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Relationship Between Job Satisfaction and Mental Health among Medical Staff Working in Masasi District Hospitals and Healthcare Centers, Tanzania

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ABSTRACT
Work is an inseparable part of our livesandit brings respect and a sense of worthiness.The current cross-sectional correlational research design was carried out to investigate the relationship between job satisfaction and mental health among the medical staff working in Masasi District, Tanzania; to investigate the level of job satisfaction among the medical staff; to establish the prevalence of mental health among the medical staff; and to measure the relationship between job satisfaction and mental health among the medical staff. Systematic random sampling technique was used to obtain 223 participants for the study. Self-administered questionnaires which include job satisfaction scale by Brayfield and Rothe and mental healthscale by Goldberg and Hillier (GHQ-28). Descriptive and inferential statistics were used to analyze the data. In regard to objective one, the results shows that the participants with negative job satisfaction were 53.8% (n = 120) compared to those participants with positive job satisfaction 46.2% (n = 103). The result in objective two revealed non-disordered somatic symptoms were higher 70.3% compared to disorder at 29.7%. As for anxiety/insomnia symptoms the results show non-disordered 61.4% compared to 38.6% disordered. As regard to social dysfunction, the results indicate that the participants with non-disordered social dysfunction symptoms were higher 74.9% compared disordered at 25.1%. With reference to participants with severe depression, the results shows that the participants with non-disordered severe depression symptoms were higher 78.5% compared with disordered at 21.5%. The results in objective three show that there was a significant relationship between job satisfaction and mental health among the participants (p = .000).

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I. Introduction and Background of the Study

Mental health disorder has been considered as one of the critical problems at workplace as a result of job related stress (Hassard, 2022).The research from the World Science News (2015) found a close link between job satisfaction and mental health. The research showed that, dissatisfied employees resigned while satisfied employees enjoyed their job and were happy, enjoyed good mental health, lived longer and healthily than those who were not satisfied with their job. Among the problems of work related stress include low payment, lack of essential working tools, work overload, lack of advancement opportunity, poor working conditions and lack of motivations (Heath Career, 2012). Poor working conditions have resulted to burnout, insomnia, chronic depression, and anxiety among the medical staff (Sateia, 2014). According to Kato et al. (2014), Kim et al. (2013), and Kuroda (2016) long working hours and heavy workloads have been the major conditions that affect employees' mental health. For example, a research carried out at Harvard University by the medical school among 600,000 people shows that those who were working for more than 55 hours per week were having 13% great risk of heart attack and 33% are more likely to suffer from stroke, compared to those who worked 35-40 hours per week (Ross, 2015). This could be true if people do not work according to description of the law given by their specific countries.

The research which was conducted in Iran among the nurses shows the relationship between job satisfaction and mental health among the medical workers. The research showed that nurses were subjected to a high level of stress due to work related stress, (Poursadeghiyan,et al., 2016). The study included 250 participants and the results showed that 35.6% were dissatisfied with their work, while 68% of the nurses were having

medium to higher degree of stress due to the nature and conditions of their work. Only 7.2% were satisfied with their job and were mentally healthy. The study also showed that 18.8% of them were having depression and 31.2% developed severe anxiety.A research by Janyam (2011) carried in Indonesia reported job dissatisfaction among the medical workers with 33.5% of the workers developed mental health disorders like anxiety, depression and somatic symptoms as a result of job satisfaction. This clearly reveals the widespread problem of job dissatisfaction and its related health consequences among the medical staff. This, ultimately, is an indicator that in order to adequately deal with mental health challenges among the health workers, something needs to be done urgently.

A study carried in a teaching hospital in Benin and Nigeria, Ofili et al. (2013) by using GHQ-28,reported a level of psychological problem of 14% and 18% among the doctors and nurses as a result of job dissatisfaction. In South Africa, job satisfaction among the nurses and doctors is reported to be below the mean average, that is, more than 50% of healthcare workers are experiencing negative job satisfaction and further suffer from mental health disorder like depression, insomnia and stress (Pillay, 2009). A study by Mohase and Khumalo (2014) shows that 56% of the mental health professional workers reported that availability of resources for work was a major problem that determined employees' job satisfaction. Further, 66.0% were satisfied with immediate supervisor's jobs and 65% of the nurses were dissatisfied with their job (Mohase&Khumalo, 2014). Those dissatisfied with their jobs end up suffering from mental health disorder. In Uganda, Hagopian et al. (2009) reported that 49% of health workers are satisfied with their job while 51% of the health workers are not satisfied with their job, especially when it comes to compensation, working conditions, motivations and workload. The research further indicates that about one in four healthcare workers are likely to leave the country to look for job opportunities in other countries (Hagopian et al., 2009 and Connell et al., 2007).These findings are clear indication that many healthcare workers in Africa are not happy with their working situations and this explains why many of them would constantly be looking for better working conditions in other countries outside the continent.

Job satisfaction in Kenya among the health workers is also a big challenge. Kenya has a long history of demonstrations by health workers demanding increment of salaries and improvement of working conditions (Owenga, 2020). Recently, the problem has become acute as many health workers went on strike countrywide leaving many patients stranded in many public hospitals. Majority have left the country to look for job opportunities in other countries especially in USA and United Kingdom. Research by World Health Organization (2015), in Kenya, shows that between the years 1999 to 2007, 22% of nurses emigrated from Kenya to America. Today it is between 30%, and 65.1% are dissatisfied with their job while 14.7% of the medical workers experience mental health problems (Stansfeld et al., 2016). Women working as full-time employees are nearly twice the number of men. That is 19.8% of women and 10.9% men (Stansfeld et al., 2016). With the prevalence of Covid-19, the percentage might be higher.

In Tanzania, most of the medical staff are not satisfied with their job. A research done by Muhondwa et al. (2008) in Muhimbili National Hospital shows that more than 39% of the medical staff was dissatisfied with their job. The study shows that 66.7% of the nurses, 63.3% of the doctors and 54.5% of other clinical staff was not happy with salaries and job motivation. Another research which was done among the healthcare staff providing service for prevention of mother-to-child transmission of HIV in Dar es Salaam shows that over 54% of the health providers were dissatisfied with their job while 35% of them intended to leave their job and 30% were likely to experience mental health problem (Tanzania, Ministry of Health and Social Welfare, 2013). In many parts of Tanzania unemployment rate has shut up the health workers' voices for they fear losing their jobs. If this is true for many parts of the world and Tanzania specifically (Muhondwa et al., 2008; and Heath Career, 2012), the medical staff in Masasi might also experience job dissatisfaction and suffer from mental health disorder. Therefore, due to the limited studies in Masasi, this research is timely as it itends to investigate the level of job satisfaction, the privalence of mental health and the relationship between job satisfaction and mental health disorder among medical staff.

II. Methodology

The study is based on positivism, the view which assumes that a social phenomenon is to be studied using only the method of natural sciences (Creswell, 2011). Quantitative method of data collection and analysis was chosen in order to test the objective theories and relationship among the variables can be measured and data can be analyzed statistically.Cross-sectional correlational survey design was used. The study has be conducted among the medical staff in Masasi District, Tanzania. The targeted population involves 526 medical staff, including doctors, nurses, physicians, pharmacists, dentists and medical assistants, both gender, age between 18 and 65 years and who was present in Masasi District at the time of data collection.Samples of 223 were arrived at using Krejcie and Morgan (1970) formula.

The study embraces multiple-stage sampling techniques. In the first stage, the study applies simple random approach to determine a sample out of mixed medical staff in different hospitals and health care

centers.The second stage of the sampling techniquewas proportionate stratified random sampling. Systematic sampling technique was used also to identify participants for this study. The study used three kinds of questionnaires, demographic questionnaires and two standardized questionnaires. Job satisfaction scale developed by Brayfield and Rothe (1951) with 19 items;and mental healthscale (GHQ-28)developed by Goldberg & Hillier (1979) scale with 28 items.The study involved 22 respondents for pre-testing. The Cronbach's Alpha for job satisfaction scale was 0.87 while, GHQ-28 was found to be reliable for the subscale at 0.82 and internal consistency of the total scale was 0.92. According toCronbach, et al. (1965) a good scale indicates also good internal consistency of data collection tools.

Data was analysed statistically using the Statistical Package for the Social Sciences (SPSS) version 23. Descriptive and inferential statistics was usedto present the frequency,percentage, mean, standard deviation, and Chi-Square test was used to test the relationship.The descriptive statics of the key socio-demographic characteristics of the participants are presented to show their percentage of score. The study also used Pearson's 'r' correlation, Coefficients (Regression Analysis Showing the Predictive Variables); Fisher's Exact Test was used to showing relationship between job satisfaction and mental health among the medical staff. Inferential analysis was also done to test the hypothesis.The study followed all the procedures in data collection including getting ethical clearance from Tangaza University College Research Ethics Committee (TUCREC), permission from Tanzania Commission for Science and Technology (COSTECH), permission from the District Commissioner and healthcare management in Masasi District and permission from each hospital and healthcare centers.

III. FINDINGS

Demographic Characteristics of the Participants

The social-demographic characteristics of the participantswere presented by using the descriptive scheme that include; age group, gender, marital status, educational level completed, the way they relate with the hospital management, and time that they had been working as a medical staff. The results of the demographic characteristics imply that the study responses were so representative and it shows that it has not suffered biases as the study respondents cut across different demographic characteristics. The result shows that the majority of the participants were between the age of 18-33 years old with 52.5% (n = 117), compared to 34-54 years old at 39.0% (n = 87) and 55-65years old at 8.5% (n = 19). In terms of Participant's gender, the result shows that female participants were higher 57.8% (n = 129) compared to male participants at 42.2% (n = 94). In regard to marital status, single participants were higher at 47.5% (n = 106) compared to married 46.2% (n = 103), divorced 2.7% (n = 6), separate 2.2% (n = 5) and widowed at 1.3% (n = 3). In terms of education, the result shows that most of the participants were having diploma 39.2% (n = 87) compared with certificate 35.1% (n = 78), bachelor 23.9% (n = 53), PGD/masters1.8% (n = 4). The result also indicated that those participants with good relationship with the management were higher at 42.2% (n = 94), followed by very good relationship 28.7% (n = 64), moderate relationship 25.1% (n = 56), with bad relationship 3.1% (n = 7), and lastly those with very bad relationship at 0.9% (n = 2). Further, the result indicated that 41.3% (n = 92) of the participants have been working for the period of 7-10 and above, compared to 19.3% (n = 43) worked for 3-4years, 16.1% (n = 36) for 1-11months, 12.1% (n = 27) worked for 5-6years and 11.2% (n = 25) worked for 1-2years.

Relationship between Job Satisfaction and Mental Health Disorder

The third objective of this study was to measure the significant relationship between job satisfaction and mental health of the participants. To determine whether there is a relationship between these two variables, Pearson's correlation was done aiming to determine whether the correlation is positive or negative. Further, to determine the degree of correlation (Pearson's 'r' Coefficient p-value) was carried out. Linear regression test was also done to determine the relationship of the variables. Table 1 presents the descriptive statistics of participant's scores in mean of mental health and on the positive and negative job satisfactions.

Table1: **Descriptive Statistics of Participant's Scores in Mean of Mental Health and Job Satisfactions**

						95% Confidence Interval for Mean	
			ean	Std. Deviation	td. Error	Lower Bound	Upper Bound
Somatic symptoms	Positive job satisfaction	103	.04	.195	.019	.00	.08
	Negative job satisfaction	120	.52	.502	.046	.43	.61

Anxiety/insomnia	Positive job satisfaction	103	.06	.236	.023	.01	.11
	Negative job satisfaction	120	.67	.473	.043	.58	.75
Social dysfunction	Positive job satisfaction	103	.08	.270	.027	.03	.13
	Negative job satisfaction	120	.39	.490	.045	.30	.48
Depression	Positive job satisfaction	103	.05	.217	.021	.01	.09
	Negative job satisfaction	120	.35	.479	.044	.26	.44

As regards the participant's scores on somatic symptoms, the mean of negative job satisfaction was higher .52 ± (SD: .502) as opposed to positive job satisfaction at .04 ± (SD: .195). Also, relationship of anxiety/insomnia shows higher mean on negative job satisfaction at .67 ± (SD: .473), compared with positive job satisfaction at .06 ± (SD: .236). Similarly, the interaction of social dysfunction was high in the mean of negative job satisfaction at .39 ± (SD: .490), as opposed to positive job satisfaction which stands at .08 ± (SD: .270). In addition, the scores on severe depression was associated with the mean of negative job satisfaction at .35 ± (SD: .479) as opposed to positive job satisfaction .05 ± (SD: .217). This implies that, negative job satisfaction and mental health disorder exist among the participant in this study because the score in negative job satisfaction mental health disorder is higher than in positive job satisfaction and non-disordered mental health.

Correlation between Job Satisfaction and Mental Health

Pearson's correlation was carried to establish the type and extent of correlation, between job satisfaction and mental health among the medical staff, in Masasi District, Tanzania. Table 2 presents the Pearson's correlation analysis of the findings.

***Table 2:*Correlations Between Job Satisfaction and Mental Health**

		Job satisfaction diagnosis	somatic symptoms	anxiety/insomnia symptoms	social dysfunction symptoms	severe depression symptoms
Job satisfaction diagnosis	Pearson Correlation	1				
	Sig. (2-tailed)					
	N	223				
somatic symptoms	Pearson Correlation	.521**	1			
	Sig. (2-tailed)	.000				
	N	223	223			
anxiety/insomnia	Pearson Correlation	.622**	.373**	1		
	Sig. (2-tailed)	.000	.000			
	N	223	223	223		
social dysfunction	Pearson Correlation	.362**	.334**	.250**	1	
	Sig. (2-tailed)	.005	.000	.000		
	N	223	223	223	223	
severe depression	Pearson Correlation	.367**	.459**	.425**	.367**	1
	Sig. (2-tailed)	.000	.000	.000	.000	
	N	223	223	223	223	223

**. Correlation is significant at the 0.01 level (2-tailed).

Table 2indicates that there was a significant positive correlation betweenjob satisfaction and somatic symptoms at(r = .521; p = .000),job satisfaction and anxiety/insomnia was (r = .622, p = .000),job satisfaction and social dysfunction was (r = .362, p = .005) and job satisfaction and severe depression was (r = .367, p = .000). This implies that job satisfaction and somatic symptoms, anxiety/insomnia, social dysfunction and severe

depression move in the same direction. This suggests that when negative job satisfaction goes up, somatic symptoms, anxiety/insomnia, social dysfunction, and severe depression also become severe, at the same time when there is positive job satisfaction somatic symptoms,anxiety/insomnia, social dysfunction, and severe depression also decrease.

Correlation between Demographic Factors with Job Satisfaction and Mental Health

Using Pearson's 'r' correlation both job satisfaction and mental health were tested to see their relation with demographic factors. Table 3 below presents the correlation test carried out on the correlation between demographic factors with job satisfaction together mental health.

Table 3:Correlations Between Demographic Factor and Job Satisfaction VS Mental Health

		Participant's age categories	Participant's gender	Participant's marital status	Participant's education level	Duration of working as a medical staff at hospital/health canter	Partcipant's scores on positive Job satisfaction	Partcipant's scores on negative Job satisfaction	somatic symptoms	anxiety/insomnia	social dysfunction	severe depression
Participant's age categories	Correlation	1										
	Sig.											
	N	223										
Participant's gender	Correlation	.235**	1									
	Sig.	.000										
	N	223	223									
Participant's marital status	Correlation	.025	.133*	1								
	Sig.	.712	.047									
	N	223	223	223								
Participant's education level	Correlation	-.168*	-.216**	-.007	1							
	Sig.	.012	.001	.916								
	N	223	223	223	223							
Duration at work	Correlation	.494**	.163*	-.048	-.116	1						
	Sig.	.000	.015	.480	.085							
	N	223	223	223	223	223						
Positive Job satisfaction	Correlation	-.055	.045	-.094	-.052	-.111	1					
	Sig.	.411	.507	.161	.437	.100						
	N	223	223	223	223	223	223					
Negative Job satisfaction	Correlation	.051	.001	.084	.057	.091	-.843**	1				
	Sig.	.450	.984	.214	.401	.175	.000					
	N	223	223	223	223	223	223	223				
somatic symptoms	Correlation	.089	-.081	.102	.135*	.053	-.574**	.579**	1			
	Sig.	.186	.230	.129	.045	.432	.000	.000				
	N	223	223	223	223	223	223	223	223			
anxiety/insomnia	Correlation	.108	-.011	-.026	.076	.073	-.616**	.643**	.373**	1		
	Sig.	.107	.871	.696	.263	.282	.000	.000	.000			
	N	223	223	223	223	223	223	223	223	223		
social dysfunction	Correlation	.001	-.100	.029	.029	.067	-.522**	.461**	.334**	.250**	1	
	Sig.	.994	.139	.673	.671	.31 7	.000	.000	.000	.000		
	N	223	223	223	223	223	223	223	223	223	223	
Severe depression	Correlation	.043	-.047	.048	.076	.043	-.503**	.486**	.459**	.425**	.367**	1
	Sig.	.521	.487	.478	.258	.525	.000	.000	.000	.000	.000	.000
	N	223	223	223	223	223	223	223	223	223	223	223

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

The Pearson correlation for negative job satisfaction and age, gender, marital status, education and duration spent at work as medical staff was age at (r = .051, p = .450, n = 223), gender at (r = .001, p = .984, n = 223), marital status at (r = .084, p = .214, n = 223). While educational level at (r = .057, p = .401, n = 223) and duration spent at work as medical staff at (r = .091, p = .175, n =223). Both were statistically insignificant

because of the significant (2-tailed) value was above .05. This implies that negative job satisfaction is not influenced by age, gender, marital status, and duration spent by medical staff at work.

The Pearson's correlation between positive job satisfaction and age, marital status, education and duration spent at work as medical staff was negative correlation, age at (r = -.055, p = .411, n = 223), marital status at (r = -.094, p = .161, n = 223), educational (r = -.052, p = .437, n = 223) and duration spent at work (r = -.111, p = .100, n = 223), but gender indicated positive correlation (r = .045, p = .507, n = 223). The study indicated both insignificant relationship due to the fact that significant (2-tailed) value was above .05. This implies that positive job satisfaction is not influenced by age, gender, marital status, education and duration spent of medical staff at work.

The Pearson's correlation for somatic symptoms and age, marital status, education and duration spent by medical staff at work was, age at (r = .089, p = .186, n = 223), marital status (r = .102, p = .129, n = 223), education (r = .135, p = .045, n = 223) duration spent of medical staff at work at (r = .053, p = .432, n = 223), while gender had a negative correlation at(r = -.081, p = .230, n = 223). Age, marital status, education and duration spent by medical staff at work was insignificant because of the significant (2-tailed) value was above .05. Conversely, the study shows that education has an influence on somatic symptoms.

The Pearson's correlation for anxiety/insomnia and age was (r = .108, p = .107, n = 223), gender stood at (r = -.011, p = -.871 n = 223) negative correlation, marital status was (r = .026, p = .696, n = 223), education (r = .076, p = .263, n = 223) and duration spent by medical staff at work, resulted (r = .073, p = .282, n = 223). Both resulted into insignificant correlation due to the fact that significant (2-tailed) value was above .05. This implies that, both do not influence anxiety/insomnia.

The Pearson's correlation for social dysfunction and age was (r = .001, p = .994, n = 223), gender was (r = -.100, p = .139 n = 223), marital status was (r = .029, p = .673, n = 223), education was (r = .029, p = .671, n = 223) and duration spent by medical staff at work was (r = .067, p = .317, n = 223). Both resulted into insignificant correlation due to the fact that significant (2-tailed) value was above .05. This implies that social dysfunction is not influenced by age, gender, marital status, education and duration spent of medical staff at work.

The Pearson's correlation for severe depression and age was (r = .043, p = .521, n = 223), gender was (r = -.047, p = .487 n = 223), marital status was (r = .048, p = .478, n = 223), education was (r = .076, p = .258, n = 223) and duration spent by medical staff at work was (r = .043, p = .525, n = 223). All resulted into insignificant correlation due to the fact that significant (2-tailed) value was above .05.This implying that social dysfunction is not influenced by either of age, gender, marital status, education or duration spent of medical staff at work.

Determining the Variable A and Variable B of the Study (the predictive variables)

In this study, the coefficients acquired from the linear regression analysis was carried to further predict the variables per the objectives of the study in order to determine if the proposed variable A (job satisfaction) and Variable B (mental health) influence each other as it is presented in Table 4.

***Table4:*Coefficients (Regression Analysis Showing the Predictive Variables)**

Model		Unstandardized Coefficients		Standardized Coefficients			95.0% Confidence Interval for B	
		B	Std. Error	Beta	T	Sig.	Lower Bound	Upper Bound
1	(Constant)	1.215	.033		37.281	.000	1.151	1.279
	Somatic symptoms	.333	.061	.305	5.429	.000	.212	.454
	Anxiety/insomnia	.496	.056	.485	8.914	.000	.386	.606
	Social dysfunction	.174	.061	.151	2.861	.005	.054	.294
	Severe depression	-.042	.071	-.034	-.592	.554	-.182	.098

a. Variable A: Job satisfaction diagnosis

Table 4 presents the linear regression to model the relationship between mental health conditions and job satisfactions by fitting a linear equation to observe the data. In this model, viable B was considered to be an explanatory variable, and Variable A was considered to be the dependent variable. The result shows that somatic symptoms has a β of .305 at a significance level of .000, and t = 5.429, anxiety/insomnia has a β of .485 at a significance level of .000 and t = 8.924, and social dysfunction has a β of .151 at a significance level of .005 and t = 2.861, while severe depression has a β of -.034 at a significance level of .000 and t = -.592. (The t of each coefficient β needs to be greater than 2 or less than -.2; and the significance level less than .05). This implies the presence of significant relationship between job satisfaction and mental health.

The results also indicated that somatic symptoms have a positive coefficient on job satisfaction (β .333) and it show the significance because p value is .000 which is less than .05. In the same way anxiety/insomnia has a

positive coefficient on job satisfaction (β .496) and it shows the significance because the p value is .000 which is less than .05 and social dysfunction has a positive coefficient on job satisfaction (β .174) and it indicate significance because p value is .000 which is less than .05. But severe depression has a negative coefficient on job satisfaction (β -.042) and with the p value is .000 which is significant. Therefore, the study indicates the existence of strong linear relationships between somatic symptoms (p = .000), anxiety/insomnia (p = .000), social dysfunction (p =.005), severe depression (p = .000) and job satisfaction.

Testing the Hypothesis

In this study, all the two hypotheses were tested using ANOVA. From the findings null hypothesis that there was no significant difference in the means of mental health in terms of somatic symptoms and job satisfaction (p = .000), anxiety/insomnia and job satisfaction (p = .000), social dysfunction and job satisfaction (p = .000) and depression and job satisfaction (p = .000) was rejected, hence; the alternative hypothesis was accepted. This means that there is a significant relationship between job satisfaction and mental health among the participants.

IV. Discussion

Relationship between Job Satisfaction and Mental Health among the Medical Staff

It is evident from the data gathered that there is a relationship between job satisfaction and mental health. According to the current study, 53.8% (n = 120 out of 223) were having negative job satisfaction. At the same time, those with disordered somatic symptoms were 29.7% (n = 67), anxiety/insomnia were 38.6% (n = 86), Social dysfunction were 25.1% (n = 56), and severe depress were 21.5% (n = 48) majority of the participants have been working for a period of 7-10 years 41.3 (n = 92). The findings is supported by the research from the International Health Care (IHC)which shown a close relationship between job satisfaction and mental health among the medical staff. The research reported that"41.9% of the health workers had symptoms of anxiety, 37.5% had depression symptoms and 33.9% had insomnia symptoms as a result of job dissatisfaction" (IHC, 2012, p.16). On top of that, International Health Care reported that 74% of the nurses registered on 18th Dec. 2012 were dissatisfied with healthcare career, while 26% were unsatisfied, 54% of the doctors in the same year reported dissatisfaction with their job choice; 7.4% of the nurses developed mental health problems as a result of burnout. Further, the current studyis also supported by a study done in Iran by Mohsen et al. (2016) which included 250 participants and whose results showed that 35.6% of the participants were dissatisfied with their work, while 68% of the nurses were having medium to higher degree of stress due to the nature and conditions of their work.

The current study also indicated positive correlation and significant relationship between somatic symptoms and job dissatisfaction (r = .521, p = .000). This implies that job satisfaction and somatic symptoms move in the same direction meaning that when the negative job satisfaction increases or goes up, the somatic symptoms also become severe. The study also indicated significant correlation between job satisfaction and anxiety/insomnia symptoms (r = .622, p = .000). This implies that the negative job satisfaction and severity of anxiety/insomnia symptoms move in the same direction. This suggests that when negative job satisfaction goes up, the level of anxiety/insomnia symptoms also become severe. The finding is supported by a study by Nadinloyi (2013)and reported week but significant negative correlation between anxiety and job satisfaction (p < 0.05).

The Pearson's correlation for social dysfunction and job satisfaction was (r = .362, p = .005). The test shows a positive and significant correlation between job satisfaction and social dysfunction symptoms. This implies that negative job satisfaction and social dysfunction symptoms move in the same direction. This suggests that when negative job satisfaction goes up the social dysfunction symptoms also become severe. This is supported by a study carried by Olatunde, &Odusanya (2015) who reported the presence of significant and positive relationship between the variables with the level of (X2 = 15.13, p = 0.003).

The research carried in Pak Emirates Hospital Rawalpindi in Pakistan showed that job dissatisfaction can intensify psychological distress among the clinicians. Job distress was reported by 20 participants, equal to 74.1%; 40 participants, equal to 55.6% and 12 equal to 16.7% of unsatisfied participants (Khaula et al., 2018). Apart from distress and severe distress were reported by 149 (67.4%), 44 (19.9%) and 28 (12.7%) respondents. This is a clear sign that job dissatisfaction can lead to psychological distress among the medical staff.

The research which was conducted in South Africa among the nurses also reported the existence of close relationship between job satisfaction and mental health. The research reported that only 12% of the nurses were satisfied with their salaries, 9% were satisfied with promotion at work (Khamisa et al., 2015). Only 15% were satisfied with the management or supervision; 14% were satisfied with their coworkers and 3% satisfied with the nature of the work. Nurses dissatisfied with the conditions of work were having mental health problems: 7% were having somatic symptoms; 11% were having social dysfunction; 5% were having severe depression symptoms while 11% were having anxiety and insomnia.

The current study is also supported by the study conducted in Moshi Kilimanjaro Christian Medical Center (KCMC) reported the existence of job dissatisfaction among the medical workers. In the study 257 medical healthcare workers were interviewed using SPSS 23 version, and the results showed that job satisfaction among the medical staff was 49%, and 51% dissatisfaction (Msanya, 2020). Nurses had the highest job dissatisfaction of 60.2% followed by doctors with 51.6%; and 12% were stressed and depressed (Msanya, 2020).

In relation to demographic characteristics, the study indicated significant relationship between the two variables (job satisfaction and mental health) and participant's relationship with hospital management (p = .000) and length of period spent by participants at the hospital as a medical staff (p = .000). The study by Olatunde and Odusanya, (2015) in Nigeria, among the nurses reported that 84.5% of the nurses had high positive psychological wellbeing while 15.5% had psychological distress at workplace, with thelevel of X2 = 15.13, p = 0.003,of significant positive relationship between job satisfaction with psychological well-being.

In this study, the coefficients acquired from the linear regression analysis was carried to further predict the variables per the objectives of the study in order to determine if the proposed variable A (job satisfaction) and Variable B (mental health) influence each other. The results show that somatic symptoms have a positive coefficient on job satisfaction (β .333) and it shows the significance because the p value of .000 is less than .05. In the same way, anxiety/insomnia has a positive coefficient on job satisfaction (β .496) and it shows the significance because of the p value .000 which is less than .05 and social dysfunction has a positive coefficient on job satisfaction (β .174) and it shows the significance because of the p value .000 which is less than .05. But severe depression has a negative coefficient on job satisfaction (β -.042) and the p value is .554 which shows that it is not significant. Therefore, the results indicate the existence of strong linear and significance relationships between job satisfaction and somatic symptoms (p = .000), anxiety/insomnia (p = .000), social dysfunction (p =.005), severe depression (p = .000). The current study is supported by a study by Faragher (2005), show that job satisfaction was most strongly associated with mental health; strong relationship was found in burnout (r = 0.478), self-esteem (r = 0.429), depression (r = 0428) and anxiety (r = 0.420). In addition to that a cross-sectional descriptive and correlation design by Mo Siu-Mwi Lee et al. (2009), conducted among the total of 38 (26.21%) males and 107 (73.79%) females with a mean age of 40.80±7.3 years. The result indicated 28.36% of insomnia, 25.37% of depression, 24.63% of hostility, 23.13% of anxiety and 20.15% of inferiority.

V. Recommendations

Having found the presence of job satisfaction and mental health, the researcher recommends the following;the study found out that there is a poor personal fit between the employee and management.The researcher recommends that the management of a health facility need to sit together and listen to the opinions, views, and issues of the employees. Lack of motivation was also found.Therefore, the researcher recommends that there is a need for the ministry of health and private hospital management to increase job motivate by increase salaries, contingent rewards, right workloads by ensuring regular consultations is held with management to check on workloads and reduce unnecessary workloads.Counseling support is also necessary and very important to be offered to the medical staff. The current research was a cross-sectional study design, hence the researcher recommends other study to be carry using longitudinal studies so as to establish a cause relationship. The researcher also recommends other researchers to carry out similar study usingqualitative or mixed method so as explore specific external factors and emotions of the participants, feelings, behavior, and attitudes toward work.

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