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ASSOCIATION BETWEEN FORMAL CONTINUOUS PROFESSIONAL DEVELOPMENT AND JOB SATISFACTION AMONG CLINICAL OFFICERS IN NAIROBI COUNTY, KENYA

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ABSTRACT

This study sought to find out the relationship between Formal Continuous Professional Development (CPD) and Job satisfaction among Clinical officers in Nairobi County with respect to: Pay, Promotion, and Relationship with Co-workers, Supervision and Working Conditions. A descriptive cross-sectional study was conducted involving 113 Clinical Officers. A self-administered structured questionnaire was designed using a 5-point Likert response format ranging from strongly disagree, disagree, neutral, agree and strongly agree to determine various levels and factors of job satisfaction that relate to the five (5) attributes: Pay, Promotion, Relation with Co-workers, Supervision and Working Conditions. The overall job satisfaction was higher in the group that had undergone formal CPD. The study however, demonstrated that there was no strong association between formal CPD and any of the five (5) domains. There is a need to relook into factors that contribute to dissatisfaction and those that increase levels of satisfaction at the workplace.

KEYWORDS: Job satisfaction, Formal Continuous Professional Development, Remuneration, Promotion, Supervision and Working Conditions

BACKGROUND

Health is a fundamental human right as entrenched in The Constitution of Kenya- 2010 and universally recognized. It is therefore imperative that the government, stakeholders in health (both non-governmental and faith based institutions) and the health professionals make an effort to make sure that this right is available in good quality and extended to all Kenyan. Quality care is the degree to which health services an individual receives increase their likelihood of achieving the desired outcomes and are within the best and current professional practices (Institute of Medicine [IOM], 1990).

In order to achieve quality care, the Kenyan health care system has created different hierarchical cadres of healthcare professionals. At the top are surgeons and physicians who diagnose and perform major surgeries. In the middle are the clinical officers who diagnose, perform minor surgeries and refer patients with complex medical problems to surgeons and physicians. These are supported by the nurses who implement instructions from surgeons, physicians and clinical officers. Clinical Officers are referred to as the "backbone" of healthcare and frontline patient managers in both rural and urban settings (Ministry of Medical Services [MoMs], 2009) coming in to bridge the gap between the nurse and the surgeon/physician.

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In the recent past, the healthcare system has experienced numerous challenges that have posed a challenge to the provision of quality care to clients in the healthcare system. The challenges are due to advancement in diagnosis and treatment technology, epidemiologic shift from communicable to non-communicable diseases, demographic transition characterized by an ageing population due to increased life expectancy, an enlightened society continuously demand for better services and an increase in medico-legal litigation especially in dispensation of the new constitution of Kenya. This therefore, necessitates that all health professionals to provide quality care that is safe, timely, effective, efficient, patient-oriented and equitable in order to meet their communities changing health needs (World Health Organization [WHO], 2006). In light of these challenges, it is expected that healthcare professionals become lifelong learners. This enables them to update, maintain, develop and enhance their professional skills, knowledge and attitudes. In response to this demand, professional development training has been adopted by the Government of Kenya as a strategy.

Professional development training is part of a lifelong, systematic process of educational activities that aim to maintain, update, develop and advance knowledge, skills, attitudes and competences to new responsibilities or changing roles (World Federation for Medical Education [WFME], 2013). This ensures delivery of quality services while having the interest of the patient. For health professionals, it mainly focuses on enhancing roles and competences, communication, medical ethics, research and administration (WFME, 2013).

The field of clinical medicine is one of the professions in Kenya which requires one to have a practicing license by law and one of the prerequisite for renew is attaining 60 professional development points (Clinical Officers Act, 2017). This means that for a clinician to retain his/her practicing license, it is mandatory they undergo continuous professional development training. Within the health profession, CPD it is mostly referred to as Continuous medical education (CME). Scholars have argued that for healthcare workers to continue offering safe, quality and evidence based services, it is paramount that they continuously develop their professional skills, knowledge and attitudes (Giri, Frankel, Tolenku, Punkett, Bailey, & Rose, 2012; Ndege, 2006). However, the debate on whether mandatory CPD for licensure improves performance and professional growth is still inconclusive (Giri et. al. 2012; Ndege, 2006).

In developing countries where resources are constrained, achieving and maintaining quality health services, high quality skills among health workers is a matter of not only the knowledge and skills attained but also motivational aspects related to the work environment (WHO, 2006: Rowe, Cannelle, Rankin & Gorman, 2005). Nairobi County, which is the capital of Kenya, has estimated population of 3,781,732 with 3.8% growth excluding net migration (Kenya National Bureau of Statistics [KNBS], 2009). According to Ministry of Health, there are 9,188 Clinical officers employed into the public service while the staffing need is 16,278 (MOH, 2014) with majority concentrated in major town where Nairobi have the greatest share. In Nairobi, The ratio of clinical officer to population served is at 1:23,000 (IntraHealth International, 2015). Their attitudes therefore, are of importance since it has an impact on quality of services they offer. In Kenya, previous studies

indicate dissatisfaction among health workers. Some of the factors contribution to dissatisfaction is low pay, inadequate resources, staff shortage and long working hours (Mbindyo, 2012; Karanga, 2012; Mbindyo, Gilson, Blaauw & English, 2009).

Previous studies have examined the performance, roles, quality of service and job satisfaction among clinical officers in Kenya (Mbindyo, Blaauw & English, 2013; Karanja 2012: Mbindyo, 2010; Mbindyo et al. 2009). How job satisfaction interacts with previous formal CPD has however not been given prominence.

In a review of studies done on different organizations and types of jobs, Judge & Church, (2009) noted that nature of work itself was evaluated as the most important facet of the job. This was in comparison to other facets like pay, promotions and relation with co-workers. Consequently, in another study, interesting work was listed as the most important job attribute while good pay was ranked fifth. Managers thought employees are desirous for pay and ranked it first and interesting work fifth (Kovach, 1995; as cited by Judge & Saari, 2004). A 'good job' may mean different things to different people since people tend to have varying perceptions about their work.

In the field of Industrial/Organizational psychology, job satisfaction was noted as one of the most researched job attitudes with researchers affirming that attitude has the potential to direct, guide, influence and predict actual behavior Judge, John & Kammeyer-Mueller, 2012; Saari & Judge, 2004; Kraus, 1995). An attitude is "a psychological tendency that is expressed by evaluating a particular entity with some degree of favor or disfavor", (Eagly & Chalken, 1993, Jex & Britt, 2014). Hoole & Vermeulen, (2003) attributed job satisfaction with physical and mental wellbeing of employees. To the employee, low level of job satisfaction is a threat to their physical and mental health, quality of life, goal achievement and personal development. To the institution, low satisfaction among employees can result to tardiness, high burnout and absenteeism. This results in low productivity and affects other organizational outcomes (Hoole & Vermeulen, 2003). Job satisfaction among healthcare workers and for purposes of this study clinical officers is of importance as it has an impact of patient management outcomes like adherence to medication, patient satisfaction and quality of care (Mbindyo et al., 2013; Mbindyo, 2012; Karanga, 2012; Mbindyo et al., 2009)

Previous research finding on job satisfaction as a cause of high productivity is inconclusive and contradictory. Kalamawei, Abeki & Dienye,2015) reported that when employees are satisfied they tend to be more productive at work, have high retention rate and care more about the quality of their work. Basset (1994) held a contrary opinion that happy employees may not necessarily be productive but argued that the satisfaction may indeed be as a result of improved productivity (Redmond, 2009).

Recent studies have supported the strong correlation between job satisfaction and performance especially among professionals. One such study was by Judge, Thoresen, Bono, & Patton (2001). It reviewed 301 studies on relationship of job satisfaction and performance as cited by Judge & Saari (2004).

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While job satisfaction may simply refer to the extent which an employee(s) feels positive or likes their job, several definitions have evolved through the years, with several theorists formulating their own workable definition. For example, Jex & Britt (2014) defines job satisfaction as an attitude an employee's towards his or her job while Judge and his colleagues defines job satisfaction as multidimensional psychological responses towards ones job (Judge, Kacmar, Collins, &. Harris, (2009). Even though there are numerous other explanations and definitions, Locke (1976) advanced the most popular definition of job satisfaction. Locke postulated that job satisfaction is "a pleasurable or positive emotional state resulting from the appraisal of one's job or job experiences" (Locke, 1976:1304, as cited in: Jex, 2002 p. 116; Jex & Britt (2014)). What most of these versions share is job satisfaction is multifaceted psychological response towards one's work and these responses have cognitive, emotional and behavioral component (Bernstein & Nash, 2008; Hulin & Judge, 2003; Judge, John, & Kammeyer, 2012; Judge, Kacmar, Collins, &. Harris, 2009; Visser & Coetzee, 2005).

According to Bernstein & Nash (2008), cognitive component of job satisfaction refers to the evaluative aspect towards ones job. For example perceiving of a job as being mentally challenging and demanding while the emotional component is the affective aspect that refers to the feelings employees has towards his/her job such as anxiety, happy, boredom. Lastly, the behavioral component is the employee's actions toward the job such as absenteeism, calling in sick, missed deadlines, tardiness and conflict with others. The cognitive and affective aspect are inextricably linked both in our physiology and biology since when we feel, we think about the feeling and when we think, we feel the thought (Judge & Saari, 2004). The behavioral component however may be less informative regarding job satisfaction compared to affective and cognitive components. This is because ones attitude may not always be consistent with behavior (Jex & Britt, 2014). For example, an employee may report to be unhappy with his/her job but still does not leave employment or still reports to work early due to financial reasons or employment opportunities.

Jex & Britt (2014) proposed that, employees are likely to determine their level of job satisfaction by cognitively evaluating what the job is offering them in each facet; work itself, promotion, pay, supervision and relation with colleagues against their expectations from the job. If their personal expectations from the job are congruent with the outcome, then they can be said to be satisfied. Different employees place different levels of importance to a particular facet; employees exposed to same job characteristics may report different levels of satisfaction. He further notes that a number of factors determine these perceptions; employee's skill, amount of time put to the job and the available employment opportunities (Jex, 2002; Jex & Britt, 2014). In view of this, the study examined the five (5) facets of job satisfaction; Pay, Promotions, Supervision, Working conditions and Relation with co-workers in relation to clinical officers attending or not participating in professional training. In the second part, it investigated whether the perception towards the different attributes of job characteristics was different between those clinical officers who attend professional development training and those who did not.

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Empirical research on the job satisfaction is still positing mixed results as to what is important for improving workers satisfaction with their work. The Two- Factor theory conceptualized by Frederick Herzberg (1959) plays a key role in this study. The theory identifies two factors; Motivator and Hygiene factors. Motivators are the six 'job contents' which include in order of highest to lower importance as achievement, recognition, work itself, responsibility, advancement and growth while Hygiene factors are described as 'job context', which include company policy, supervision, working conditions and relation with co-workers/boss (Schermerhorn, Hunt & Osborn, 2005). The presence of motivators in the workplace increases the level of satisfaction however, absence of hygiene factors in the workplace can lead to dissatisfaction He argued that, while hygiene factors are important as they avoid dissatisfaction, they by themselves do not lead to satisfaction. The theory appreciates that while the factors causing satisfaction are different from those causing dissatisfaction, they cannot be termed as extreme opposite of each other but rather should be treated as separate entities caused by different facets of work.

The purpose of the study is to find out the extent to which formal CPD training influences job satisfaction and among clinical officers in Nairobi County.

RESEARCH DESIGN

The study adopted a mixed method design. Both quantitative and qualitative data was collected through a survey conducted among clinical officers in Nairobi County in Kenya.

TARGET POPULATION

The target population was 304 clinical officers working in Nairobi County's dispensaries and health Centre's on permanent employment for duration of at least three years. The normal duration for promotions is three years, and thus the eligible population must be have been promoted or due for promotions since this can be impact on job satisfaction.

SAMPLING PROCEDURE

The approach used to determine the sample size for the hospitals and clinical officers in each subgroup/stratum which is proportionate stratification where the sample size of each subgroup/stratum is proportionate to the population size of the subgroup/stratum. Multi-stage sampling was applied to select the sample from target population of 304 clinical officers. Firstly, the sample was clustered into 10 Health Administrative Sub-counties and 60 level II and III health facilities within Nairobi County. Thereafter, the health facilities were selected using probability proportionate to size. Consequently, every clinical officer in the selected health facility had an equal chance of being selected.

SAMPLE

A sample size of 113 clinical officers was used from a population of 304. Table 1 below shows the proportional distribution of the same as per the population

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Table 1: Distribution of Clinical Officers in Nairobi County per sub-county and samples selected from each sub-county

Sub- Counties of Nairobi County	Number of health Facilities	Number of clinical officers	No. of clinical officers sampled
Makadara	5	44	20
Langata	4	26	10
Westland	5	30	17
Kasarani	5	40	16
Dagoreti	6	36	9
Kamukunji	3	15	5
Ruaraka	6	47	13
Embakasi West	4	25	7
Embakasi East	2	12	8
Starehe	8	29	8
TOTALS	**48**	**301**	**113**

INSTRUMENTS

Quantitative data

A standardized questionnaire was used to collect data. Piloting was done at level III and IV health facilities to test the validity and reliability of the research instrument and those who participated were not involved in the actual study. A change on grammatical structuring of the questionnaire was done with the help of linguistic professional to make the questions communicate clearly to the participants. The questionnaire was divided into four (4) sections. Section A recorded demographic information. Section B captured information pertaining CPD such as; if one has attended CPD in the last one year, the type of training, the duration of training, if training was relevant to area of interest, what motivated one to attend the training and if attending training affected their levels of satisfaction with work. In this section, both open and closed questions were used. Section C had a set of 36 questions which evaluated attributes of job satisfaction scored on a Likert scale of 1- 6, with one (1) being strongly disagree and six (6) strongly agree. The last part Section D had eighteen (18) questions that assessed perceptions of job characteristics.

Qualitative data

A Key Informant Interview (KII) guide was used to collect qualitative data. The key informants were drawn from the sub-county clinical officer in-charges and health administrators.

DATA COLLECTION PROCEDURE

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Quantitative data

The researcher, with the help of assistants administered the questionnaires to the sampled clinical officers in Nairobi County public health facilities (Dispensaries & Health Centers). The research assistants were taken through basic training on administration of questionnaire.

The clinical officers were first sensitized about the study through an electronic messaging platform 'WhatsApp' which they were all members. The researcher developed a list of all facilities to be sampled, the respective Clinical Officers working in there and their contacts. This helped the research assistants to administer the questionnaire in that those who were off-duty were contacted and those who still expressed interest to participate the questionnaire was left with their colleagues for them to fill and the assistants picked it later.

Qualitative data

The researcher interviewed the clinical officer's in-charge of sub-counties and administrators who in their day-to-day activities are in charge of the welfare of the clinical officers. The aim was to get an in-depth understanding of the job satisfaction and job characteristics of the clinical officers from an administrative perspective

Data analysis

Descriptive statistics such as the measures of central tendencies, dispersion and frequency distribution was used to summarize the data and to describe the distribution of the sample. From the Section C of the questionnaire, satisfaction with pay was evaluated using nine (9) items No. 1, 4, 13, 19, 22, 23, 28, 29 and 32. Promotion was evaluated with five (5) questions from the questionnaire namely, questions 2, 10, 11, 20, and 23. Supervision was assessed with five (5) set of questions in the questionnaire, 3, 9, 12, 21 and 30). Relation with co-workers was assessed with four (4) questions 7, 16, 25 and 34 in the questionnaire. Finally, thirteen (13) questions in the questionnaire was used to evaluate satisfaction with work itself, namely, 5, 6, 8, 14, 15, 17, 18, 24, 26, 27, 31, 35, 36). Pearson's correlation, multiple regression as well as t-test was used to infer the sample results to the population. Pearson's correlation co-efficiency was used to analyze the relationship of CPD and job satisfaction. ANOVA analysis was done to determine the influence of gender, age, educational level and job group on satisfaction with remuneration, promotion, supervision, relation with co-workers and working conditions. T-test was used to test for independency of mean. Multiple linear regression was used to analyze association between professional training, confounding variables and the different attributes of job satisfaction. Qualitative data was analyzed in relation to the themes that were emerging from the quantitative data regarding job satisfaction among the health workers.

RESULTS

On formal continuous professional development training, there was no big gap between those who had attended the training and those who had not. Majority of the participants 57 in number (50.4%) had attended the training with the remaining 56 (49.6%) not having attended. Slightly over half of those who had attended, (51%), participated in a training lasting between 2-5 months.

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The study further sought to find out whether participation in formal CPD had influence on the clinical officers satisfaction with their remuneration. The findings posited in table 2 recorded a t=-23.1992, p=0.0000. This means that the null hypothesis was rejected because there was a statistically significant difference between the means of the two variables. The results of the Chi-square test were similarly significant (χ^2=8.8271, p=0.012). The implication is that formal CPD influences remuneration. The Pearson correlation coefficient (r=-.2628) was negative though close to zero, indicating that the remuneration could be lowering job satisfaction instead of increasing it.

Table 2: Chi-square, Pearson correlation and T-test on the relationship between Formal CPD and Remuneration

Formal CPD and Remuneration					
Chi-Square Tests					
	Value	**df**	**Asymp. Sig. (2-sided)**		
Pearson Chi-Square	8.8271	2	0.012		
T-test					
Variable	**df**		**$T_{statistic}$**	**Sig**	
T-statistic	112		-23.1992	.0000	
Pearson Correlation					
	Value			**N**	
Pearson Correlation	-0.2628			113	

Table 3: Chi-square, Pearson correlation and T-test on the relationship between Formal CPD and Promotion

Formal CPD and Promotion					
Chi-Square Test					
	Value	**df**	**Asymp. Sig. (2-sided)**		
Pearson Chi-Square	1.5892	4	0.811		
T-test					
Variable	**df**		**$T_{statistic}$**	**Sig**	
T-statistic	112		-17.0829	.0000	
Pearson Correlation					
	Value			**N**	
Pearson Correlation	0.1002			113	

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The influence of participating in formal CPD on promotion was examined. The findings presented in table 3 recorded a t=-17.0829, p=0.0000. This means that the null hypothesis was rejected because there was a statistically significant difference between the means of formal CPD and Promotion. The results of the Chi-square test were, however, insignificant (χ^2=1.5892, p=0.811). Using the results of the t-test, it can be deduced that formal CPD influences promotion. The Pearson correlation coefficient (ɤ=.1002) was positive but close to zero, indicating positive but weak relationship between formal CPD and promotion.

Table 4: Chi-square, Pearson correlation, and T-test on the relationship between Formal CPD and Supervision

Formal CPD and Supervision					
Chi-Square Test					
	Value	**df**	**Asymp. Sig. (2-sided)**		
Pearson Chi-Square	2.5105	4	0.643		
T-test					
Variable	**df**		**$T_{statistic}$**	**Sig**	
T-statistic	112		-22.0870	.0000	
Pearson Correlation					
	Value			**N**	
Pearson Correlation	0.0757			113	

The influence of participating in formal CPD on supervision was examined. The findings presented in table 4 recorded a t=-22.0870, p=0.0000. This means that the null hypothesis was rejected because there was a statistically significant difference between the means of formal CPD and supervision. The results of the Chi-square test were, however, insignificant (χ^2=2.5105, p=0.643). Using the results of the t-test, it can be deduced that formal CPD influences supervision. The Pearson correlation coefficient (ɤ=.0757) was positive but close to zero, indicating positive but weak relationship between formal CPD and supervision.

Table 5: Chi-square, Pearson correlation, and T-test on the relationship between Formal CPD and Relation to co-workers

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Formal CPD and Relation to co-workers					
Chi-Square Test					
	Value	**df**	**Asymp. Sig. (2-sided)**		
Pearson Chi-Square	4.6479	4	0.325		
T-test					
Variable	**df**		**$T_{statistic}$**	**Sig**	
T-statistic	112		-28.0314	.0000	
Pearson Correlation					
	Value			**N**	
Pearson Correlation	0.0472			113	

The influence of participating in formal CPD on relation to co-workers was examined. The findings presented in table 5 recorded a t=-28.0314, p=0.0000. This means that the null hypothesis was rejected because there was a statistically significant difference between the means of formal CPD and relation to co-workers. The results of the Chi-square test were, however, insignificant (χ^2=4.6479, p=0.325). Using the results of the t-test, it can be deduced that formal CPD influences relation to co-workers. The Pearson correlation coefficient (ɤ=.0472) was positive but close to zero, indicating positive but weak relationship between formal CPD and relation to co-workers.

Table 6: Chi-square, Pearson correlation, and T-test on the relationship between Formal CPD and Relation to working conditions

Formal CPD and Working conditions					
Chi-Square Test					
	Value	**df**	**Asymp. Sig. (2-sided)**		
Pearson Chi-Square	3.4216	3	0.331		
T-test					
Variable	**df**		**$T_{statistic}$**	**Sig**	
T-statistic	112		-25.4335	.0000	
Pearson Correlation					
	Value			**N**	
Pearson Correlation	-0.1510			113	

The influence of participating in formal CPD on working conditions was examined. The findings presented in table 6 recorded a t=-25.4335, p=0.0000. This means that the null hypothesis was rejected because there was a statistically significant difference between the means of formal CPD and working conditions. The results of the Chi-square test were, however, insignificant (χ^2=3.4216,

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p=0.331). Using the results of the t-test, it can be deduced that formal CPD influences working conditions. The Pearson correlation coefficient (ɤ=-.1510) was negative but close to zero, indicating negative and weak relationship between formal CPD and working conditions.

Table 7: Chi-square, Pearson correlation, and T-test on the relationship between Formal CPD and Skill variety

Formal CPD and Skill variety					
Chi-Square Tests					
	Value	**df**	**Asymp. Sig. (2-sided)**		
Pearson Chi-Square	8.8698	4	0.064		
T-test					
Variable	**df**	**M**	**$T_{statistic}$**	**Sig**	
T-statistic	112	1.4956	-28.3189	0.0000	
Pearson Correlation					
	Value			**N**	
Pearson Correlation	-0.1943			113	

Pertaining the association between formal CPD and skill variety, the null hypothesis that was tested was that there is no association between formal CPD and skill variety. The results indicate that the null hypothesis could not be rejected because the p-value was greater than the 5% level of significance (χ^2=8.8698, p=.064). The implication is that there was no association between formal CPD and skill variety. The Pearson correlation coefficient (ɤ=.1044) was positive but close to zero, indicating positive but weak relationship between formal CPD and skill variety.

Regarding the t-test, the null hypothesis that there is no significant difference in means of formal CPD and kill variety was tested. The p-value was smaller than the 5% level of significance (t=1.4956, *p*=.0000) meaning that the null hypothesis was rejected. The conclusion is that there is statistically significant difference in the means of formal CPD and skill variety.

Table 8: Chi-square, Pearson correlation, and T-test on the relationship between Formal CPD and Task significance

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Formal CPD and Task significance					
Chi-Square Tests					
	Value	**df**	**Asymp. Sig. (2-sided)**		
Pearson Chi-Square	5.4104	5	0.368		
T-test					
Variable	**df**		**$T_{statistic}$**		**Sig**
T-statistic	112		-29.8198		.0000
Pearson Correlation					
	Value		**N**		
Pearson Correlation	-0.1599		113		

Pertaining the association between formal CPD and Task significance, the null hypothesis that was tested was that there is no association between formal CPD and task significance. The results indicate that the null hypothesis was not rejected because the p-value was greater than the 5% level of significance (χ^2=5.4104, p=.368). Since the null hypothesis of no association was not rejected, the implication is that there is no association between formal CPD and task significance. The Pearson correlation coefficient (ɤ=-.1599) was negative but close to zero, indicating negative but weak relationship between formal CPD and task significance.

Regarding the t-test, the null hypothesis that there is no significant difference in the means of formal CPD and Task significance was tested. The p-value was smaller than the 5% level of significance (t=-29.8198, p=.0000) meaning that the null hypothesis was rejected. The conclusion is that there is statistically significant difference in the means of formal CPD and Task significance.

Table 9: Chi-square, Pearson correlation, and T-test on the relationship between Formal CPD and Autonomy

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Formal CPD and Autonomy					
Chi-Square Tests					
	Value	**df**	**Asymp. Sig. (2-sided)**		
Pearson Chi-Square	2.5866	4	0.629		
T-test					
Variable	**df**		**$T_{statistic}$**		**Sig**
T-statistic	112		-33.3714		.0000
Pearson Correlation					
	Value		**N**		
Pearson Correlation	-0.0905		113		

Pertaining the association between formal CPD and Autonomy, the null hypothesis that was tested was that there is no association between formal CPD and Autonomy. The results indicate that the null hypothesis was not rejected because the p-value was greater than the 5% level of significance (χ^2=2.5866, *p*=.629). Since the null hypothesis of no association was not rejected, the implication is that there is no association between formal CPD and Autonomy. The Pearson correlation coefficient (ɤ=-.0905) was negative but close to zero, indicating negative and weak relationship between formal CPD and Autonomy.

Regarding the t-test, the null hypothesis that there is no significant difference in the means of formal CPD and Autonomy was tested. The p-value was smaller than the 5% level of significance (t=-33.3714, *p*=.0000) meaning that the null hypothesis was rejected. The conclusion is that there is statistically significant difference in the means of formal CPD and Autonomy.

Table 10: Chi-square, Pearson correlation, and T-test on the relationship between Formal CPD and Task Identity

Formal CPD and Task Identity					
Chi-Square Tests					
	Value	**df**	**Asymp. Sig. (2-sided)**		
Pearson Chi-Square	8.4699	5	0.132		
T-test					
Variable	**df**		**$T_{statistic}$**		**Sig**
T-statistic	112		-1.6115		.1099
Pearson Correlation					
	Value			N	
Pearson Correlation	0.0532			113	

Pertaining the association between formal CPD and Task Identity, the null hypothesis that was tested was that there is no association between the two variables. The results indicate that the null hypothesis is not rejected because the p-value is greater than the 5% level of significance (χ^2=8.4699, p=.132). Since the null hypothesis of no association was not rejected, the implication is that there is no association between formal CPD and Task Identity. The Pearson correlation coefficient ($\imath$=.0532) was positive and close to zero, indicating positive but weak linear relationship between formal CPD and Task Identity.

Regarding the t-test, the null hypothesis that there is no significant difference in the means of formal CPD and Task Identity was tested. The p-value was greater than the 5% level of significance (t=-1.6115, *p*=.1099) meaning that the null hypothesis was not rejected. The conclusion is that there is no statistically significant difference in the means of formal CPD and Task Identity.

Table 11: Chi-square, Pearson correlation and T-test on the relationship between Formal CPD and Feedback

Formal CPD and Feedback					
Chi-Square Tests					
	Value	**df**	**Asymp. Sig. (2-sided)**		
Pearson Chi-Square	5.1746	5	0.395		
T-test					
Variable	**df**		**$T_{statistic}$**		**Sig**
T-statistic	112		-24.4910		.0000
Pearson Correlation					

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	Value			N	
Pearson Correlation	0.0459			113	

Pertaining the association between formal CPD and Feedback, the null hypothesis that was tested was that there is no association between the two variables. The results indicate that the null hypothesis is not rejected because the p-value is greater than the 5% level of significance (χ^2=5.1746, p=.395). Since the null hypothesis of no association was not rejected, the implication is that there is no association between formal CPD and Feedback. The Pearson correlation coefficient (ɤ=.0459) was positive but close to zero, indicating positive but weak relationship between formal CPD and Feedback.

Regarding the t-test, the null hypothesis that there is no significant difference in the means of formal CPD and Feedback was tested. The p-value was smaller than the 5% level of significance (t=-24.4910, *p*=.0000) meaning that the null hypothesis was rejected. The conclusion is that there is statistically significant difference in the means of formal CPD and Feedback.

A regression analysis was conducted how the various demographic factors affected the various factors influencing of job satisfaction such as remuneration, promotion, supervision, relation with co-workers and working conditions. The deomgraphic factors involved were gender, age, education level and job group of the clinical officer.

Table 12: Factor Analysis Using Principal Component Analysis (PCA)

Component	Eigenvalue	Difference	Proportion	Cumulative
Component 1	1.36576	.131603	0.2732	0.2732
Component 2	1.23416	.329279	0.2468	0.5200
Component 3	.90488	.135996	0.1810	0.7010
Component 4	.768884	.0425693	0.1538	0.8547
Component 5	.726315	.	0.1453	1.0000

Table 12 presents the results of factor analysis using principal component analysis (PCA). The approach requires that components with eigenvalues of 1 and above are the most important and should be retained in the analysis. Out five components that were analyzed, only two components had eigen values of 1 and above. The two components that were retained are remuneration and promotion.

Table 13: Multiple regression analysis on the effect of demographic factors on Remuneration

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Remuneration *95% CI*	*β*	*SE β*	*t-statistic*	*P-Value*
Constant [1.2579, 3.7163]	2.487121	.6185283	4.02	0.000
Gender [-.3698, .0879]	-.1409255	.1151511	-1.22	0.224
Age				
26-35 Years [-.5613, 1.9703]	.70449	.6369378	1.11	0.272
36-45 Years [-.4042, 2.0918]	.843772	.6280004	1.34	0.183
46-55 Years [-.6026, 2.4539]	.9256753	.7690052	1.20	0.232
Education				
Higher Diploma [-.5357, .6705]	.0673785	.3034772	0.22	0.825
Bachelor's Degree [-.5336, .1386]	-.1974783	.1691287	-1.17	0.246
Master's Degree [-.8603, .0467]	-.4067751	.2281995	-1.78	0.078**
Job Group				
J [-.3465, 1.0904]	.3719538	.361504	1.03	0.306
K [-.3352, 2.0413]	.8530535	.5979186	1.43	0.157
L [-.4247, .2071]	-.1088137	.1589481	-0.68	0.495
M [-.5006, .3823]	-.0591344	.2221377	-0.27	0.791

R^2	*.1795*
Prob > F	.0754
No. of observation	100

Note: ** means significant at 10%

Table 13 presents the multiple regression results on the effect of individual demographic factors on remuneration. The data used in the analysis was cross-sectional in nature. A total of 113 respondents were interviewed but due to non-response to some aspects in the research instrument, the sample size used in carrying out the regression analysis was 100. The estimated regression model was a good fit at the 5% level of significance (Prob > F= .0754). The R^2 for the model was .1795, implying that the proportion of variation in remuneration explained by variation in the demographic factors was 17.54%.

Males were found to be less satisfied with the current remuneration received compared to women (β=-.1409255, t=-1.22, p= 0.224). The effect of gender on remuneration was however, not statistically significant at the 5% level of significance. Age had no statistically significant effect on remuneration. Those aged between 26-35 years, 36-45 years, and 46-55 years of age were found to be more satisfied with current remuneration compared to those aged less than 25 years of age as indicated by (β=*.7045*, t=1.11, p=*.272*), (β=.8438, t=1.34, p= 0.183), and (β=.9257, t=1.20, p= 0.232) respectively.

Regarding education, those with higher diploma were found to be more satisfied with their current remuneration compared to those with a basic diploma as indicated by (β=.0674, t=.22, p=.825). The effect of higher diploma on remuneration was however, not statistically significant. Those with a bachelor's degree were found to be less satisfied with their current remuneration compared to those with basic diploma as indicated by (β=-.1975, t=-1.17, p=.246). The effect was however, not statistically significant. Those with a master's degree were equally found to be less satisfied with their current remuneration compared with those with basic diploma as indicated by (β=-4068, t=-1.78, p=.078). The effect of the master's level of education attainment on remuneration was found to be statistically significant at the 10% level of significance.

Job group as a demographic factor had no significat effect on remuneration. Those from job group J were more satisfied with their current remuneration compared to those from job group H as indicated by (β=.3719, t=1.03, p=.306). Those from job group K were equally more satisfied with their current remuneration compared to those from job group H as indicated by (β=.8531, t=1.43, p=.157). Those from job group L were found to be less satisfied with their current remuneration compared to those from job group H as indicated by (β=-.1088, t=-.68, p=.495). Those from job group M were equally less satisfied with their current remuneration compared to those from job group H as indicated by (β=-.0591, t=-.27, p=.791).

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Table 14: Multiple regression analysis on the effect of demographic factors on Promotion

Promotion *95% CI*	***β***	***SE β***	***t-statistic***	***P-Value***
Constant [2.0903, 6.7156]	4.402939	1.163734	3.78	0.000
Gender [-.7562, .0622]	-.3470309	.2059107	-1.69	0.095**
Age				
26-35 Years [-3.6437, .8832]	-1.380249	1.138959	-1.21	0.229
36-45 Years [-3.3639, 1.0994]	-1.132317	1.122977	-1.01	0.316
46-55 Years [-2.9665, 2.4990]	-.2337337	1.375119	-0.17	0.865
Education				
Higher Diploma [-1.2491, .9078]	-.1706079	.5426715	-0.31	0.754
Bachelor's Degree [-.6269, .5751]	-.0258789	.3024324	-0.09	0.932
Master's Degree [-.9188, .7031]	-.1078644	.4080614	-0.26	0.792
Job Group				
J [-1.3406, 1.2287]	-.0559079	.6464338	-0.09	0.931
K [-2.8391 1.4105]	-.7143098	1.069185	-0.67	0.506
L [.0354, 1.1651]	.600254	.2842276	2.11	0.038*
M	-.3974463	.3972219	-1.00	0.320

[-1.1868, .3919]	
R^2	*.1620*
Prob > F	0.1296
No. of observation	100

Note: * and ** means statistically significant at 5% and 10% respectively

Table 14 presents the multiple regression results on the effect of individual demographic factors on promotion. The data used in the analysis was cross-sectional in nature. A total of 113 respondents were interviewed but due to non-response to some aspects in the research instrument, the sample size used in carrying out the regression analysis was 100. The estimated regression model was not a good fit at the 5% level of significance (Prob > F=.1296). The R2 for the model was .1620, implying that the proportion of variation in satisfaction with promotions explained by variation in the demographic factors was 16.20%.

Males were found to be less satisfied with the current promotion compared to women (β=-.3470, t=-1.69, p=.095). The effect of gender on remuneration was however, not statistically significant at the 5% level of significance. Age had no statistically significant effect on promotion. Those aged between 26-35 years, 36-45 years, and 46-55 years of age were found to be less satisfied with current promotion compared to those aged less than 25 years of age as indicated by (β=*-1.3802* t=-1.21, p=*.229*), (β=- t=-1.01, p=.316), and (β=-.2337, t=-.17, p= .865) respectively.

Regarding education, those with higher diploma were found to be less satisfied with current promotions compared to those with a basic diploma as indicated by (β=-.1706, t=-.31, p=.754). The effect of higher diploma on promotions was however, not statistically significant. Those with a bachelor's degree were found to be less satisfied with current promotions compared to those with basic diploma as indicated by (β=-0.0259, t=-0.09, p=.932). The effect was however, not statistically significant. Those with a master's degree were equally found to be less satisfied with current promotions compared with those with basic diploma as indicated by (β=-.1079, t=-.26, p=.792). The effect of the master's level of education attainment on promotion was found to be statistically insignificant at the 5% level of significance.

Job group as a demographic factor had significat effect on promotion. Those from job group J were less satisfied with current promotion compared to those from job group H as indicated by (β=-.0559, t=1.03, p=.3006). Those from job group K were equally less satisfied with current promotion compared to those from job group H as indicated by (β=-.7143, t=-.67, p=.506). Those from job group L were found to be more satisfied with current promotion compared to those from job group H as indicated by (β=.6003, t=2.11, p=.038). Job group L had a statistically significant effect on

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promotions. Those from job group M were less satisfied with current promotion compared to those from job group H as indicated by (β=-.3979, t=-1.00, p=.320).

DISCUSSION

The study analyzed what motivated participants to attended formal CPD. Among those who had attended training, 54.5% considered the possibility of enhancing their skills, competencies and knowledge as the highest motivator to take part in the training. Another 51% of those who had attended training participated only to meet regulatory requirements for licensure. This finding is in concurrence with Giri , Frankel, Tolenku, Punkett, Bailey, & Rose, (2012) and Mathauer & Imhoff, (2006).

Clinical officers who had attend training were more dissatisfied with the pay they were getting (56.1%) compared to those who had not attend a training (40.4%). Majority were dissatisfied with the pay itself and rewards they were getting for work done. This is consistent with a study by Geleto and colleagues among health workers in Ethiopia where only 34.1% of participants were satisfied with pay (Geleto, Baraki, Atomsa, & Dessei, 2015).

However, other studies have found a positive correlation between training and pay. In different studies by Jones, Judge and colleagues, reported those who had attended training were more satisfied with their pay than those who had not attended training (Judge et al., 2001).

In this study it was noted that there was a low positive correlation between having attended formal CPD and satisfaction with promotion ($\gimel$=.1002). This is in line with the findings of previous studies which had reported a positive correlation between the two factors (Mustafa and Zacharia, 2013; Khan, Nawaz and Hamed, 2011).

The study found a low positive correlation between formal CPD training and satisfaction with supervision ($\gimel$=.0757) while there was a statistical significance between the means of two variable and supervision (t=-22.0870, p=0.0000). The study concluded that attending formal CPD had an influence on satisfaction with supervision. This is supported by a study done among Kenyan healthcare workers by Goetz and colleagues who found that low levels of training, recognition and poor support supervision as major factors impending delivery of quality services among health care workers in Kenya (Goetz, Marx, Brodwski, Nafula, Prytherch Awour, I & Szecsenyi, 2015).

From the perspective of the Herzberg's theory (1957), CPD is supposed to be a motivator in that it enhances career growth, a feeling of achievement, new responsibilities recognition and prestige (Schermerhorn et al., 2005). On the other hand, remuneration, promotion, supervision, relation with co-workers and working conditions are hygiene factors because they reduce the level of dissatisfaction, but their presence does not translate to satisfaction. In terms of job satisfaction, it

would be possible to register a negative relationship between motivators and hygiene factors because whereas motivators are likely to increase satisfaction, hygiene factors might not.

It is evident from previous studies that salaries of healthcare workers especially in developing countries are way below the minimum wage (Geleto et al., 2015; WHO, 2006). While most of the countries have improved the salaries among healthcare workers in public facilities by awarding incentives in form of allowances, other working conditions remain unchanged leading to continued dissatisfaction (WHO, 2006). Other studies have also reported pay as a negative predictor of job satisfaction (Kalamawei, Abeki, & Dienye, 2015). The Two- Factor theory by Herzberg et al's (1957) may explain this phenomenon. While the employer enhances the hygiene factors e.g. Pay, Promotions, Supervision it may not translate to satisfaction with the job but only reduces dissatisfaction. This explains why, despite the government enhancing the pay for clinical officers through several allowances, they still report low levels of job satisfaction as demonstrated in this study by the negative correlation (r= -0.2628) of formal CPD and satisfaction with remuneration (Herzberg, 2005). Similar findings are by Satpathy and colleagues in review of literature done on attributes used to access job satisfaction from 34 studies. They concluded that while pay was an important factor in respect to job satisfaction, it does not play the major role compared to other non-monetary benefits. Working environment was listed as a major predictor of job satisfaction (Satpathy et al., 2014).

CONCLUSION

The study concluded that there is an association between CPD training and job satisfaction among clinical officers in Nairobi County. Overall job satisfaction was higher among COs who had attended a CPD compared to those who had not attended. This can be explained by the role of CPD which aims at enhancing skills, competencies and knowledge with some training among health professionals leading to specialization. With enhanced knowledge and specialized skills, this may act as motivator with feeling of achievement, more responsibilities and provide for a chance for advancement and career growth. Consequently, it may lead to a more satisfied workforce. It is therefore important to note that remuneration was not a predictor of satisfactions as would be the opinion of many people. Factors like working condition were the highest contributor for job satisfaction followed by relation with co-workers with promotion opportunities being the least. Between the two groups, those who had attended training reported more satisfaction with remuneration and promotion than those who had not attended. The study demonstrated a statistical significance between the means of the two variables of formal CPD and all the five attributes of job satisfaction. This is in concurred with the Two-Factor theory in demonstrating that presence or enhancing of Hygiene factors does not translate to satisfaction

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