those who fulfill the inclusion criteria for quantitative study.

Variables

Dependent Variables: job satisfaction

Independent Variables

Socio-demographic factors: gender, age, monthly salary, work experience, educational qualification, and marital status

Management factors; work appraisal, recognition, supervision, and justice

Organizational factors: work environment, resource availability, and incentives

Job related factors: autonomy, use of skills, work r/n ship, motivation, training, and work

Methods of analysis

Both qualitative and quantitative methods of data analysis were employed. The collected data using structured interview was initially checked, coded, and analyzed using frequency, percentage, mean and standard deviation, after entering into a computer using SPSS version 20.0. The mean scores were calculated for midwives' job satisfaction sub-scale and the overall satisfaction of those whose scores above the mean were considered as satisfied and those whose score less than or equal to the mean were considered not satisfied. After the normality of the data was checked crude odds ratio was calculated for each exposure variable using 95% CI, then to do the adjusted odds ratio statistically significant under bivariate analysis entered into multiple logistic regression models in order to identify independent predictors of midwives' job satisfaction. The goodness of fitness model was checked by Hosmer leme-

show statistics. The collinearity statistics checked by using the VIF. On the other hand, the collected data using semi structured interview were analyzed with the help of a tape-recorder, transcribed and translated to English then analyzed using thematic analysis.

Operational definitions of basic terms

Job satisfaction: Being like or unlike a job

Satisfied: Satisfaction more than to the mean value (computing all Likert scale variables: justice, physical working environment, availability of resources, work overload, interpersonal relationship, work appraisal, supervision, decision making, staff-client interaction, incentives, educational opportunity, skill, autonomy, health risks)

Not satisfied: Satisfaction less than or equal to the mean value

Ethical clearance

The researcher informed the respondents about the objectives of the study. There was no coercion of any participants either before, to force them to be involved, or during the study to get them to disclose information. The subjects of the study were clearly informed that their participation was purely voluntary. They did not require identifying themselves and confidentiality was kept.

Result

Socio-demographic factors

The response rate of this study was 100%. Of which respondents' 92 (65.7%) of the respondents were females. Regarding their religion, 128(91.4%) and 12(8.6%) were Orthodox and Muslim respectively. The table also revealed that 85(60.7%) of the respondents were under the age of 30 and 30 (22.1%) of the respondents were 30 to 40 years. 69(49.3%) and 41(29.3%) of the respondents were married and single respectively. Regarding their educational qualifications, the majority 122 (87.1%) were diploma holders. We saw that 73 (52.1%) of the respondent's work experience was less or equal to five years and 55 (39.3%) were also had 5-10 years of working experience (Table 1).

Distribution of job satisfaction related variables

Respondents were requested about factors related to job satisfaction. Accordingly, 60 (42.9%) of the respondents replied that there

Table 1: Distribution of job satisfaction related variables among midwives working in central zone Health Centers, 2020			
Items	Response	Frequency	Percentage
Is there adequate training for your job?	No	80	57.1
	Yes	60	42.9
Is your monthly salary adequate?	No	120	85.7
	Yes	20	14.3
Are you motivated to do your job?	No	72	51.4
	Yes	68	48.6
Are you satisfied with the management system?	No	93	66.4
	Yes	47	33.6
Is there adequate equipment to do your job?	No	60	42.9
	Yes	80	57.1
Are you satisfied with the work that you are providing to your customers?	No	88	62.9
	Yes	52	37.1

was adequate training in their institution. Whereas the majority, 80 (57.1%) were agreed that there was no adequate training. Similarly, in the response obtained from the semi-structured interview, two midwifery interviewees replied;

“...There is no adequate training given in this health center; even when training programs are arranged by other concerned bodies, the chance is given to others out of the department.”

Respondents were also requested regarding their salary. Accordingly, the finding revealed that 120 (85.7%) of the respondents were not satisfied. The data which was also obtained by the use of semi-structured interviews showed that almost all participants were not satisfied with their monthly. In supporting this view, a 25-year working experiences midwife stated:

“...We are dissatisfied with our salary as well as duties and risk payments. We are working on half of the health center activities. We work more than 20 hours per day and the payment is not delivered accordingly. We have children and we are working only for the sake of feeding them and to sustain our lives. We still ask for the betterment of our payment though no change is being made. It is already known that the risk and duty payment of each individual is 470 birr per month and 80 birr per day respectively. But no one can be paid according to the standard and taxed 30% together with our salary: surprisingly, we get only 8 hours duty per day.”

Regarding motivation, the finding revealed that 72 (51.4%) were

not motivated to do their job in their health center. Similarly, one midwife stated:

“...There is no significant motivator given to our. Even, midwives are just lumped as a nurse.”

Concerning the management system, 93 (66.4%) of the respondents were not satisfied with the management system of the health centers. The rest, 47 (33.6%) were satisfied.

Respondents were requested about the availability of equipment in their health center. Accordingly, 80 (57.1%) of the respondents replied that the health center equipment was not fulfilled. In the same way, one MCH case team coordinator midwives said:

“...Some midwives work with only one glove; work with no antiseptic, not supported by the system, but because of passion; few midwives planned to leave the profession to do their own private business, because they have lost satisfaction in the profession.”

A single item was prepared to measure midwives related to the work that they are providing to their customers. Accordingly, the response obtained from the majority of respondents showed that 88 (62.9%) were not satisfied with the work they are providing. The remaining, 52 (37.1%) were satisfied (Table 2).

Results of job satisfaction variables

Respondents were requested to rate the level of their satisfaction with their job. Accordingly, regarding fair distribution of justice,

Table 2: Distribution of job satisfaction related variables among midwives working in central zone Health Centers, 2020			
Items	Response	Frequency	Percentage
Is there adequate training for your job?	No	80	57.1
	Yes	60	42.9
Is your monthly salary adequate?	No	120	85.7
	Yes	20	14.3
Are you motivated to do your job?	No	72	51.4
	Yes	68	48.6
Are you satisfied with the management system?	No	93	66.4
	Yes	47	33.6
Is there adequate equipment to do your job?	No	60	42.9
	Yes	80	57.1
Are you satisfied with the work that you are providing to your customers?	No	88	62.9
	Yes	52	37.1

50 (35.7%) and 26 (18.6) of the respondents were very dissatisfied and dissatisfied respectively. On the other hand, 52 (37.1%) respondents were satisfied. About the physical working environment, the finding depicts 40(28.6%) respondents were satisfied. Whereas 48(34.3%) were very dissatisfied and 33 (23.6%) were dissatisfied.

Regarding the availability of resources as indicated in table 3 below, the finding showed that 59 (42.1%) and 31 (22.1%) of the respondents were very dissatisfied and dissatisfied respectively. On the other hand, 37 (26.4%) were satisfied. Similarly, in the qualitative study, one midwife interviewee replied

“...One day a laboring mother was coming to our health center for delivery service. During this time there was no network to communicate with other professionals for support. I diagnosed that case with CPD, so the best management was referring the mother, but there was no ambulance service. Due to the severity of the problem, I went to Axum on my barefoot to call the ambulance at 7:00 o clock at night. This and other factors make me very dissatisfied with my job”

Concerning work overload, almost half, 71 (50.7%) of the respondents were very dissatisfied whereas 35 (25%) of the respondents were dissatisfied. One midwife interviewee on the qualitative study was also replied:

“... We work a lot and engaged in labor and delivery, ANC, family planning, under five, and immunization. We are always on duty on

behalf of our colleagues when they leave for break and when they are asking for sick leave. This is mainly due to less number of midwives in our health center.”

Respondents were also asked regarding the level of their interpersonal relationship. 31 (22.1%) of the respondents were very satisfied while 39 (27.9%) and 20 (14.3%) were dissatisfied and very dissatisfied respectively. Similarly, in the qualitative study, one midwife said:

“...Midwives don't have good interactions with other groups. Particularly, we don't have a smooth relationship with our heads; they are fault finders. Since labor is unpredictable, mothers sometimes get birth at their home after they have been checked in our health center. If so, our heads demoralized and gave us a written warning. For instance, due to the above reason, our heads gave a written warning for two of my friends including me.”

Regarding the supervision made by higher officials, the finding revealed that 45 (32.1%) and 28 (20%) of the respondents were very dissatisfied and dissatisfied respectively. 41 (29.3%) respondents were satisfied with the overall supervisory practice done by higher officials. Concerning midwives' participation in decision making, 45 (32.1%) and 14 (10%) of the respondents were very dissatisfied and dissatisfied respectively. Whereas, 76 (54.2%) of the respondents were satisfied. Regarding staff-client interaction, 34 (24.3%) and 62 (44.3%) of the participants were satisfied and very satisfied

respectively. On the other hand, 27 (19.3%) of the respondents were dissatisfied. With incentive mechanisms, the finding depicts that 82 (58.6%) of the respondents were very dissatisfied. Whereas 21 (15%) and 8 (5.7%) of the respondents were satisfied and very satisfied respectively (Table 3).

Regarding educational opportunity, the majority of respondents 92(65.7) and 28(20.0) were very dissatisfied and dissatisfied respectively. Whereas 10 (7.1%) were satisfied. On the qualitative result from one interviewee:

“...There is no opportunity for further education; few of them start to upgrade their education on their own. Sometimes when we are starting to learn by ourselves higher officials gave a written warning. Even we are also upset by other people sayings like “there is no need

of learning more than a diploma and no need of more than two midwives in one health center!!!” This leads us job dissatisfaction.”

respondents were requested whether they were applying their skills in the work they are assigned. Accordingly, the finding revealed 39 (27.9%) and 55 (39.3%) of the respondents were satisfied and very satisfied respectively. On the other hand, 25 (17.9) % of the respondents were very dissatisfied. Regarding job autonomy, On the other hand, 37 (26.4%) and 29 (20.7%) of the respondents were satisfied and very satisfied respectively. 58 (41.4%) of the respondents were very dissatisfied. In the same vein, two midwives stated that few health officers interfere in our work.

Respondents have also requested whether the working environment is free from health risky situations. Accordingly, 82 (58.6%)

Table 3: Results of job satisfaction variables among midwives who were working in Central Zone Health Centers, 2020.

Variables	Very Dissatisfied Freq (%)	Dissatisfied Freq (%)	Neither Freq (%)	Satisfied Freq (%)	Very Satisfied Freq (%)
Fair distribution of justice	50(35.7)	26(18.6)	4(2.9)	52(37.1)	8(5.7)
Physical working environment	48(34.3)	33(23.6)	6(4.3)	40(28.6)	13(9.3)
Availability of resources	59(42.1)	31(22.1)	8(5.7)	37(26.4)	5(3.6)
Work overload in relation to the number of staff	71(50.7)	35(25.0)	4(2.9)	21(15.0)	9(6.4)
Interpersonal relationship between co-workers	39(27.9)	20(14.3)	5(3.6)	45(32.1)	31(22.1)
Work appraisal by the heads	52(37.1)	34(24.3)	4(2.9)	32(22.9)	18(12.9)
Supervision made by heads	45(32.1)	28(20.0)	3(2.1)	41(29.3)	23(16.4)
Staff involvement in decision making	45(32.1)	14(10.0)	5(3.6)	45(32.1)	31(22.1)
Staff interaction with clients	27(19.3)	13(9.3)	4(2.9)	34(24.3)	62(44.3)
Incentives	82(58.6)	22(15.7)	7(5.0)	21(15.0)	8(5.7)
An educational opportunity	92(65.7)	28(20.0)	3(2.1)	10(7.1)	7(5.0)
Applying your skill in the working area	25(17.9)	14(10.0)	7(5.0)	55(39.3)	39(27.9)
Job autonomy	58(41.4)	13(9.3)	3(2.1)	37(26.4)	29(20.7)
Working environment free from health risky situations	82(58.6)	22(15.7)	2(1.4)	21(15.0)	13(9.3)
Overall job satisfaction level	Satisfied		61(43.57%)		
	Not satisfied		79 (56.43%)		

and 22 (15.7%) of the respondents were very dissatisfied and dissatisfied respectively. Similarly, one midwife stated:

"...Midwife is a risky job; nobody loves MCH. We wash our body with blood, amniotic fluid, and vaginal secretion. No one gives due attention to our lives, risk and others. After doing certain activities we feel bad. One day, the cord detached and flushed with my face. This makes me fear HIV, HBV, and others."

The mean value of overall satisfaction is 38.2 with a standard deviation of 12.3. With this value, equal or less than this mean value was categorized as not satisfied, and more than this mean value was satisfied. Based on this value the overall job satisfaction of midwives using Likert scale question items, the finding revealed, 61 (43.57%) were satisfied, the remaining 79 (56.43%) were not satisfied. Two midwifery participants during the semi-structured interview said:

"...I am dissatisfied with my job due to professional bias. Even though midwifery was my choice, due to different factors I am very disappointed; I considered myself below other health professionals. Other people also perceive midwifery as a less interesting department than other health professions. We also hate our profession. Midwifery is the lowest job for the alternative professions. There is no any midwife expert who evaluates, comment and give feedback for the program in general and us in particular."

From all measuring Likert scale variables, the lowest levels of job satisfaction are obtained from educational development (Mean = 1.66 ± 1.143) followed by the salary (Mean = 1.14 ± 0.351) and then workload (Mean = 1.94 ± 1.326). The highest level of satisfaction got from applying their skills in the working areas.

Factors associated with job satisfaction

Factors associated with job satisfaction results of the bivariate analysis like socio-demographic factors, training, salary, motivation, management system, equipment, and work. From those variables, motivation, management system, and work in the multivariate analysis were again statistically significant for the overall satisfaction. Regarding motivation with the overall satisfaction, the probability of being satisfied with their job among midwives with not motivated to do their job was 76% times less likely compared to their counterpart [AOR=0.24; 95% CI (0.087, 0.665)].

When we see the management system with the overall satisfaction, the probability of not satisfied with the management system was 79.2% times less likely satisfied with their job than those who were satisfied with the management system [AOR, 0.208, 95% C.I, (0.074, 0.583)]. The other variable which was the most statistically significant from the alternative in multivariate analysis was work satisfaction, the probability of not satisfied with their work was 91.6% times less likely satisfied with their job than those who were satisfied with their work [AOR=0.084; 95%, CI (0.03, 0.234)] (Table 4).

Discussion

The finding revealed that 79 (56.43%) midwives were not satisfied with their job. The reasons obtained mainly from educational development (Mean = 1.66 ± 1.143) followed by the salary (Mean = 1.14 ± 0.351) and then workload (Mean = 1.94 ± 1.326). Variables in the multivariate analysis like motivation, management system, and work satisfaction were statistically significant for the overall satisfaction under multivariate analysis ($p < 0.5$). Socio-demographic variables were not statistically significant. The majority of midwives were dissatisfied with their job. The result obtained from the qualitative study also supported the result that the majority of the participants were dissatisfied with their job. For instance, one case team coordinator midwife replied:

"...I am dissatisfied with my job. Most people hate our job and always say you are not a health professional. Always one activity: always similar thing: illiterate can do your job!!"

Similarly, another midwifery interviewee stated

"...our profession is never respected by other groups of society. Some people dislike our profession as well as our job and repeatedly say "midwife is exactly like a goalkeeper.....". This in turn makes us very dissatisfied. Majority of midwives is dissatisfied with their job as well as other intervention programs like duty payment, workload, educational opportunity evaluation system, professional bias, recognition given to them by other groups of the society"

Both the qualitative and the quantitative results of this study showed that midwives were less satisfied with their job. It seems a consistent study in Jimma health professionals were satisfied with their job [14]. On the other side, this finding seems inconsistent

with many other research findings in different countries. For instance, the research work in Iran showed 38.9% of midwives were not satisfied with their job [8]. In Pakistan overall, 86% of study subjects were dissatisfied [15]. In turkey, the percentage of satis-

fied health care workers was 60% and midwives had the lowest satisfaction scores [12]. This inconsistent between this result and literature may be due to some item difference for the overall satisfaction and the areas covered by the study and economic status

Table 4: Factors associated with job satisfaction among midwives who are Working in Central Zone of Tigray, 2020

Variables for health center midwives		Overall Satisfaction		COR (95% C.I.)	AOR (95% C.I.)
		Satisfied	Not satisfied		
		No(%)	No(%)		
Sex	Female(ref)	41 (44.6)	51 (55.4)	1.125 (0.556, 2.280)	
	Male	20(41.7)	28 (58.3)		
Religion	Muslim(ref)	6(50)	6(50)	1.327 (0.406, 4.339)	
	Orthodox	55 (43)	73(57)		
Age	<30	38 (44.7)	47(55.3)	0.956 (0.385, 2.373)	
	30-40	12(38.7)	19(61.3)	0.746(0.253, 2.199)	
	>40(ref)	11 (45.8)	13 (54.2)	0.956 (0.276, 3.318)	
Marital status	Married	28(40.6)	41(59.4)	0.956 (0.276, 3.318)	
	Single	21(51.2)	20(48.8)	1.470 (0.400, 5.398)	
	Divorced	7(38.9)	11(61.1)	0.891 (0.201, 3.946)	
Educational quali- fication	Widowed(ref)	5(41.7)	7 (58.3)	0.743 (0.276, 2.002)	
	Diploma	52(42.6)	70(57.4)		
	BSc(ref)	9 (50)	9 (50)		
Work experience	<5	32(43.8)	41(56.2)	1.093(0.317, 3.766)	
	5-10	24(43.6)	31(56.4)	1.084(0.306, 3.842)	
	>10(ref)	5(41.7)	7(58.3)	0.929(0.476, 1.814)	
Monthly salary	≤2000	29 (42.6)	39 (57.4)	0.929(0.476, 1.814)	
	>2000(ref)	32 (44.4)	40(55.6)		
Training	No	26(42.1)	54(68.4)	0.34(0.17, 0.69)*	0.706 (0.268, 1.858)
	Yes (ref)	35(57.9)	25(31.6)		
Salary in relation to Workload	No	45(73.8)	75(94.9)	0.15(0.047, 0.477) **	0.699 (0.161, 3.032)
	Yes (ref)	16(26.2)	4(5.1)		
Motivation	No	16(26.2)	56(70.9)	0.146(0.069,0.309) ***	0.240(0.087, 0.665) *
	Yes (ref)	45(73.8)	23(29.1)		
Management sys- tem	No	36(76.6)	11(23.4)	0.112(0.050,0.254) ***	0.208(0.074, 0.583) *
	Yes (ref)	25(26.9)	68(73.1)		
Equipment	No	16(26.7)	44(73.3)	0.283(0.137, 0.583) **	0.768(0.278, 2.78)
	Yes (ref)	45(56.2)	35(43.8)		
Work	No	19(21.6)	69(78.4)	0.0656(0.028,0.154) ***	0.084(0.03, 0.234) ***
	Yes (ref)	42(80.8)	10(19.2)		

* p≤ 0.05, ** p≤ 0.001, *** p≤ 0.000 ref= referenc7

difference. Even though the level of satisfaction was different, areas of most dissatisfaction were similar.

Regarding the significant variables in the multivariate logistics regression management system, motivation and work satisfaction were statistically significant. With analysis result of motivation the probability of being satisfied among midwives with not motivated to do their job was 76% times less likely compared to their counterpart [AOR=0.24; 95%, $p \leq 0.5$], CI (0.087, 0.665)]. It indicated that motivation affected the overall satisfaction of midwives. This result supported by the qualitative study one midwifery interviewee replied that:

“...There is no motivation given to us including job autonomy.”

In supporting this, one other midwife also replied

“...there is no form of motivation for midwives. Midwives are inadequately motivated, we have no promotional outlets specifically as a midwife from the lowest to highest cadre as a specialty; midwives are just lumped as a nurse”

Midwives who were doing with motivation in the central zone health center are statistically significant with their overall job satisfaction. So, motivation highly affects midwives job satisfaction which has statistically significant with the overall satisfaction ($P < 0.5$). It seems a consistent study in Jimma hospital on health workers dissatisfied with the motivation of staffs (14). Work is statistically significant with overall satisfaction ($P = 0.016$) (28). The similarity may be due to the similar sample size used in both studies and similar health policy.

The majority of the participants were not satisfied with the management systems of the health centers. The other significant variable for overall job satisfaction in the multivariate regression was the management system. The probability of midwives' satisfaction who were working in health centers not satisfied with the management system was 79.2% times less likely satisfied than those who were satisfied with the management system [AOR,0.208, 95% C.I, (0.74, 0.583)]. With supporting this result on the qualitative study one midwife replied

“...As a midwife as well as a program coordinator, I am dissatisfied with the management systems of this health center. Management

bodies are not willing to solve problems together. They denied our rights. They are not involving us in a management system to decide even the issue is concerned us”

Similarly, a study in Jimma hospital also indicated that the majority of the participants were not satisfied with the management system of their hospitals, but it is not statistically significant with the overall satisfaction [14]. The finding of this literature study indicated that the majority of the respondents were not satisfied with the management system of their respective institutions.

The majority of the respondents were not satisfied with the work that they are providing. From those variables which entered into multivariate, the most statistically significant variables from the alternative in multivariate logistic regression were work. The probability of satisfied with their work was 91.6% times less likely satisfied with their work than those who satisfied with their current work [AOR=0.084; 95%, CI (0.03, 0.234)].

The above result is supported by a qualitative study, one midwife participant during a semi-structured interview session stated:

“...Distance between health centers and towns, transportation problems, scarcity of working rooms, shortage of water, budget constraints, scarcity of electricity, and absence of telephone are the major barriers that hinder the service delivery. This makes me dissatisfied with my work.”

This result seems inconsistent with a study conducted in Turkey the proportion of health care staff satisfied with their work statistically significant with the overall satisfaction, midwives had the lowest satisfaction scores ($P < 0.05$) (12). This result seems consistent with a study in Jimma health worker respondents who felt not satisfied with the work they do [8]. A consistent finding in Gondar with their work explained the overall job satisfaction [29].

Socio-demographic variables of this study were not statistically significant with the overall satisfaction. The findings revealed that demographic factors were not linked to job satisfaction. This is consistent with other research, several such as age; gender, marital status, and work experience of the profession ($P > 0.05$) were not linked to the overall job satisfaction [12]. The other consistent study in Jimma hospital of health workers, However, there was no

statistically significant association between overall job satisfaction and socio-demographic variables ($p \geq 0.05$) [14].

Strength and limitations of the study

Use of mixed methods (both qualitative and quantitative). The study is not inclusive. Midwives in different Hospitals of the zone were not included on the assumption that the problem may be much more severe in health centers. The purposive sampling method used for qualitative data may result in bias and it might not represent the whole population.

Conclusions

The overall job satisfaction of midwives in central zone health centers was coming low. This result showed that the majority of midwives are not satisfied with their job in the study area. The reasons for this low satisfaction score of midwives were a low educational opportunity, inadequate incentive, low work appraisal, scarcity of resources, poor physical working environment, high workload, low supervision, and poor job autonomy. From this result, we conclude that better educational opportunities, reducing workload, better supervision, and giving job autonomy increase the overall job satisfaction of midwives.

Overall job satisfaction of midwives was greatly affected by the management system, motivation, and work. This factor was statistically significant for the overall job satisfaction of midwives in their working area. Therefore improving the management system, motivation, and working conditions likely to increase the overall job satisfaction of midwives. In this study, socio-demographic variables did not affect the overall job satisfaction.

Recommendation

Based on the findings of the study, the following possible recommendations are better forwarded to improve the job satisfaction of midwives.

Regional Health Bureau

- The regional health bureau was better to identify the gaps and needs of midwives to give further educational opportunities.
- The regional health bureau better reduces the workload of midwives.

- The regional health bureau better increase midwife's salary
- The regional health bureau should arrange different intervention programs to create a good management system in the working area.
- Health managers better improve regular supervision to assess the service delivery in health centers

Woreda Health Bureau

- The woreda health bureau is better to reduce the workload of midwives.
- The woreda health bureau better allocates the necessary resources for its health center.
- The woreda Health Bureau better arrange different intervention programs to create a good management system in the working area.
- Woreda health bureau arrange different intervention programs to satisfy midwives with their work by identifying gaps
- Health managers better improved regular supervision to assess the service delivery in health centers

Health Centers

- Health centers better allocate the necessary resources for their health center.
- Health centers better provide incentives for midwives
- Health center managers better improved regular supervision to assess the service delivery in health centers
- Health center managers better give job autonomy to midwives
- The health centers should arrange different intervention programs to create a good management system and interpersonal relationships in the working area.
- The health center heads better to identify the motivating factors of midwives and better to address the motivation of midwives

- The health centers better try to solve the scarcity of resources.
- Health centers better create a good working environment.
- Health centers better arrange different intervention programs to satisfy midwives with their work.

Declarations

Ethics approval and consent to participate

The study was reviewed and approved by the Mekelle University ethical clearance committee. All participants were informed of the aim of the study and their full right to withdraw or refuse to participate before their verbal consent was obtained.

Consent for publication

Not applicable

Availability of data and materials

The data-set will be shareable

Competing interests

The authors declared that no conflict of interest

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Author's contribution

BT conceived and designed the study, performed analysis and interpretation of data. HD and TA supervised the design conception, analysis, interpretation of data and made critical comments at each step of research. BT and TA drafted the manuscript. All authors read and approved the final manuscript

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