

Administrative Employees' Perception at Directorate of Health Affairs, Ministry of Health in Riyadh Region, Kingdom of Saudi Arabia

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Abstract:

Background: Many studies globally had studied employees' perception and its impact on job productivity. Employees' perception is very crucial in evaluating performance improvement. The researchers in this study tries to figure out factors that affect employees' performance and find out some solutions for existing problems.

Methods: This Study was conducted in Directorate of Health Affairs in Riyadh Region, KSA. A Simple random sample was used to distribute 245 questionnaires. Questionnaire consisted of two parts, the study's statements was measured using used five points Likart scale. The study was conducted from 15th Sep 2014 until 15th Nov 2014.

Results: The analysis of the data indicated that there was an overall satisfaction among employees with a percentage of (62%). Financial factors were the most unsatisfactory aspects among employees followed by training opportunities.

Conclusion: This study showed that there should be a full consideration to duties distribution and financial incentives in addition to developmental initiatives in order to have very devoted employees.

Keywords: Directorate, Perception, Affiliation, Satisfaction.

I. Introduction

Riyadh region is the largest health regions in the Kingdom in terms of geographical size, population density, and density in various specialist health services; both preventive and curative. There are several modern hospitals and primary health-care centers throughout Riyadh region. These health care services institutions are supervised by Riyadh Directorate General of Health Affairs, Riyadh Directorate has various departments such as: the primary health care Department, which oversees primary health care centers Inside and outside Riyadh, hospital management, which oversees the region's hospitals inside and outside Riyadh, and medical licensing management which oversees work in medicine and pharmacy, and the Directorate General of Health Affairs in conducts its responsibility in accordance with the terms set by the systems in place and the regulations of the Ministry of health.

Several evidences that shows that the demand for health care services in our society has increased in recent years due to population growth, developments in technology and implementation of reforms in the health care system. Providing better quality, accessible and appropriate health care services to individuals in accordance with our "Human First" principle has become our main priority. In order to achieve this goal, it is necessary that our health care personnel, who play a key role in the delivery of health care services, are qualified and do their jobs with passion, in other words, the members of the health care work force are satisfied with their jobs.

Even with all infrastructures and resources dedicated to health care sector, still health care worker are not satisfied with their work environment and health care recipients' are not satisfied with services provided. Since the health care sector is one of the most important sectors in the Kingdom of Saudi Arabia, this sector and its workers became researchers' interest. There were many scientific research and studies that considered job satisfaction as the subject to be studied between now and then because of the different nature of mankind. In view of the developments in our world, it remains that the topic of job satisfaction is a constant search. Job satisfaction is defined as a set of psychological factors, functional and environmental conditions that make the employees satisfied with his work.

Hence the idea that the researchers is conducting a study on job satisfaction and its impact on Productivity and job performance of workers in the (General Directorate of Health Affairs in Riyadh region). It is mainly concerned with explaining the case of dissatisfaction among the staff of the Directorate, and linking it with their productivity and their job performance during working hours, and its reflection on the humanitarian aspects of the others.

Statement of the problem

This study will investigate the perception of the administrative employees at Directorate of Health Affairs in Riyadh Region. It will take into consideration the perception of psychological affiliation, professional affiliation, managerial affiliation and financial and social incentives.

Significance of the study

Theoretically: To seek the causes of the unsatisfactory view of administrative employees working in Directorate of Health Affairs in Riyadh Region.

Practically: This study will help in improving the performance of the administrative health employees in KSA and shed some lights on some ways to improve their satisfaction.

Study Objectives:

1. To estimate the administrative employees perception about their job psychological affiliation.
2. To estimate the administrative employees perception about their job professional affiliation.
3. To estimate the administrative employees perception about their job managerial affiliation.
4. To estimate the administrative employees perception about financial incentives system.
5. To estimate the administrative employees perception about social communication with fellow colleagues.

Delimitations of the study

Spatial delimitation: Directorate of Health Affairs in Ministry of Health, Riyadh Region. The researchers chose this facility because of the ease of obtaining information.

Subjective delimitation: Different aspects of affiliation regarding the administrative employees working in the directorate of health affairs in Riyadh region.

Time delimitation: From September 15, 2014 until November 15, 2014.

II. Literature Review

Various studies investigated the perception of Health Care services employees; both from the perception of patients and health care employees. Among these studies are:

Ipinge et al (2006) whom they found that financial factors, human resource management issues, and occupational and macro-environmental issues are considered as both push and retention factors for diverse health professionals at various levels in both the public and private sectors. The findings of their study showed that benefits such as: housing assistance, overtime compensation, medical aid, retirement fund, and retirement benefits are the strengths of the conditions of service in the public sector. Conversely, in the private sector attractive conditions of service were more connected to salaries and the macro-environment such as recognition and communication. The shortcomings of conditions of service were linked to salaries and career management in the public sector, as compared to the lack of fringe compensation only. Another study done by Uganda Ministry of Health, Makerere University, University of Washington (2007) agreed with the notion of financial and managerial issues. The study found that the overall satisfaction among Ugandan health workers is not high. Less than half the respondents said that they were satisfied with their jobs. Satisfaction with salary is particularly low, and doctors are the least satisfied group. Furthermore, working and living conditions are very poor, and the workload is judged to be unmanageable. Working conditions are better in the private (non-profit) sector than in the public sector, but compensation and job security were viewed as superior in the public sector. A study done by Marwan Ahmed Hwayhi (2008) shared the factors of job security with the Ugandan study. This study indicated more factors of job satisfaction. The Study moreover indicated some crucial conclusions mainly the existence of a relatively low level of job security and stability, the quality work environment, the satisfactory level of relationship between supervisors and subordinates, the fact that the salaries and incentives are not remunerative, and that the level of fairness is not satisfactory. A study done by Chirdan et al (2009) agreed with Palestine study concerning workers relationships and the quality of supervision but disagreeing with unsatisfactory salaries. Chirdan et al (2009) suggested that about half of the respondents felt poorly paid for the work they did. He also found a high percentage of health employees unsatisfied with their salaries in view of the fact that a main reason of health worker relocation in Africa is better salary. Non financial factors such as supervision's quality, interpersonal relationships, availability of equipment and tools to work with, as well as managerial fairness, support for staff training and welfare has played a very important role in affecting health workers' contentment with their work (Chirdan et al, 2009). Another financial issue found in a study done by Mollahalğloğlu et al (2010). This study showed that additional payment according to the performance comes as the first issue to be considered. Deduction of additional payment while on leave, big differences between the

professions for additional payments and the uncertainties regarding the future of the additional payments are the main problems identified. It is necessary to review the performance evaluation system by taking the expectations stated regarding the additional payments and to make the necessary changes. The second highest issue is the low level of motivation in the personnel. The low level of motivation is mainly related to the dissatisfaction arising from the wages and supports the above given finding. A recent study done by Khamlub et al (2011) showed the same concepts related to financial and social issues. Participants were dissatisfied with salary levels. The highest satisfaction reported was for the freedom to choose the method of working followed by the amount of variety on the job, amount of responsibility and relationships with co-workers. There were statistically significant differences in age group, working experience and position. In conclusion, health-care workers at health centers were generally satisfied with their job except for their salary. The main factors that correlate with their overall job satisfaction were conflict resolutions at work, relationships with other co-workers and organizational structure. As in Japan a study done by Ayalew Aklilu (2012) found more managerial issues and concluded that (general speaking) perception of health worker towards their institutional structure is poor, were not pleasant place to work, would not pay competitive salary, as recruitment and hiring policy was not fair, promotions were not based primarily on performance, staff were not held accountable for getting work done according to clear performance standard, staff were not adequate and considered competent, would not Values its employees. Likewise, perception of health worker towards institutional leadership is not good enough.

When the researchers relate all these studies together and apply them to the Saudi health system they found that some of these issues are applicable. Some studies considered the provision of service in the health sector which eventually a good indicator for employees' satisfaction. Practically, as satisfied as the employee, the health services will improve. A study done by Alahmadi (2009) aimed to evaluate the performance of health services in Saudi Arabia by measuring the relative efficiency of primary health care centers and government hospitals using the method of analysis of envelope data. The study found that the average relative efficiency of primary health care centers is (83.5%), which means that primary health care centers in the Kingdom should be able to provide the same level of output using (83.5%) of the input current or increase the output by (16.5%) using the same levels of input current if it is working relatively efficiently complete. According to the indicator of productivity, the number of public areas of the overall efficiency of the full terms of the relative efficiency of primary health care centers, is an (8) areas of increased (40%). The average relative efficiency of all government hospitals (89.9%), indicating that these hospitals can reduce the input current by (10.1%) and provide the same level of services (outputs) or greater service to the beneficiaries, by (10.1%) using the same input levels if the current operate with relative efficiency and the results showed that the number of areas of the overall efficiency of the full terms of the relative efficiency of their hospital (10) areas (50%). Based on the results of the study researcher recommends re-distribution of health resources, and most importantly manpower in primary health care centers and government hospitals with a view to optimal exploitation of these resources and to conduct further studies on the reasons for the lack of health facilities and relative efficiency to measure the impact of external factors on rates of efficiency.

Summary

The researchers found that are common issues connecting most of the studies about job satisfaction. The most important issue is the financial aspect. Some of the employees are getting less salary than they deserve. Some of them are being paid the same salary since a long time. Other employees were not promoted and not benefiting financially. The second important issue is the managerial conflicts whether with employers or coworkers. A lot of employees in the previous studies indicated some issues related to these aspects. Some of them even left their jobs because of issues concerning job security and interrelationships.

III. Study Procedures

Research Design:

The researchers used a descriptive method to describe the perception of administrative staff of Directorate of Health Affairs in Riyadh Region.

Study Population and Sampling: The researchers conducted the study on Administrative Employees working in Directorate of Health Affairs in Riyadh Region, Riyadh city, Kingdom of Saudi Arabia; which represent slightly more than 1000 employees.

Participants: Participants in this study were the Administrative Employees who are working in Directorate of Health Affairs in Riyadh Region, Riyadh City, King dome of Saudi Arabia. The Employees were selected randomly.

Sampling procedures: Participants were selected through a simple random sample with a number of 245 Employees.

Instrument: Items: The instrument used in this study is a questionnaire form. The questionnaire form consisted of three parts (1-Demographic and job information. 2- affiliation. 3-Opinion information).

The scale: 5 points Likert scale of two parts as follows: First part: Range from (Yes always to No never). Second part: Range from (Very Satisfied to Very Disappointed).

Validity and Reliability: Validity: The questionnaire was adopted from Majmaah University (August, 2014).

Reliability: Cronbach's alpha (SPSS) was used to measure the internal consistency reliability of the questionnaire as follow:

Cronbach's Alpha	No. of Items
.909	36

Data collection: The researchers distributed the questionnaire forms by themselves. The time for distributing the questionnaires took about two months from September 15, 2014 until November 15, 2014. 245 questionnaires were distributed, 242 questionnaires were returned and 3 were incomplete. The response rate was 98%.

Statistical Treatment: The data was analyzed using descriptive statistics. The analysis was conducted using Statistical Package for Social Science (SPSS) program, Version 20.

Study Limitation: The study might be affected by the shortage related to study instrument (Questionnaire); if the researchers conducted an interview they might get different results. Some departments were uncooperative and some employees were reluctant to participate. The number of female participant was small which might affect the conclusion about female employees. The researchers should have studied the non Saudi employees also and find out whether they have the same concerns. The study would produce more generalized conclusions if was conducted all health directorates over Kingdom of Saudi Arabia.

IV. Results

Socio-demographic variables:

Sex Distribution of Sample:

Table (1)

Variables level	Frequency	%
Male	217	89.7
Female	25	10.3
Total	242	100.0

Table (1) presents the sex distribution of the participants. It can be clearly seen that most of the participants were from male representing 89.7%.

Qualifications Distribution of Sample:

Table (2)

Variables level	Frequency	%
Less than high school	13	5.4
High school	36	14.9
Diploma	82	33.9
Bachelors	82	33.9
Higher education	29	12.0
Total	242	100.0

Table (2) presents the qualification distribution of the participants. It can be clearly seen that most of qualifications were bachelors 33.9% and diploma 33.9%.

Specialty Distribution of Sample:

Table (3)

Variables level	Frequency	%
Administrative	126	52.1
Health worker	100	41.3
Other	16	6.6
Total	242	100.0

Table (3) presents the specialty of the participants. It can be clearly seen that specialty in studying period was mostly administrative 53.1%.

Age Distribution of Sample:

Table (4)

Variables level	Frequency	%
20-30 years	59	24.4
>30-40	122	50.4
>40-50	52	21.5
>50 years	9	3.7
Total	242	100.0

Table (4) presents the age distribution of the participants. It can be clearly seen that most of the participants age was from 30-40 represent 50.4%.

Job Level Distribution of Sample:

Table (5)

Variables level	Frequency	%
Civil service	126	52.1
Health staff	103	42.6
Hospital operating Programs (HOP)	13	5.4
Total	242	100.0

Table (5) presents the socio-demographic characteristics of the participants. It can be clearly seen that participants' job level was mostly civil service 52.1

**Administrative Employees Perception Results:
Psychological Affiliation:**

Table (6)

Q	Statement	F	Approval					Mean *	Std. Dev.
		%	Never	Rare	Sometimes	Often	Always		
1	I emphasize on the success of the Directorate.	F	2	4	15	43	178	4.62	.749
		%	.8	1.7	6.2	17.8	73.6		
2	I make sure to draw a bright picture of the Directorate.	F	4	4	18	49	167	4.53	.836
		%	1.7	1.7	7.4	20.2	69		
3	I am proud to belong to this for the Directorate.	F	11	11	40	66	114	4.08	1.107
		%	4.5	4.5	16.5	27.3	47.1		
4	I am Upset of any criticism towards the Directorate.	F	27	32	73	51	59	3.34	1.286
		%	11.2	13.2	30.2	21.1	24.4		
Whole Mean			4.14						

We can see from table (6) that the participants vary in responding to the (psychological affiliation) with the mean range from $\mu= 4.62$ to $\mu=3.34$. The highest mean range was (I emphasize on the success of the Directorate). On the other hand, the lowest mean was for (I am Upset of any criticism towards the Directorate). The average mean was 4.14

*** Range:**

- 1.00 - 1.80 Never
- 1.80 - 2.60 Rare
- 2.60 - 3.40 Sometimes
- 3.40 - 4.20 Often
- 4.20 - 5.00 Always

Professional Affiliation:

Table (7)

Q	Statement	F	Approval					Mean	Std. Dev.
		%	Never	Rare	Sometimes	Often	Always		
1	My job develops my personal confidence.	F	11	7	31	63	130	4.21	1.072
		%	4.5	2.9	12.8	26	53.7		
2	I feel satisfied with my current performance.	F	7	4	37	76	118	4.21	.962
		%	2.9	1.7	15.3	31.4	48.8		
3	I care for my job in order to be promoted.	F	18	19	29	57	119	3.99	1.266
		%	7.4	7.9	12	23.6	49.2		

4	I feel that my job is developing my professional abilities.	F	12	17	44	67	102	3.95	1.155
		%	5	7	18.2	27.7	42.1		
5	I chose my own desired job.	F	45	9	31	52	105	3.67	1.512
		%	18.6	3.7	12.8	21.5	43.4		
6	I feel that my job does not match my qualifications.	F	82	24	67	33	36	2.66	1.441
		%	33.9	9.9	27.7	13.6	14.9		
7	I feel that my job is socially low.	F	112	25	62	19	24	2.25	1.368
		%	46.3	10.3	25.6	7.9	9.9		
Whole Mean		3.56							

We can see from table (7) that the participants vary in responding to the (professional affiliation) with the mean range from $\mu = 4.21$ to $\mu = 2.25$. The highest mean range was (My job develops my personal confidence). On the other hand, the lowest mean was for (I feel that my job is socially low). The average mean was 3.56

Managerial Affiliation:

Table (8)

Q	Statement	F	Approval					Mean	Std. Dev.
		%	Never	Rare	Sometimes	Often	Always		
1	My manager cares for my needs.	F	19	22	50	77	74	3.68	1.220
		%	7.9	9.1	20.7	31.8	30.6		
2	I noticed that procedures are complicated in the directorate.	F	20	38	84	51	49	3.29	1.195
		%	8.3	15.7	34.7	21.1	20.2		
3	My superior cares for my suggestions and developmental ideas.	F	22	40	76	55	49	3.29	1.221
		%	9.1	16.5	31.4	22.7	20.2		
4	I feel that administrative services provided for me are satisfactory.	F	28	42	94	51	27	3.03	1.139
		%	11.6	17.4	38.8	21.1	11.2		
5	It is easy to meet my superiors.	F	32	54	72	52	32	2.99	1.226
		%	13.2	22.3	29.8	21.5	13.2		
6	Superiors listen to employee's opinions and complaints.	F	38	54	69	56	25	2.90	1.222
		%	15.7	22.3	28.5	23.1	10.3		
7	The directorate seeks to fulfill the employee's needs.	F	33	60	81	48	20	2.84	1.142
		%	13.6	24.8	33.5	19.8	8.3		
8	The directorate gives me a lot of facilitations.	F	36	57	81	47	21	2.83	1.162
		%	14.9	23.6	33.5	19.4	8.7		
9	I feel that procedures in the directorate are clear.	F	47	42	94	36	23	2.78	1.198
		%	19.4	17.4	38.8	14.9	9.5		
Whole Mean		3.07							

We can see from table (8) that the participants vary in responding to the (managerial affiliation) with the mean range from $\mu = 3.68$ to $\mu = 2.78$. The highest mean range was (My manager cares for my needs). On the other hand, the lowest mean was for (I feel that procedures in the directorate are clear). The average mean was 3.07

Managerial System:

Table (9)

Q	Statement	F	Approval					Mean *	Std. Dev.
		%	Strongly unsatisfied	Unsatisfied	Neutral	Satisfied	Strongly satisfied		
1	The supervision of your manger towards your performance.	F	6	11	47	98	80	3.97	.966
		%	2.5	4.5	19.4	40.5	33.1		
2	Job attendance system.	F	6	17	48	89	82	3.93	1.020
		%	2.5	7	19.8	36.8	33.9		
3	The level of workflow in my section.	F	6	15	42	108	71	3.92	.967
		%	2.5	6.2	17.4	44.6	29.3		
4	Your current work compared with your previous experience.	F	6	26	46	100	64	3.79	1.032
		%	2.5	10.7	19	41.3	26.4		
5	Justice in the distribution of work load.	F	17	33	62	75	55	3.49	1.185
		%	7	13.6	25.6	31	22.7		
6	Training opportunities provided to you.	F	47	58	49	48	40	2.90	1.369
		%	19.4	24	20.2	19.8	16.5		
Whole Mean		3.67							

We can see from table (8) that the participants vary in responding to the (managerial system) with the mean range from $\mu= 3.97$ to $\mu=2.90$. The highest mean range was (The supervision of your manger towards your performance).On the other hand, the lowest mean was for (Training opportunities provided to you).The average mean was 3.67

Financial Incentives System:

Table (10)

Q	Statement	F	Approval				Mean	Std. Dev.	
		%	Strongly unsatisfied	Unsatisfied	Neutral	Satisfied			Strongly satisfied
1	Gratitude from your manager.	F	7	23	37	89	86	3.93	1.071
		%	2.9	9.5	15.3	36.8	35.5		
2	Promotion procedures.	F	23	39	48	75	57	3.43	1.271
		%	9.5	16.1	19.8	31	23.6		
3	The amount of your salary compared to the size of your work load.	F	33	44	44	80	41	3.21	1.302
		%	13.6	18.2	18.2	33.1	16.9		
4	The distribution of financial awards.	F	65	45	64	45	23	2.65	1.309
		%	26.9	18.6	26.4	18.6	9.5		
5	The distribution of overtime.	F	91	43	58	30	20	2.36	1.317
		%	37.6	17.8	24	12.4	8.3		
Whole Mean			3.12						

We can see from table (9) that the participants vary in responding to the (financial incentives system) with the mean range from $\mu= 3.93$ to $\mu=2.36$. The highest mean range was (Gratitude from your manager). On the other hand, the lowest mean was for (The distribution of overtime). The average mean was 3.12

Communication with Fellow Colleagues:

Table (11)

Q	Statement	F	Approval				Mean	Std. Dev.	
		%	Strongly unsatisfied	Unsatisfied	Neutral	Satisfied			Strongly satisfied
1	Your relationship with your colleagues.	F	2	1	4	58	177	4.68	.613
		%	.8	.4	1.7	24	73.1		
2	The assistance of your colleagues when having work load.	F	2	6	16	98	120	4.36	.782
		%	.8	2.5	6.6	40.5	49.6		
3	The manger values me when having work load.	F	10	9	40	83	100	4.05	1.049
		%	4.1	3.7	16.5	34.3	41.3		
4	Having the opportunity to participate in activities.	F	22	30	63	74	53	3.44	1.218
		%	9.1	12.4	26	30.6	21.9		
Whole Mean			4.13						

We can see from table (10) that the participants vary in responding to the (communication with fellow colleagues) with the mean range from $\mu= 4.68$ to $\mu=3.44$. The highest mean range was (Your relationship with your colleagues). On the other hand, the lowest mean was for (Having the opportunity to participate in activities).The average mean was 4.13.

Overall Job Satisfaction

Table (12)

	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly unsatisfied	6	2.5	2.5	2.5
Unsatisfied	16	6.6	6.6	9.1
Neutral	70	28.9	28.9	38.0
Satisfied	111	45.9	45.9	83.9
Strongly satisfied	39	16.1	16.1	100.0
Total	242	100.0	100.0	

We can see from table (8) that the participants vary in responding to the (The overall job satisfaction) 45.9% strongly satisfied, 28.9% satisfied, 28.9% of participants reported neutral. 6.6% unsatisfied. 2.5% strongly satisfied.

V. Summary, Discussion And Recommendations

Summary:

There are a lot of studies and articles that described Employees Satisfaction in different countries such as: Japan, Palestine, Nigeria, Ethiopia, Namibia, Uganda, Turkey, Netherlands and Saudi Arabia. This study is conducted to explore the perception of administrative employees working in The Directorate of Health Affairs in Riyadh Region. The aim of this study is to seek perception of administrative employees and will help to improve their performance and give some ideas to improve services in a way that satisfy employees. The research is a descriptive study. The researchers used questionnaire to collect information. The questionnaire consisted of two parts each contained five points Likart scale. 245 questionnaires were distributed and the response rate was 98%. Data were analyzed by SPSS program (version 20).

VI. Discussion

Looking at the results of this study it showed majority of respondents were male in The Directorate of Health Affairs in Riyadh Region. Qualifications data of the participants showed that most of them are having higher education degree. Specialty of participants during their study time where administrative and were health workers that practicing administrative duties which showing uneven distribution of jobs. Participants' age data showed that most of them were young aged between 30-40 years old which is relevant with having higher education. The average health worker is not young with mean age 39 years old (Uganda Ministry of Health 2007). The job level data showed that most of participants are civil service workers and near to this percentage is health staff participants which explains the number of participants having health specialty. There were statistically significant differences in age group, working experience and position (Iiping et al 2006). Educational status, age and position are the factors that determine the perception of health workers towards their institutional structure while work place and Educational status for institutional leadership (Iiping et al 2006).

The results of Psychological Affiliation showed that most of participants are satisfied. The majority agreed on the importance of the Directorate success. Few participants showed no care for the criticism towards the Directorate.

The results of Professional Affiliation showed that most of participants are satisfied. The majority agreed that their job develops their personal confidence. Few participants showed that their job is socially low. Employees were not satisfied with the match between the job and the worker which agrees with the study of (Uganda Ministry of Health 2007).

The results of Managerial Affiliation showed that most of participants are unsatisfied. The majority disagreed that their manager cares for their needs. Few participants agreed that procedures in the directorate are clear. This study disagrees with (Iiping et al 2006) in Japan which found that the highest satisfaction reported was for the freedom to choose the method of working followed by the amount of variety on the job.

The results of Managerial System showed that most of participants are satisfied. The majority were satisfied with the supervision of their manger towards their performance. Few participants were satisfied with training opportunities provided to them. Support for staff welfare and training; appear to play a significant role in affecting health workers' satisfaction with their work (Chirdan et al 2009). Various factors influencing staff retention and mobility can be distinguished (Marjolein 2006). Health system related factors, such as human resources policy and planning job satisfaction, influenced by health facility factors, such as working conditions, management capacity and styles, professional advancement and safety at work (Marjolein 2006).

The results of Financial Incentives System showed that most of participants are unsatisfied. The majority were satisfied with gratitude from their manager. Few participants were unsatisfied with the distribution of overtime. Most of the literature of reviewed studies agreed with this point of this study (Khamlub et al 2011) in JAPAN, (Chirdan et al 2009) in NIGERIA, (Ayalew et al 2012) in ETHIOPIA, (Iiping 2006) in NAMIBIA, (MOLLAHALGLOGLU 2010) in TURKEY, and (Marjolein 2006) in NETHERLANDS.

The results of Communication with Fellow Colleagues showed that most of participants are satisfied. The majority were satisfied with their relationship with their colleagues. Few participants were satisfied with having the opportunity to participate in activities. Nonmonetary factors such as interpersonal relationships appear to play a significant role in affecting health workers' satisfaction with their work (Chirdan et al 2009). This study disagrees with (Ayalew et al 2012) that perception of health worker towards their institutional structure is poor and would not value its employees.

The results of Overall Job Satisfaction showed that most of participants are satisfied with a percentage of (62%). This study agrees with findings of (Khamlub et al 2011), (Chirdan et al 2009), and (Uganda Ministry of Health 2007).

VII. Recommendations

More attention should be paid to the professional affiliation of the employees especially matching the experience and qualification of the employee to the current job. The managerial system must be change in a

manner that ease procedures and comfort employees. Financial incentives system must be reorganized and there must be consideration to employees' overtime and financial awards. Moving towards electronic government is a crucial need if we want to keep up with the global order. Assigning well qualified-experienced managers is very important in dealing with work flow. Paying more attention to employees training, and giving them the chance to interact with decision making is crucial. Justice in job duties distribution is affecting some employee's productivity which must be considered. Giving employees more space to innovate in their job and encouraging them to be part of the responsibility. Elimination of paperwork and use of technology will improve employees' performance. Health staff should not have administrative duties in supervisory facilities, and they should practice their duties in medical facilities.

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