**THE INFLUENCE OF PSYCHOLOGICAL CONTRACT ON JOB SATISFACTION: A CASE OF HEALTH WORKERS IN PUBLIC HEALTH FACILITIES IN MUKONO MUNICIPALITY**

**By**

**Nabaterega Joyce**

**15MPA6/KLA/00/WKD/0003**

**A dissertation submitted to the School of Management Studies in partial fulfilment of the requirement for the award of a Masters’ Degree in Public Administration of Uganda Management Institute**

**January, 2018**

**DECLARATION**

This research project is my original work and to the best of my knowledge has not been presented to any other institution of learning.

Signed: ……………………………… Date…………………………

NABATEREGA JOYCE REG: NO. 15/MPA/OO/KLA/WKD/0003

# APPROVAL

This dissertation entitled “The influence of psychological contract on job satisfaction: a case of health workers in public health facilities in Mukono Municipality” was done under our supervision and has been submitted to Uganda Management Institute with our approval.

Dr. Maria Kaguhangire Barifaijo

Uganda Management Institute

Signed: ……………………………… Date…………………………

Dr. Edgar Mwesigye Kateshumbwa

Uganda Management Institute

Signed: ……………………………… Date…………………………

**DEDICATION**

This research is dedicated to my dear guardians, friends and family who have stood with me throughout all challenges only to make sure that my studies become a success. Thank you so much for your love, care and guidance in all my endeavours. You have groomed me into a woman of substance by enabling me pursue my career. I will forever be grateful and may the almighty God bless you all abundantly.

# ACKNOWLEDGEMENT

It would be impossible to acknowledge adequately everyone who put his or her efforts to ensure the success of my Research Project. Special thanks go to my supervisors Dr. Maria Kaguhangire Barifaijo and Dr. Edgar Mwesigye Kateshumba who always guided and corrected me to see me through this research successfully. I also sincerely appreciate my sisters and brothers and friends especially Beata, Mr. Muhumuza and Lawrence for their continuous support during my research project.

**TABLE OF CONTENTS**

[DECLARATION i](#_Toc504943351)

[APPROVAL ii](#_Toc504943352)

[DEDICATION iii](#_Toc504943353)

[ACKNOWLEDGEMENT iv](#_Toc504943354)

[TABLE OF CONTENTS v](#_Toc504943355)

[LIST OF TABLES xi](#_Toc504943356)

[LIST OF FIGURES xii](#_Toc504943357)

[LIST OF APPENDICES xiii](#_Toc504943358)

[ABSTRACT xiv](#_Toc504943359)

[CHAPTER ONE 1](#_Toc504943360)

[INTRODUCTION 1](#_Toc504943361)

[1.1. Introduction 1](#_Toc504943362)

[1.2. Background of the study 1](#_Toc504943363)

[1.2.1 Historical background 1](#_Toc504943364)

[1.2.2. Theoretical background 3](#_Toc504943365)

[1.2.3. Conceptual background 4](#_Toc504943366)

[1.2.4. Contextual background 5](#_Toc504943367)

[1.3. Statement of the problem 6](#_Toc504943368)

[1.4. General objective 7](#_Toc504943369)

[1.5. Specific objectives of the study 8](#_Toc504943370)

[1.6. Research questions 8](#_Toc504943371)

[1.7. Study hypotheses 8](#_Toc504943372)

[1.8. Conceptual framework 8](#_Toc504943373)

[1.9. Significance of the study 9](#_Toc504943375)

[1.10. Justification of the study 10](#_Toc504943376)

[1.11. Scope of study 10](#_Toc504943377)

[1.11.1. Geographical scope 11](#_Toc504943378)

[1.11.2. Content scope 11](#_Toc504943379)

[1.11.3 Time scope 11](#_Toc504943380)

[1.12. Operational definitions 12](#_Toc504943381)

[CHAPTER TWO 14](#_Toc504943382)

[LITERATURE REVIEW 14](#_Toc504943383)

[2.1. Introduction 14](#_Toc504943384)

[2.2. Theoretical review 14](#_Toc504943385)

[2.3. Conceptual review 16](#_Toc504943386)

[2.4 Related literature review on psychological contract and job satisfaction 18](#_Toc504943387)

[2.4.1. Influence of transactional psychological contract and job satisfaction 19](#_Toc504943388)

[2.4.3. Influence of relational psychological contract and job satisfaction 21](#_Toc504943389)

[2.5. Summary of the literature review 23](#_Toc504943390)

[CHAPTER THREE 25](#_Toc504943391)

[METHODOLOGY 25](#_Toc504943392)

[3.1. Introduction 25](#_Toc504943393)

[3.2. Research design 25](#_Toc504943394)

[3.3. Study population 26](#_Toc504943395)

[3.4. Determination of the Sample Size 26](#_Toc504943396)

[3.5. Sampling Techniques and procedure 27](#_Toc504943398)

[3.6. Data Collection Methods 28](#_Toc504943399)

[3.6.1. Questionnaire Survey Method 28](#_Toc504943400)

[3.6.2. Interview Method 29](#_Toc504943401)

[3.6.3. Observation 29](#_Toc504943402)

[3.7. Data collection instruments 29](#_Toc504943403)

[3.7.1. Self-Administered Questionnaire 30](#_Toc504943404)

[3.7.2 Interview Guide 30](#_Toc504943405)

[3.7.3. Observation checklist 30](#_Toc504943406)

[3.8 Validity and Reliability 31](#_Toc504943407)

[3.8.1 Validity 31](#_Toc504943408)

[3.8.2 Reliability 31](#_Toc504943409)

[3.9 Procedure of Data Collection 32](#_Toc504943410)

[3.10.1 Quantitative Analysis 33](#_Toc504943411)

[3.10.2 Qualitative Analysis 33](#_Toc504943412)

[3.11 Measurement of Variables 34](#_Toc504943413)

[3.12 Ethical considerations 34](#_Toc504943414)

[CHAPTER FOUR 35](#_Toc504943415)

[PRESENTATION, ANALYSIS AND INTERPRETATION OF RESULTS 35](#_Toc504943416)

[4.1 Introduction 35](#_Toc504943417)

[4.2 Response rate 35](#_Toc504943418)

[4.3 Results on Background Characteristics of Respondents 35](#_Toc504943420)

[4.3.1 Gender of the Respondents 36](#_Toc504943421)

[4.3.2 Age of the respondents 36](#_Toc504943423)

[4.3.3. Marital Status of the Respondents 37](#_Toc504943425)

[4.3.4 Respondents’ Highest Level of Education 38](#_Toc504943427)

[4.3.5 The Health Centres the respondents were working 38](#_Toc504943429)

[4.3.6. Designation of the Respondents in the Health Centres 39](#_Toc504943431)

[4.3.7 Number of years worked in the health centre 40](#_Toc504943433)

[4.4 Empirical Results on the Influence of Psychological Contract on Job Satisfaction 41](#_Toc504943435)

[4.4.1 Objective one: Influence of Transactional Psychological Contract on Job Satisfaction 41](#_Toc504943436)

[4.4.3 Objective three: Influence of Relational Psychological Contract on job satisfaction 44](#_Toc504943438)

[4.4.4 Employee job satisfaction 48](#_Toc504943440)

[4.5 Test of Hypotheses using Regression analysis 53](#_Toc504943442)

[CHAPTER FIVE 56](#_Toc504943445)

[SUMMARY, DISCUSSION, CONCLUSION AND RECOMMENDATIONS 56](#_Toc504943446)

[5.1 Introduction 56](#_Toc504943447)

[5.2 Summary. 56](#_Toc504943448)

[5.2.1 Influence of transactional psychological contract on job satisfaction 56](#_Toc504943449)

[5.2.2 Influence of relational psychological contract on job satisfaction 56](#_Toc504943450)

[5.3 Discussion of the study findings. 56](#_Toc504943451)

[5.3.1 Influence of transactional psychological contract on job satisfaction 57](#_Toc504943452)

[5.3.2 Influence of relational psychological contract on job satisfaction 57](#_Toc504943453)

[5.4 Conclusions 59](#_Toc504943454)

[5.4.1 Influence of transactional psychological contract on job satisfaction 59](#_Toc504943455)

[5.4.2 Influence of relational psychological contract on job satisfaction 60](#_Toc504943456)

[5.5. Recommendations 61](#_Toc504943457)

[5.5.1 Influence of transactional psychological contract on job satisfaction 61](#_Toc504943458)

[5.5.2Influence of relational psychological contract on job satisfaction 62](#_Toc504943460)

[5.6 Limitations of the study 62](#_Toc504943461)

[5.7 Contributions of the study 63](#_Toc504943462)

[5.8 Areas recommended for future research 63](#_Toc504943464)

[REFERENCES 64](#_Toc504943465)

[APPENDENCES I](#_Toc504943466)

**LIST OF ABBREVIATIONS AND ACRONYMS**

PC Psychological Contract

RPC Relational Psychological Contract

TPC Transactional Psychological Contract

DV Dependent Variable

IV Independent Variable

Et al, And others

MoH Ministry of Health

SPSS Statistical Package for Social Sciences

H/C Health Centre

MUWRP Makerere Walter Reed Project

SMS Short Message Services

FY Financial Year

Mun. Municipality

CIPD Chartered Institute of Personnel and Development

HCD Human Capital Development

HRM Human Resource Management

TQM Total Quality Management

UBOS Uganda Bureau of Statistics

DHO District Health Officer

**LIST OF TABLES**

[Table 3.1: Population Category and Sample Size of the Respondents 28](#_Toc504943397)

[Table 4.1: Response rate 37](#_Toc504943419)

[Table 4.2: Gender of respondents 38](#_Toc504943422)

[Table 4.3: Age of the respondents 39](#_Toc504943424)

[Table 4.4: Marital status of Respondents 40](#_Toc504943426)

[Table 4.5: Respondents’ Level of Education 41](#_Toc504943428)

[Table 4.6: Health Centres the respondents were working 42](#_Toc504943430)

[Table 4.7: Designation of the respondents in the health centers 43](#_Toc504943432)

[Table 4.8: Number of years worked in this health centre 44](#_Toc504943434)

[Table 4.9: Influence of transactional psychological contract on job satisfaction 45](#_Toc504943437)

[Table 4.10: Influence of relational psychological contract on job satisfaction 48](#_Toc504943439)

[Table 4.11:Employee job satisfaction 52](#_Toc504943441)

[Table 4.12: The regression model for transactional psychological contract and relational psychological contract on job satisfaction of health workers 56](#_Toc504943443)

[Table 4.13:Analysis of Variance Showing the Results on influence of psychological contract on Job Satisfaction 57](#_Toc504943444)

**LIST OF FIGURES**

[Figure 1.1: Influence of Psychological Contract on Job Satisfaction. 9](#_Toc504943374)

**LIST OF APPENDICES**

[Appendix I: Questionnaire I](#_Toc496716536)

[Appendix II: Interview Guide V](#_Toc496716537)

[Appendix III: Observation Guide for Employee Behaviour in some Health Facilities](#_Toc496716539) VII

**ABSTRACT**

This research study assessed the influence of psychological contract on the job satisfaction of health workers in public health facilities in Mukono Municipality. Psychological Contract was the independent variable and Job Satisfaction was the dependent variable. The study was guided by two specific objectives: examining the influence of transactional psychological contract on job satisfaction of health workers in public health facilities in Mukono Municipality; and examining the influence of relational psychological contract on job satisfaction of health workers in public health facilities in Mukono Municipality. Social Exchange Theory and the Iceberg Model were used to guide the study in relation to the study objectives. The research design used was an explanatory research design that exploited both qualitative and quantitative approaches. A representative of 60 respondents was the sample population for questionnaire administration and 5 key informants responded to the interviews. The study was conducted using questionnaire survey method, interview method and observation method as the methods for data collection. The raw data was analysed using statistical package for social sciences (SPSS) and presented using mean, frequencies, percentages and standard deviation and regression analysis and the qualitative data was presented in a narrative form. In the study revealed that job satisfaction was fairly influenced by transactional psychological contract (beta = .419, t= 3.753 p = 0.000<.001) and relational psychological contract (beta = .303, t= 2.714 p= 0.009). It was evident that the regression model of job satisfaction was significant (Sig =0.000, p<.01) meaning that; transactional and relational psychological contract were appropriate predictors of job satisfaction and the predictive power of the model was found to be 30.5% (Adjusted R Square = 0.305). The study concluded that both transactional and relational psychological contracts can influence job satisfaction positively if fulfilled or negatively if not fulfilled. The study recommended that

health facilities in Mukono Municipality and Uganda at large implement proper human asset management practices to increase on the retention of health workers for example by revising their salary scales, paying them in a timely manner and investing in the skills of employees by emphasizing on career development in order to increase on their productivity in health facilities and improve their job satisfaction levels because if it is no done, adverse effects as of job dissatisfaction will occur.

**CHAPTER ONE**

**INTRODUCTION**

**1.1. Introduction**

It is not uncommon to hear expressions of discontent from health workers, especially from those in public health facilities. It is also observable that many health workers do not attend fully to their assigned roles and responsibilities (Masaba, 2016; NHPII, 2010). This, in turn, draws complaints from patients of not receiving the expected attention and service yet they sign their employment contracts ready to work efficiently and effectively. But what seems certain is that people have varied reasons for taking on certain jobs and unwritten expectations. This study has therefore been motivated by the urge to understand how the unwritten expectations (PC) of employees influence the job satisfaction and subsequent decisions of the job holders, with specific reference to the scenario in public health facilities.

## 1.2. Background of the study

This section involves the historical, theoretical, conceptual and contextual parts of the background.

### 1.2.1 Historical background

The concept “Psychological Contract“(PC) has its origin in the early works of Argyris (1957) and from the Social Exchange Theory (Armstrong, 2009). One of the pertinent issues in this theory is that, social relationships comprise the distribution of unequal power resources and unspecified obligations (Blau,1964). In 1960, Argyris studied psychological contract in the context of leadership between the leader and subordinates as a consequence of the leadership style (Agarwal, 2015). Argyris used the term PC to mean an embedment of the power of perception with the values held by an organization and the employee in the employment relationship (Shrthi & P, 2012). Levinson et al. (1962) defined Psychological Contract in terms expectations about the reciprocal obligations make up an employee-organization exchange relationship. Notwithstanding, the key developments of Psychological Contract which led to its current use as an analytical framework were brought up primarily by Schein (1965). He expounded that; “The notion of psychological contract implies that there is an unwritten set of expectations operating at all times between every member of an organisation.” (Agarwal, 2015; Shruthi & P, 2012).

The concept “psychological contract” became popular in the 1980s due to the various large scale and small scale organisational changes like restructuring and reengineering. At that point, the traditional employment relationship was put on a test and serious behavioural and attitudinal reactions were observed among the employees. This concept was used to describe, explain and analyse the consequences of these changes (Freese & Schalk, 2008). In psychological contract management, employees and employers need to agree on their contribution for each other. Understanding and then manage these unwritten expectations can help organisations prosper and this is substantiated with what is happening in the hospitals.

The term “job satisfaction” was brought to lime light by Hoppock by1935 and his early work in this area ended with a pub­lication of a book entitled Job Satisfaction. The book was published in an era when “job satisfaction” was yet to be the subject of much scien­tific research. The book was based on his three studies conducted as part of his disserta­tion research. One of his studies began in the summer of 1932 where he examined job satisfaction among 80 adults that is 40 were employed and 40 were unemployed. The unemployed respondents were requested to consider on their most recent jobs. All respondents were asked to write what they enjoyed and hated about their work and they completed the self-report measures of overall “job satisfaction” and satisfaction with particular aspects of their jobs, like coworkers, pay and supervision (Bowling & Cucina, 2015)

**1.2.2. Theoretical background**

The research study was guided by one theory and a model as explained below.

The study adopted an “iceberg model advanced by Sigmund Freud in 1915”. According to Businessball.com (2010), an iceberg is 90% hidden and so is the psychological contract for employee-employer interactions. Above the water level is the Iceberg tip which represents the work and pay which is the traditional fair day’s work and a fair day’s pay (basic written contract), the typical written contractual obligation on both parties. Below the water level are the unwritten expectations from the employees and their employers (informal contract), mostly perceived differently by both employees and employers because they are not agreed upon and hidden. The right side of the iceberg comprises of employees’ expectations (rewards examples) like respect, work space, recognition, life- balance, control, benefits, security, training, promotions. On the left side are the employers’ unwritten expectations (examples of employee inputs) like innovation, results, commitment and loyalty (Shruthi & P, 2012). The iceberg model explains clearly the Psychological Contract in such a way that its hidden part under the water, are the contractual expectations which are unwritten and hidden.

The study also adopted the “Social Exchange Theory” of Blau (1964) as PC is grounded from this very theory (Armstrong, 2009) and Kordas (2013) reveals that the exchange theory explains how “Psychological Contracts” are structured that is that relational psychological contracts are built on the social exchange theory as employees establish a comparison level that is often influenced by theirsocial expectations and past experiences while the transactional contracts rely on the economic exchange basing on the cost- benefit analysis (Cherry, 2017; Changing Minds Organisation, 2016).

**1.2.3. Conceptual background**

The key concepts in this study include psychological contract and job satisfaction.

In a psychological contract, something beyond just accomplishing roles and responsibilities as stated in a formal employment contract is expected from an employee by the employer (George & Patterson, 2006). This word “Psychological” is used due to the fact that, in this case the contract is through minds and attitude and not done on paper and pen. Armstrong (2009) suggests that “psychological contract” is best seen as a metaphor, a term or phrase borrowed from a descipline of psychology which helps us make sense of our experience as it is a way of intrepreting the state of an employment relationship. Businessballs (2010) emphasises that the PC embodies in a basic sense, obligations, rewards, rights that employees believes they are owed by the employers in return for the employee's loyalty and work.

Mowday (2004) reveals that “job satisfaction” refers to the degree of favorableness in which an employee views his or her work. “Job Satisfaction” affects all employees’ lives, health professionals being inclusive. It is important factor in determining if employees will continue with their position or to seek employment elsewhere (Uneke et al., 2007). Stewart (2003) asserts that higher ‘job satisfaction” determines a better employee performance, higher level of patient satisfaction and lower turnover. Meaning that employees can even be willing to go an extra mile, having the zeal to accomplish assignments on time, exhibiting team spirit among others.

Armstrong (2009) defines the concept of job satisfaction as feelings and attitudes people have about their work and it’s closely linked to engagement, negative and positive attitudes towards the job lead to engagement and therefore “job satisfaction”. But this study observes that only the positive attributes can lead to job satisfaction and the negative ones lead to disillusionment.

**1.2.4. Contextual background**

Mukono district is working hard to ensure the attainment of good health of the people. Their main objective is to reduce disease and disease related burden to enable the population get involved in gainful economic activities (Mukono District annual statistical abstract, 2009). However, it is impossible to achieve the highest possible level of health services to all people, without satisfied health workers at their jobs. Health workers have many complaints related to their work possibly resulting from not being satisfied with their jobs. The Uganda Medical Association Secretary General, Dr. Obuku Ekworo argued that a robust health system is built on six pillars but the human resource is the most neglected and that health workers are equally affected by the poor health system and their said problems in the health do not stem from poor remunerations alone (Kwesiga, 2016). The situation has resulted to absenteeism, turnover, late coming, rudeness, strikes and negligence of health workers where patients have been given wrong drugs in hospitals instead of the right treatment and all these hinder better health service delivery (Masaba, 2016; Kisakye, et al., 2016; NHP II, 2010; MoH, 2016; Nassaka, 2015; Ninsiima, 2014; Turyagumanawe, 2014; URN, 2016). It has been further noted that some health workers in Mukono reached an extent of trading patients from the hospitals to their private clinics (Wesaka, 2013). Despite the availability of accommodation for some health workers, some health facilities register unreasonable closing and opening hours and having large crowds of patients. Some health workers ask for study leaves but instead get contracts with other organisations and some after their studies they don’t come back (District Health Office Personnel; Principle Health Officer Mukono Municipality in a personal interview). The problem of health workers not being satisfied with their jobs affects them directly who transfer their anger to patients making them becoming scape goats. These and many unconfirmed behaviors necessitate an investigation into the influence of PC and Job Satisfaction among health workers in public health facilities.

**1.3. Statement of the problem**

The ultimate goal of every health system is to ensure attainment of good health and wellbeing of all people through satisfied health workers. According to the MoH (2016), the government has made significant efforts like increasing staffing levels, improving staff remuneration, procuring drugs, improving professional development and awarding for timely reports to records officers in terms of transport refunds. Implementing partners like MUWRP offers training to the health teams and construction of new hospital blocks (Personnel District Health Office). In spite the efforts, key challenges like lack of commitment which tantamount to negligence of duty, low morale and unethical conduct among staff, lack of drugs and equipment still besiege Mukono Municipality (Principle Health Officer Mukono Municipality; DHO in a personal interview). Apparently, all these observable facts possibly are manifestations of discontent among health workers. Yet by the time they sign contracts it signifies their satisfaction with the terms and conditions. This clearly indicates that health workers have many unwritten expectations which influence their behavioral traits and attitudes. The unfulfilled expectations have resulted into absenteeism, turnover, late coming, rudeness and negligence of health workers in form of delayed and wrong diagnosis, and all these hinder better health service delivery (Kisakye, et al., 2016; Nasaka, 2015). This has gone to an extent of health workers referring patients to their private clinics instead of referring them to specialists (District Health Officer; Wesaka, 2013). And strikes have also been witnessed due to poor working conditions and low pay (Ainebyoona, 2017). If this trend continues, undesirable outcomes like poor health conditions, wastage of resources, staff turnover and the general occupation risks as a result of people working when not contented will worsen, making patients the scape goats. This study therefore, prompts to assess the influence of transactional and relational psychological contracts on “job satisfaction” of “health workers” in public health facilities.

**1.4. General objective**

To assess the influence of psychological contract on job satisfaction of health workers in public health facilities in Mukono Municipality.

**1.5. Specific objectives of the study**

1. To examine the influence of transactional psychological contract on job satisfaction of health workers in public health facilities in Mukono Municipality.
2. To examine the influence of relational psychological contract on job satisfaction of health workers in public health facilities in Mukono Municipality.

**1.6. Research questions**

1. How does transactional psychological contract influence job satisfaction of health workers in Mukono Municipality?
2. How does relational psychological contract influence job satisfaction of health workers in Mukono Municipality?

**1.7. Study hypotheses**

1. There is an influence of transactional psychological contract on employee job satisfaction of health workers.
2. There is an influence of relational psychological contract on employee job satisfaction of health workers.

**1.8. Conceptual framework**

The conceptual framework shows the influence of psychological contracts on job satisfaction. Psychological contract is the independent variable while job satisfaction is the dependent variables.

 **Independent variables (IV) Dependent variable (DV)**

 **Psychological Contract**

 **Job Satisfaction**

**Transactional Psychological Contract**

* Cash benefits
* Wages
* Salaries
* Pay for extra work
* Job retention
* Commitment
* Exhibiting team spirit
* Job involvement

**Relational Psychological Contract**

* Respect & Recognition
* Security & Safety
* Equity
* Influence/ control
* Workspace
* Work-life balance
* Flexibility
* Training & development.
* Promotion

**Figure 1.1: Influence of Psychological Contract on Job Satisfaction.**

**Source:** Modified from Birtch et al., 2015; Armstrong, 2009; Bussinessballs.com, 2010; Torrington et al., 2008).

**1.9. Significance of the study**

* The study generated vital information to the Ministry of Health (MoH) and other players in the health sector, including Mukono Municipality and the District, to review the management of health workers in their jurisdictions for improved health service delivery.
* Knowledge gained from this research can be used to inform policy decisions on health, such as planning and investment in the health sector.
* The study is of significance because it contributes to the academia by extending the knowledge base that currently exists about psychological contract and job satisfaction of health workers in public health facilities by clarifying on the influence between the two.
* The study may contribute to the existing knowledge about how people understand the work dynamics at their jobs, especially in the health sector.
* A study on the influence of psychological contract on job satisfaction is important for a developing country like Uganda because employee dissatisfaction affects the way how these organisations perform.

**1.10. Justification of the study**

Psychological Contract is one of the least researched areas, particularly in Uganda; yet it seems to affect the satisfaction of employees at work. And there has been a problem with job satisfaction in Mukono municipality where the health workers even trade patients taking them away from the public health facilities to their private clinics (Wesaka, 2013) but there is no known study about this problem. That is why the study intends to assess the influence of psychological contract on job satisfaction as managing the psychological contract is an essential duty for organisations attempting to be “people-building” instead of “people-using”.

**1.11. Scope of study**

This provides for the boundary of the research study in terms of content, geographical and the time scope.

**1.11.1. Geographical scope**

The research study was conducted in Mukono municipality, located 20kms east of Kampala City in Mukono District along Kampala- Jinja highway that links Uganda to its neighbour Kenya. Mukono Municipal Council is composed of two divisions: Mukono Central Division with 4 parishes and 41 villages and Goma Division with 5 parishes and 36 villages (Mukono Municipality, 2017). Mukono municipality was chosen because these health centres provide health services almost to all people irrespective of their location and Mukono town has a very high growing population as confirmed by Payne (2017) that Mukono is one of the fastest growing urban areas in Uganda.

* + 1. **Content scope**

The study was limited to psychological contract (IV) and job satisfaction (DV). It encompasses fulfilment, breach and its influence on job satisfaction. The measurements of psychological contract are: relational and transaction while those of job satisfaction are commitment, job involvement and job retention.

**1.11.3 Time scope**

The researcher was interested in studying the events that cover a period of eight years: 2010 – 2017. It’s enough period for psychological contract to manifest its self clearly. One who has just joined the organisation may not open up freely as they are still testing the ground. Employees who have been in an organisation for long may fully express themselves. It is in the interest for this study that the psychological contract is looked at for old and new entrants.

**1.12. Operational definitions**

In the context of this study, the following words and expressions are used to mean as follows:

**Psychological contract**: Unwritten expectations among health workers in public health facilities in Mukono Municipality of their employer (the government) usually not stated in the employment contract.

**Employee turnover intention**: The degree to which health workers are determined to leave from the public health facilities in Mukono Municipality.

**Job retention**: The ability and willingness of the current staff to remain working in the health facilities in Mukono Municipality (retaining their jobs).

**Job involvement**: The degree to which health workers are engaged in and enthusiastic about performing their work in Mukono Municipality (acting in a way that furthers their organisation’s interests).

**Commitment**: The state of being dedicated by health workers while performing their roles and responsibilities towards achieving the mission and goals of their health institutions in Mukono Municipality.

**Team spirit:** Health workers being in position to freely work together with other health workers in Mukono Municipality.

**Job satisfaction:** This is the degree to which health workers in public health facilities are contented with their jobs in Mukono Municipality.

**Psychological contract breach**: The study adopted Gakovic &Tetrick (2003) definition of employee’s perception that the organisation (health facility) has failed to fulfil one or more obligations associated with perceived promises (Ballou, 2013).

**Health workers:** These refer to all employees in government health institutions in Mukono municipality.

**Public health facilities:** These refer to purely government owned hospitals in Mukono Municipality.

In conclusion, this chapter has focused on the background to the study, problem statement, objectives, research questions, hypothesis, conceptual framework, significance, justification, scope and operational definitions of key concepts. The next chapter deals with reviewing the literature related to the influence of psychological contract on job satisfaction.

**CHAPTER TWO**

**LITERATURE REVIEW**

**2.1. Introduction**

This chapter examines works by scholars and other related materials on the subject of psychological contract and job satisfaction conducted at earlier times in other places under two broad themes in accordance with the objectives of the study. In particular, the chapter presents the theoretical review, conceptual review related review and summary of literature review.

**2.2. Theoretical review**

The “Iceberg Model advanced by Sigmund Freud in 1915” as expounded by Shah (2010) to illustrate the mutual expectations of inputs and outputs for faculty-student relationships where study and knowledge reflect the basic contract. On the left of the iceberg below the water are the faculty expectations of the students like paying attention in class while on the right hand side are the students expectations of the faculty like good grading and being approachable all hidden at 90%. Satisfaction of either sides is viewed with a rising iceberg. Such satisfaction is taken to be the satisfaction of the psychological contract. However, these percentages may vary according to different circumstances. Shruthi & P (2012) assert that junior workers in an old-fashioned “X- Theory autocratic organizations” where mutual expectations have little visibility and clarity, their iceberg is imagined to be submerged at 95% or 99% and the PC between more modern enlightened employers and their employees especially with the successful, experienced, senior and mature staff is most probable to be visible and fully comprehended, with deeper rewards and inputs, mutually and formally agreed, their iceberg might be only submerged at 60% or 70% though these figures are not scientifically proven but simply explain a way in which the model operates.

This “Iceberg Model” greatly explains the current scenario in this study of having the greatest percentage of employees’ expectations hidden from the formal job contract and the influence they have on our job satisfaction. However, the iceberg model doesn’t show the point at which expectations intensify to disillusionment. It still doesn’t explain among the range of expectations which one’s matter most to the employee and how to determine this is a subject for another study.

The “Social Exchange Theory” of Blau (1964) explains that social behaviour is a result of an exchange process. It proposes that, people weigh the potential risks with the benefits of a social relationship and when the rewards are outweighed by the risks, people will give up with that relationship or terminate it and the reverse (Cherry, 2017). So most relationships are made up of a certain amount of give-and-take. The scholar explains that also expectations play a major role in a social exchange process as the cost- benefit analysis do. Employees always establish a comparison level which is often influenced by past experiences and social expectations as they continue to survey the potential alternatives to determine if the relationship is still better than other available opportunities (Changing Minds Organisation, 2016).It confirms that how we feel about a relationship with another person is dependent on our perceptions of: the balance between what we put into the relationship and what we get out; the chances of having a better relationship with someone else and the kind of a relationship we feel to deserve. In other words many employees may assess their jobs in terms of how they have fulfilled their obligations and how their employees have rewarded them and finally come to a conclusion that whatever they receive is not what they deserve. Because some believe that there is nothing better they can find so they keep around. But the question still remains what about others and if they stay at the job with those feelings how are they going to deliver?

**2.3. Conceptual review**

Saleem (2015) defines “job satisfaction” as an internal satisfaction and a sense of pride while executing a specific task. A psychological state that develops employees’ evaluation about their work and work experience (Poon, 2003). It is a multi-dimensional phenomenon which is affected by different external and internal aspects like individuals’ values and beliefs, personality characteristics, principles, career growth, working environment and job content. Kabak et.al (2014) emphasises that job satisfaction is not a constant phenomenon. It changes with any external (organizational change) or internal change in employees’ behaviour or attitude. Any decrease or increase in these non-financial and financial benefits determines the employees’ job satisfaction level (Bari et al., 2016).

According to Yip et al. (2011) “Job Satisfaction” is a vital variable to be put into consideration while gauging the success of an organization due to the fact that for organizations to be productive, concerns of employee sought to be met. Factors like sabotage, violence and absenteeism indicate low job satisfaction and commitment towards an organization. That is why it was vital for commitment to appear among the indicators of job satisfaction as job satisfaction is related to job involvement, mental health, organizational citizenship behaviours and organizational commitment (Armstrong, 2016).

At the foundation of an employee–organization relationship is a “Psychological Contract”, comprising of beliefs about reciprocal obligations between the employer and the employee (Richards et al., 2009, p.819; Guest, 2007; Armstrong, 2016; Curwen, 2011). The aspects of the employment relationship covered PC from the side of the employee may include, how they are treated in terms of consistency and equity, fairness, job security, involvement and influence, career expectations, scope to demonstrate competence and the opportunity to develop their skills and trust in the management of the organizations to keep their promises and their employers expect; competence, compliance, commitment, loyalty and effort (Guest, 2007: 133). Birtch et al.(2015) suggests that employees form perceptions about resources and inducements like training and development, compensation and beneﬁts receive from their employers for the contributions and work effort they give to the organisations and because an employment exchange entails both intangible (relational) and tangible (transactional) components, such cognitions reﬂect expectations about both long-term relational aspects like socio-emotional expectations of the exchange and short-term transactional inducements like benefits and compensation respectively.

According to Bari et al. (2016), “relational psychological contract (RPC)” contains four dimensions which are used to measure it: job content, social atmosphere, organizational policies and career development. But he adopted these four variables from the scales developed by (Freese et al., 2008; Smissen et al., 2013). In RPC, the employer also fulfils their obligations by providing job security, a steady career growth and stable remuneration. The employee is supposed to be loyal to the organization, support the organisation’s objectives, needs and interests (Birtch et al., 2015).In other words, for public health facilities Mukono Municipality to have health workers who are who are loyal, support the objectives, interests and needs of these health facilities, the government of Uganda through the Ministry of Public Service and Ministry of Health should provide stable remuneration, steady career growth and job security. However this is yet to be confirmed in the Ugandan context in the subsequent chapters of the study and that is why under the independent variable on transactional psychological contract, elements like cash benefits, salaries, wages, and pay for work appear.

## 2.4 Related literature review on psychological contract and job satisfaction

“Psychological contracts” share certain features and they can also have many forms depending upon the nature of the work,employee motives, and the human resource strategy in place (Rousseau, 2004). Scholars like (Patrick, 2008; Starnes, 2007) attest four types of psychological contracts, that is; Transactional contracts, Relational contracts, Transitional contract, Balanced contracts as defined by Rousseau (1995) on the basis of performance requirements being specified or non-specified, and time-frame being short or long. But for the purpose of this study only two types transactional and relational psychological contracts are focused on as extensive research has shown that “psychological contracts” can be portrayed in two different ways: transactional and relational (Ballou, 2013) and manyscholars have also adopted the relational-transactional classification of psychological contract like (Zhao et al.,2007; Phuong, 2013; Curwen, 2011). Birtch et al. (2015) emphasizes that the employment exchange entails both intangible (relational) and tangible (transactional) components as (Rousseau, 2004; Gagnum, 2016) confirm thatthere are general patterns that distinguishes between how employers and employees behave towards each other, these involve “relational psychological contracts” and “transactional psychological contracts”.

Transactional contracts are primarily based on an exchange of work for money with a definite and specific description of responsibilities and duties and **t**he relational contracts are open-ended but with an incomplete and ambiguous performance requirements attached to that continued membership where the employees are supposed to be loyal to the organization and their employers fulfil their part of obligations by ensuring the wellbeing of the employees and their families (Starnes, 2007).

### 2.4.1. Influence of transactional psychological contract and job satisfaction

In a study about turnover intentions of Academic Librarians in Zimbabwe, it was found that poor salaries were a serious factor in influencing their turnover intentions hence considering quitting their current employment in search for higher salaries in the NGO sector where there was a better pay(Willard, 2013).As Blomme et al. (2008, p.21) puts it that “when two or more employees perform similar work and have similar responsibilities, differences in pay rate can drive lower paid employees to quit”. This difference is witnessed in cases of the drift where government medical workers migrate to private health facilities where health workers with similar job descriptions and qualification have high pay rates which makes the private health facilities to be more attractive in terms of salary (Grange, 2007). This implies that when the transactional expectations are met, job satisfaction can be achieved hence improving on the job return rates and the reverse is true hence justifying the need to conduct this study “to assess the influence of psychological contract on job satisfaction of health workers in public health facilities in Mukono Municipality”.

A study among health care workers about health sector reforms in Ghana and the challenge of attrition revealed that just a 10% increase in their earnings decreased Ghana’s annual attrition from the public payroll by 1.5 percentage (Antwi & Phillips, 2013). That indicates that the transactional components of PC like salary can have a positive influence on indicators of job satisfaction like intention to stay on a job. Yip et al. (2011) admits that pay is among the components considered vital to” job satisfaction” and one might think that “pay” is considered as the most important component in “job satisfaction” but Hennicks (2014) says that money shouldn’t be looked at as a Band-Aid because not everything can be solved with money though it is important, though not the most important factor. These are studies not done in the Ugandan context so the researcher is yet to firm them or not in chapter 4 and 5 of the study. However, that argument might be true for employees with a transactional psychological contract. Due to the social influence, money can most often possess a powerful effect on “job satisfaction” regardless of how important a motivator money is to that person (Yip et al., 2011). In this particular situation, that’s when the transactional psychological contract is influencing employee job satisfaction positively.

Reward systems are among the more tangible and traditional ways of dealing with employee retention. These may involve several forms such as salaries, bonuses, advancement and other inducements Hennicks (2014). According to Agwu & Emeti (2013), the workers’ acceptance of a reward system is subjected to the way they perceive fairness regarding the rewards. Weinberger (2010) emphasizes that an effective compensation system offers a clear direction of retaining staff because it secures and reward high calibre employees leading to increased job satisfaction and employee productivity (Davis, 2007 as cited in Hennicks, 2014). Griffeth et al. (2000) emphasized that when organisations provide adequate financial incentives to their employees’, the more likely they will remain working with the organization and the reverse is true.

**2.4.3. Influence of relational psychological contract and job satisfaction**

Several components are considered vital to “job satisfaction” as they influence the way an employee feels about his or her job and they figure into an employee’s job satisfaction differently. These include benefits, co-workers, promotion, supervisor, communication, safety, work conditions, and the work itself. For example, an employee who stands to be rewarded for doing his or her work, may find this job more satisfying and such rewards range from improved working environment like having a nicer chair and a corner office, to higher responsibility and security.As a result, such employees may feel an affective factor that causes them to identify with such organisations, their goals, and other employees and in some cases, an employee feels he or she can't leave because the social norms have forced him or her to conform to the ideal lifestyle in that particular organisation making it seem necessary to hold that job, “settle down” and support their family (Yip et al., 2011).In other words, fulﬁlling an employee’s PC is essential because of its potential inﬂuence on employees’ behaviors, outcomes and attitudes (Birtch et al., 2015) and this will enable them develop an implicit obligation of reciprocating to their organizations with a strengthened socio-emotional and affective bond, which is likely to include; increased organizational commitment and job satisfaction.

According to Armstrong (2016), to develop a commitment strategy, you must develop a positive PC by treating employees as stakeholders, relying on cooperation and consensus instead of coercion and control, and focusing on the provision of opportunities for career progression, learning and development. Mathauer & Imhoff (2006) emphasizes that training and professional progress are important in nurturing health care workers' personal objectives and their value system. As a HRM tool, it can serve several purposes like coping better with the requirements of their jobs, achieving personal goals of professional advancement and enabling them to take on more demanding duties and positions. This implies that when all that is done, employees will attain job satisfaction. Prajogo & Cooper, (2010) asserts that senior manager’s commitment, empowerment, training, involvement, teamwork, work and growth satisfaction effect on employees’ soft performance or job satisfaction. Another study explains that employees training and education, reward and recognition, relation and teamwork, employees empowerment and quality culture positively effect on employees’ job satisfaction (Kabak et. al., 2014)therefore, individuals with RPC are normally happier and satisfied hence a positive effect on their job satisfaction.

Changes in an organization due to management and administration may create uncertainty and distrust between employees and employer that may trigger the job dissatisfaction. This scenario indicates the need of relational psychological contract (RPC) between employees and employer to make TQM soft practices more rewarding to increase the employees’ job satisfaction (Bari et al., 2016). This argument is consistent with the literature which found out that RPC among employees and their employers increases the level of employees’ satisfaction, commitment, and performance (Boon Ooi et.al, 2007). This is what the study is yet to confirm in the Ugandan context.

According to Mullins as cited in Kazibwe (2008), working conditions which not only include the physical conditions in a work place but also the working relations in an organisation, influence the employees’ level of satisfaction. In a conducive working condition, employees prefer to work hard, while in hostile atmosphere, they will avoid the work. In other words, if the working conditions are favourable, employees are going to work hard, be committed and involved in their jobs. The working relationships can also help them to exhibit the team work amongst themselves. Hence RPC having a positive influence on Job Satisfaction. Chaudhary & Sharma, 2012 emphasizes that the productivity rate in an organisation is mostly dependent on employee behavior, because organisations are mainly manpower-driven and in organisations which do not fulfill employees’ psychological contract, employees will reciprocate their negative actions towards such organizations by performing the bare minimum in form of low morale, showing no interest and creativity in their world of work, lack of attention to detail and higher rates of negligence, (Cantisano, Dominguez, &Depolo, 2008; Arain, et al., 2012; Bal, 2009).

**2.5. Summary of the literature review**

Psychological Contract are the unwritten or hidden expectations comprising mainly two forms: the transactional contract which is monetary based involving coping with financial obligations and direct exchange and the relational psychological contract reflects socio- emotional elements like trust, commitment and loyalty and it is built on the social exchange theory. The iceberg model illustrates the extent to which these expectations can be hidden where only the ice tip is exposed signifying the work and pay but the rest of the iceberg is hidden beneath the water at 90% and the social exchange theory brings out the idea of reciprocity in PC which leads to job satisfaction. Psychological contract fulfilment is vital as the literature has tried to identify its impact among the employees and if breached, the consequences can harm an organization. Therefore, it’s vital for organizations to be aware of the differences in how employees react to fulfillment and breach of their PC as the reactions can differ dramatically and significantly disturb an organization’s performance. “Job satisfaction” is very essential because it relates to a positive emotional state of employees’ resulting from their work experiences. The contributing aspects include good working conditions, fair remuneration, effective leadership and meaningful work (Iwu, 2013). Once they are been fulfilled, job satisfaction will be achieved as research has revealed that “job satisfaction” cannot exist without positive external or internal contributing factors (Saif-ud-Din, Khair-uz-Zaman, & Nawaz, 2010; Jönsson, 2012; Bal &Kooij, 2011).Flood, Turner, Ramamoorthy, & Pearson (2005) emphasizes that past research has established that reduced turnover intent, higher levels of commitment and higher job satisfaction correlate with a fulfilled PC. Therefore, upholding PC is of a great importance for securing a lasting and healthy work relationship productivity (Kabar & Barrett, 2010). It is sufficient to justify this study because the existing literature tries to help us understand the situation at hand but it leaves out some questions for further review like if the employees expectations are not fulfilled yet they still maintain the jobs then what are the reasons behind that? From the existing literature, many studies look at psychological contract as a whole or in general but this study focuses on how transactional and relational psychological contacts influence job satisfaction as Curwen (2011) emphasises that by acknowledging the different types of contracts, organisations are better able to understand their employees’ situation and offer the most appropriate PC content for it influences their job satisfaction.

**CHAPTER THREE**

**METHODOLOGY**

**3.1. Introduction**

This chapter presents and explains the methodological considerations that guided the study and practical processes of data management. It lays out the research design and defines the study population and sample determination. Sampling techniques and data collection methods, procedures and data management and analysis are explained. The chapter concludes with an elaboration of how the issues of validity and reliability were handled.

**3.2. Research design**

This research study employed a mixed method approach focusing on an explanatory research design. It involved a combining of both quantitative and qualitative research and data. Qualitative data was open-ended without predetermined responses and the quantitative data included closed-ended responses. This method is appropriate since all methods may have weaknesses and bias, and collecting both quantitative and qualitative data neutralizes the weaknesses of each form of data. It was also used to check the validity and accuracy of the other data (Creswell, 2014) and for clarification. The qualitative method provided in-depth explanations to events while the quantitative method provided the data which was needed to meet required objectives and to test the hypotheses (Mugenda & Mugenda, 2003). The study is considered explanatory because the initial quantitative data results were explained further with the qualitative data meaning that quantitative data was analysed first and the results were explained in more detail with the qualitative data (Creswell, 2014).

**3.3. Study population**

The study population consisted of 79 health workers from Mukono Municipal Public Health facilities including 52 staff at Mukono Municipality Health Centre IV, 12 from Goma Health Centre III, 4 from Nantabulirirwa HC II, 5 from Kyungu HC II and 4 from Nyanja Health Centre II. This population was considered because it is composed of all categories of health workers who have for long worked with the public health sector and those who are relatively new entrants thus well placed to provide the necessary information required. The 2002 national census estimated the population of the town at 46,506. In 2010, UBOS estimated the population at 57,400 and 59,000 was estimated as the mid-year population in 2011. On 27 August 2014, the national population census put its population at 161,996. So better health services are crucial to such a growing population. Yet these facilities especially Mukono Health Centre IV serve also the entire district plus other surrounding districts like Buikwe and Kayunga.

**3.4. Determination of the Sample Size**

The study used a sufficiently selected number of elements that were used in providing an understanding of its characteristics to make it possible to generalise such characteristics to the population elements. The study determined sample size basing on Slovin’s formula of sample size selection of 1960 as:

$$n=\frac{N}{1+N(e)^{2}}$$

Whereby n = Sample size

 N = number of health workers in Mukono municipality

 e = margin of error [0.05] at 95% confidence level.$n=\frac{N}{1+N(e)^{2}}$

$$n=\frac{N}{1+N(e)^{2}}$$

$$n=\frac{79}{1+79(0.05)^{2}}$$

$$n=\frac{79}{1.1975}$$

$n=66$ Respondents in form of public health workers in Mukono Municipality

**Table 3.1: Population Category and Sample Size of the Respondents**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category** | **Total Population** | **Sample population** | **Sampling technique** |
| Principle medical officer  | 1 | 1 | Purposive sampling |
| Health inspector  | 1 | 1 | Purposive sampling |
| Mukono Mun. HC IV | 52 | 43 | Convenient sampling  |
| Goma HC III | 12 | 10 | Convenient sampling  |
| Nantabulirirwa HC II | 4 | 3 | Convenient sampling  |
| Kyungu HC II | 5 | 4 | Convenient sampling  |
| Nyanja HC II | 4 | 3 | Convenient sampling  |
| **Total** | **79** | 65 |  |

**Source: Mukono Municipality Health Records as of December, 2016**

As Table 3.1 indicates, a sample of 65 medical workers were considered out of a population of 79 health workers.

**3.5. Sampling Techniques and procedure**

This study employed a non-probability type of sampling of using both the convenient and the purposive sampling techniques. In the convenient sampling technique, the sample was obtained from the population that is conveniently available to be interviewed (Katamba & Nsubuga, 2014). This technique saves as time respondents can be easily accessed. As indicated in Table 3.1 above, the study used convenient sampling for all the health workers at the respective health units within the municipality. In using convenient sampling, the researcher interviewed whoever was accessible because the health workers are ever engaged and yet they are on a rotation basis of either working in a day or night shift. The selection of the respondents was based on the respondents’ possession of the required information. This study used purposive sampling for the principal medical officer, health inspector of Mukono municipality and the in-charges of the health facilities and this is due to their positions by the virtue of their offices since they are considered to be knowledgeable about the study with regard to their power and authority as top employees (Mugenda & Mugenda, 2003) while convenient random sampling was used for the remaining sub categories who were conveniently available.

**3.6. Data Collection Methods**

The study employed a triangulation approach where several methods are used, and for the purpose of this study, questionnaire survey method, interview method, and observation method were used as explained below.

**3.6.1. Questionnaire Survey Method**

This method was used to gather primary data because it enables a researcher to collect a lot of data in a relatively short time and at less expense than most other methods, such as the interview method. The questionnaires were issued to 65 respondents who are the health workers of Mukono Municipality. It contained both open and close ended questions to ensure that both qualitative and quantitative data is captured. The selected respondents recorded their answers within closely defined alternatives with the guidance of the researcher. This method was appropriate because it helped the researcher to overcome the limitations of other tools such as observation which may not yield data on views, opinions, perceptions and feelings of the respondents in line with psychological contract. The questionnaire also used because it is less expensive for data collection (Amin, 2005). The questionnaire was used to gather primary data from the selected respondents as explained in section 3.7.1.

**3.6.2. Interview Method**

Interviews were conducted with the municipality principle medical officer, the municipality health inspector and the in-charges of the health centres as key informants and the researcher interviewed respondents one on one to obtain an in depth qualitative information on the influence of psychological contract on job satisfaction of health workers in Mukono municipality. So, the interview method helped in dealing with the issues of clarity.

**3.6.3. Observation**

This involved observing and making comments on structures and contracts as far as working conditions for the employees are concerned and how they carry out their work in the municipality. This method was used because it enabled the researcher to be able to asses directly the social relations involved (Katamba & Nsubuga, 2014). And also some data which was needed like the body language and attitudes was captured through observation than questionnaire and interview.

**3.7. Data collection instruments**

These are the tools which are going to be used for collecting primary data from the field.

**3.7.1. Self-Administered Questionnaire**

A total of 65 questionnaires were distributed to the targeted population. The study employed a close ended questionnaire divided into sections of background information of the respondents; forms of psychological contracts among health workers in public health facilities; influence of Relational PC on job satisfaction and influence of Transactional PC on job satisfaction of health workers. A standard Questionnaire on a five point Likert scale was used to get quantifiable primary data from the respondents on a scale of: 5- Strongly Agree; 4- Agree; 3- Not Sure; 2- Disagree; 1- Strongly Disagree (See appendix I).A five point Likert scale was used such that respondents do not take a middle ground. The questionnaires are popular because they are appropriate for large samples and the respondents would fill them at their own convenience and (Amin, 2005).

**3.7.2 Interview Guide**

A semi-structured interview guide was used to facilitate a question and answer session since the fore mentioned categories of people have important information with no time to fill in questionnaires (Sekaran, 2003). This guided the conversation between the researcher and the respondent in such a way that the topics were decided in advance. The guide was structured along areas of psychological contract and job satisfaction of health workers to extract qualitative data to explain the qualitative data (See appendix II).

**3.7.3. Observation checklist**

A structured observation guide was used and the researcher specified in detail what is to be observed and recorded (Katamba & Nsubuga, 2014). See appendix II. According to Sekaran, (2003), observation checklist is important because it clearly enables the researcher to witness events as they unfold for evidential reporting.

**3.8 Validity and Reliability**

This can also be called per-testing of the data collection instruments where data quality control is exercised as explained below:

**3.8.1 Validity**

The expert judgment of the research supervisors was used to attest the validity of instruments. The two research supervisors and two more judges were contacted to evaluate the relevance of each item in the instruments to the objectives. The experts rated items in terms of relevant or not relevant. Five items out of forty items were rated not relevant. The Content Validity Index (C.V.I) was used to determine the validity.

C.V. I= Items rated relevant by the judges divided by the total number of items in the questionnaire as shown hereinafter.

CVI = No. of items rated relevant X100 = 25 =0.83

 Total no. of items 30

For the instrument to be valid, the C.V.I should be at least 0.70 or 70% and above as recommended by Amin (2005). The items which were rated not relevant were improved before data was collected.

**3.8.2 Reliability**

The study instruments were pretested for measuring the consistence of the instruments in measuring what are supposed to measure basing on a sample of 10 respondents from health workers of Mukono Municipality to examine individual questions in the tools (Amin, 2005). A Cronbach’s alpha coefficient was calculated to indicate how consistent the data is using a Statistical Package for Social Sciences (SPSS) taking only variables scoring above 0.6 and above.

|  |  |  |
| --- | --- | --- |
| **Variable**  | **Cronbach's Alpha** | **Number of items** |
| Influence of Transactional Psychological contract on job satisfaction | .66 | 9 |
| Influence of Relational Psychological contract on job satisfaction  | .65 | 9 |
| Job Satisfaction  | .70 | 12 |
|  |  |  |

Reliability test of the questionnaire was done; all variable items guaranteed reliability since they had a Cronbach’s Alpha coefficient above from 0.6 and above is acceptable. This is evident in the table above. This implies that the items elicited similar responses when administered by the same respondents several times.

**3.9 Procedure of Data Collection**

After successful defence of the proposal, an introductory letter was received from the School of Management Science seeking permission to conduct the study from Mukono Municipality. The questionnaires were distributed to the respondents who met the inclusion criteria and the collection time was agreed upon with the respondents but within a period of five days. The filled questionnaires were then entered in Statistical Package of Social Scientists (SPSS) computer software to process the data in preparation for analysis. The interview guides were also given to the key informants on appointments and interview sessions were conducted face to face to obtain the required information from the respondents and the observation guide was used as the researcher visited the various public health centres in Mukono Municipality to collect data from respondents.

**3.10 Data Management and Analysis**

At this point, data from the research instruments were assembled, coded, tabulated and subjected to statistical processing.

**3.10.1 Quantitative Analysis**

Quantitative data was presented in form of descriptive statistics of mean and standard deviations, frequency and percentagesfor each of the variables used in the study. Strongly agree and agree were combined to indicate agree while strongly disagreed and disagree were combined to indicate disagree. Categorical data was analysed using SPSS. A regression analysis of adjusted R2 values, beta, t values and significance values was used to determine the magnitude of the influence of the IV on the DV and ANOVA statistics were used to analyse the variance between variables (Amin, 2005).

**3.10.2 Qualitative Analysis**

The useful qualitative data was analysed using content analysis where information obtained through the interviews were arranged in major themes of psychological contracts forms, and psychological contracts and job satisfaction. These were then presented using the narratives as presented by the interviewees. Implications, conclusions and inferences of qualitative information on the influence of psychological contracts on job satisfaction of health workers in public health institutions in Mukono Municipality was drawn and presented to augment and provide deeper understanding and explanations of the quantitative analysis.

**3.11 Measurement of Variables**

The variables were measured by operationally defining concepts for instance, the questionnaire was designed to get responses about the influence of psychological contract on job satisfaction of health workers in public health facilities in Mukono Municipality. These were channelled into observable and measurable elements to enable the development of an index of the concept. A five- Likert scale namely: (1) = Strongly disagree, (2) = Disagree, (3) = Not sure (4) = Agree (5) = Strongly agree was used to measure both the independent and dependent variables.

**3.12 Ethical considerations**

Anonymity and confidentiality of the respondents were put into consideration by not asking the respondents to put their names on the questionnaires and they were informed frankly that the information they gave was purely for academic purposes (Amin, 2005).

The respondents were handled with utmost respect while the researcher and the research assistants where collecting the data from them.

Ascriptions of authorship was put into consideration where the researcher indicated the sources of information used in an effort to acknowledge the works of past scholars to avoid plagiarism.

**CHAPTER FOUR**

**PRESENTATION, ANALYSIS AND INTERPRETATION OF RESULTS**

**4.1 Introduction**

This chapter presents the study findings in accordance with the research variables and questions. It presents the response rate, bio data, univariate results, respondents’ opinion results on the study variables and regression analysis.

**4.2 Response rate**

The Table 4.1 below presents response rate from the questionnaires which were distributed.

**Table 4.1: Response rate**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Research instrument** | **Targeted number** | **Actual number received back** | **Percentage** | **Percentage of not returned** | **Total Percentage** |
| Questionnaires | 65 | 60 | 92.3% | 7.7% | 100% |
| Interviews | 7 | 5 | 71.4 | 28.6 | 100% |

**Source: Primary data (2017)**

Table 4.1 above shows that out of the 65 questionnaires distributed, only 60 filled questionnaires were returned giving a percentage response rate of 92.3%. In addition, out of the 7 planned interviews, only 5 were successfully conducted giving a percentage response rate of 71.4%. The overall response rate was 92.3% (n = 60). This response rate was above the recommended two-thirds (67%) response rate. This indicates that researcher was able to obtain enough data for a comprehensive report.

**4.3 Results on Background Characteristics of Respondents**

The demographic data of the respondents are presented as below;

**4.3.1 Gender of the Respondents**

The respondents were asked to state their gender and the results were as indicated in table 4.2 below.

**Table 4.2: Gender of respondents**

|  |  |  |
| --- | --- | --- |
| **Variable** | **Frequency** | **Percent** |
|  | Male | 28 | 46.7 |
| Female | 32 | 53.3 |
| **Total** | **60** | **100.0** |

**Source: Primary data (2017)**

Most of the respondents were female (53.3%) as seen in table 4.2 above, and the rest are male (46.7%). The finding implies that both genders were represented with a reasonable number so the study wasn’t gender biased.

**4.3.2 Age of the respondents**

To establish the age structure of the respondents, they were asked to state their ages and below are the results as recorded in Table 4.3

**Table 4.3: Age of the respondents**

|  |  |  |
| --- | --- | --- |
| **Variables** | **Frequency** | **Percent** |
|  | 18-21 | 4 | 6.7 |
| 26-31 | 18 | 30.0 |
| 32-39 | 25 | 41.7 |
| 40-47 | 9 | 15.0 |
| 48 years and above | 4 | 6.7 |
| **Total** | **60** | **100.0** |

**Source: Primary data (2017)**

The results in Table 4.3 above show that the majority of the participants 41.7% (n = 25) belonged in the age group of 32-39 years, 30% (n = 18) belonged in the age group of 26-31 years, 15.0% (n = 9) belonged in the age group of 40-47 years and 6.7% (n = 4) belonged in the age group of 18-25 years and 48 and above years for each. The finding implies that since majority of the respondents were at least 26 years and above is clear that the age-bracket was mature enough to give dependable data.

**4.3.3. Marital Status of the Respondents**

The respondents were asked to state their marital status and below are the results as recorded in Table 4.4.

**Table 4.4: Marital status of Respondents**

|  |
| --- |
| **Marital status** |
| **Variable** | **Frequency** | **Percent** |
|  | Single | 14 | 23.3 |
| Married | 38 | 63.3 |
| Separated | 5 | 8.3 |
| Single parent | 2 | 3.3 |
| Divorced | 1 | 1.7 |
| **Total** | **60** | **100.0** |

**Source: Primary data 2017**

The results in Table 4.4 above indicate that 63.3% (n = 38) of the participants were Married, 23.3% (n = 14) were Singles and 8.3% (n = 5) had separated with their partners, 3.3% (n = 2) were single parents while the remaining 1.7% (n = 1) were divorced. It is observed that expectations from all categories of marital status were captured.

### 4.3.4 Respondents’ Highest Level of Education

The respondents were also asked to state their highest level of education and findings are shown in table 4.5 in details below.

**Table 4.5: Respondents’ Level of Education**

|  |  |  |
| --- | --- | --- |
| **Variable** | **Frequency** | **Percent** |
|  | Post- secondary | 12 | 20.0 |
| Certificate | 23 | 38.3 |
| Diploma | 19 | 31.7 |
| Bachelors | 5 | 8.3 |
| Masters | 1 | 1.7 |
| **Total** | **60** | **100.0** |

**Source: Primary data (2017)**

The results in Table 4.5 above indicate that majority of the participants 38.3% (n = 23) were having certificate as the highest level of education, 31.7% (n = 19) of the respondents were diploma holders, 20% (n = 12) were at the post- secondary level, 8.3% (n = 5) were degree holders, 1.7% (n = 1) had masters and none of the respondents had PhD as their highest level of education. The results show that the respondents were learned enough to understand the study instrument hence giving appropriate data.

**4.3.5 The Health Centres the respondents were working**

To establish the representation rate of the respondents from the different health facilities in Mukono Municipality, they were asked to state the Health Centres were they are working as presented in table 4.6 below.

**Table 4.6: Health Centres the respondents were working**

|  |  |  |
| --- | --- | --- |
| **Variable** | **Frequency** | **Percent** |
|  | Mukono HC IV | 41 | 68.3 |
| Goma HC III | 9 | 15.0 |
| Nantabulirirwa HC II | 3 | 5.0 |
| Kyungu HC II | 3 | 5.0 |
| Nyanja HC II | 4 | 6.7 |
| **Total** | **60** | **100.0** |

**Source: Primary data (2017)**

The results in Table 4.6 above show that majority of the respondents 68.3% (n = 41) were working in Mukono HC IV, 15.0% (n = 9) were working in Goma HC III, 6.7% (n = 4) were working in Nyanja HC II and the respondents working in Nantabulirirwa HC II and Kyungu HC II were at 5% (n = 3) each. The findings imply that all the five health centres in Mukono Municipality were represented and Mukono HC had the highest number of respondents because it is a health centre IV so it has a high number of staff compared to health centre III and II.

**4.3.6. Designation of the Respondents in the Health Centres**

To establish the representation rate of the respondents according to their various health carders, they were asked to state their designations as presented in Table 4.7 below.

**Table 4.7 Designation of the respondents in the health centers**

|  |  |  |
| --- | --- | --- |
| **Variables** | **Frequency** | **Percent** |
|  | Doctor | 5 | 8.3 |
| Enrolled nurse | 9 | 15.0 |
| Enrolled midwife | 10 | 16.7 |
| Nursing officer | 9 | 15.0 |
| Nursing assistant | 9 | 15.0 |
| Health assistant | 2 | 3.3 |
| Pharmacy technical | 1 | 1.7 |
| Clinical officer | 5 | 8.3 |
| Medical lab assistant | 1 | 1.7 |
| Anaesthetical officer | 1 | 1.7 |
| Health information assistant | 3 | 5.0 |
| Medical theatre attendant | 1 | 1.7 |
| Lab technician | 3 | 5.0 |
| Medical records assistant | 1 | 1.7 |
| **Total** | **60** | **100.0** |

**Source: Primary data (2017)**

The results in Table 4.7 above indicate that majority of the respondents 16.7% (n = 10) were enrolled midwife, 15.0% (n = 9) was for nursing assistants, enrolled nurses and nursing officers each. Then 8.3% (n = 5) was for clinical officers and doctors each, 5.0% (n = 3) of the respondents was for laboratory technicians and health information assistants each, 3.3% (n = 2) of the respondents were health assistants while medical theatre assistants, anaesthetical officers, pharmacy technicians, medical lab assistants, lab technicians, and medical records assistants had the same percentages of 1.7% (n = 1). The results obtain show that the data collected was obtained from all the possible concerned employees hence enhancing the reliability of the data.

**4.3.7 Number of years worked in the health centre**

To establish the period the respondents have spent in these health facilities, they were asked to indicate the number of years they have so far worked in the health centre.

**Table 4.8: Number of years worked in this health centre**

|  |  |  |
| --- | --- | --- |
| **Variable** | **Frequency** | **Percent** |
|  | 1-5 | 39 | 65.0 |
| 6-10 | 21 | 35.0 |
| 11-15 | 0 | 0 |
| 16-20 | 0 | 0 |
| **Total** | **60** | **100.0** |

**Source: Primary data (2017)**

The results in Table 4.8 above show that majority of the respondents 65% (n = 39) had worked in the health centres for 1-5 years and 35% (n=21) had worked there for 6-10 years and there were no respondents who worked for 11-15 years and 16 -20 years. The results show that data was collected from both new and old employees, which clearly brings out both their expectations.

**4.4 Empirical Results on the Influence of Psychological Contract on Job Satisfaction**

The empirical results of the specific research objectives are presented, analysed and interpreted with a general objective of assessing the influence of psychological contract on job satisfaction measuring the variables on a five-point Like scale of 1 = Strongly Disagree, 2 = Disagree, 3 = Not sure, 4 = Agree and 5 = Strongly Agree as presented below.

### 4.4.1 Objective one: Influence of Transactional Psychological Contract on Job Satisfaction

The nine (9) items were structured basing on the objectives of the study. Items were measured on a five-point Likert scale where code 1 = Strongly Disagree, 2 = Disagree, 3 = Not sure, 4 = Agree and 5 = Strongly Agree and analysed, statistically tabulated and presented in the table below with the mean and standard deviation according to the responses collected.

## Table 4.9 Influence of transactional psychological contract on job satisfaction

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Item Responses  | Frequency | Percent | Mean | Std. Deviation |
| Sometimes as staff, we are given cash benefits which increases my satisfaction at work | Disagree F (%) | Strongly Disagree | 37 | 61.7% | 1.43 | .673 |
| Disagree | 22 | 36.7 |
| Agree F (%) | Strongly Agree | 1 | 1.7 |
| The competitive wages and salaries which I receive increase on my level of job involvement | Disagree F (%) | Strongly Disagree | 37 | 61.7 | 1.40 | .527 |
| Disagree | 22 | 36.7 |
| Not Sure F (%) | Not Sure | 1 | 1.7 |
| Our salaries are paid on time which increases my commitment to work | Disagree F (%) | Strongly Disagree | 26 | 43.3 | 1.62 | .666 |
| Disagree | 33 | 55.0 |
| Agree F (%) | Strongly Agree | 1 | 1.7 |
| The salary advancements at this work enhance my zeal to work for more extra hours.  | Disagree F (%) | Strongly Disagree | 33 | 55.0 | 1.50 | .624 |
| Disagree | 25 | 41.7 |
| Not Sure F (%) | Not Sure | 1 | 1.7 |
| Agree F (%) | Agree | 1 | 1.7 |
| Transport is provided for while at work which helps me to save some more time for my work.  | Disagree F (%) | Strongly Disagree | 28 | 46.7 | 1.60 | .669 |
| Disagree | 30 | 50.0 |
| Agree F (%) | Agree | 2 | 3.3 |
| The lunch allowances we receive increases people’s zeal to work. | Disagree F (%) | Strongly Disagree | 36 | 60.0 | 1.45 | .675 |
| Disagree | 23 | 38.3 |
| Agree F (%) | Strongly Agree | 1 | 1.7 |
| There is remuneration for extra work which increases people’s commitment and adding in more time for working | Disagree F (%) | Strongly Disagree | 34 | 56.7 | 1.48 | .676 |
| Disagree | 25 | 41.7 |
| Agree F (%) | Strongly Agree | 1 | 1.7 |
| There are salary increments at this work and this leads to increased job retention | Disagree F (%) | Strongly Disagree | 30 | 50.0 | 1.60 | .764 |
| Disagree | 27 | 45.0 |
| Not Sure F (%) | Not Sure | 1 | 1.7 |
| Agree F (%) | Agree | 1 | 1.7 |
| Strongly Agree | 1 | 1.7 |

**Source: Primary data (2017) N=60**

**Key: Strongly Disagree and Disagree = Disagree; Strongly Agree and Agree= Agree**

The results from Table 4.9 above indicated that majority of the respondents disagreed, stating that there are competitive wages (98.4%, Mean=1.40, SD=0.527); they did not receive cash benefits (98.4%,Mean = 1.43, SD=0.673; no lunch allowances (98.3%, Mean=1.45, SD=0.675); no remuneration for extra work (98.7%, Mean=1.48, SD=0.676); no salary advances for more hours worked (96.7%, Mean=1.50, SD=0.624), transport provision (96.7%, Mean=1.60, SD=0.669), salary increments (95%, Mean=1.60, SD = 0.764; do not get timely salaries (98.3%, Mean=1.62, SD=0.666). The above results generally show that most employees are dissatisfied in their jobs as a result of transactional expectations not being attended to which affects their level of commitment, job involvement, the zeal to work for extra hours and job retention.

From the interviews, still the transactional expectations were at a great extent of not being fulfilled. Respondents were complaining about salary as being too low with excessive work load *“the too much worker burden”* in government facilities. One of the respondents said, *“… I was expecting to get some reasonable salary for personal development not this cartoon payment. What we get is less of a salary… ”* Others were complaining about not being paid for extra roles they play as one respondent said *“I am not paid for the extra task of being an in-charge. In other words am offering free services here in line with that role, it’s like a punishment because there is no pay for it. I am only paid as a medical officer, in fact am just helping out or just donating my services and treating people out of good will.”* The respondents stressed that in such situations, for a health worker to survive, they have to use different means like looking for better options or getting additional employment which then is illegal and others do it their way in order to survive. One respondent said *“this situation promotes unprofessionalism at work, it really forces such behaviours”.*  There other issue raised was that the health care financing was so limited yet there are so many demands to cater for in these health facilities. *“One respondent said in the first quarter of FY 2017/2018, we were given one million, six hundred forty two thousand, two hundred six nine shillings for primary health care but what could it do for a health centre serving a population of about 88,934 people. Such things leave our hands tied from providing quality health services to the people.”*

**4.4.3 Objective three: Influence of Relational Psychological Contract on job satisfaction**

The nine (9) items were structured basing on the objectives of the study. Items were measured on a five-point Likert scale where code 1 = Strongly Disagree, 2 = Disagree, 3 = Not sure, 4 = Agree and 5 = Strongly Agree and analysed, statistically tabulated and presented in the table below with the mean and standard deviation according to the responses collected.

## Table 4.10 Influence of relational psychological contract on job satisfaction

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Item Responses | Frequency | Percent | Mean | Std. Deviation |
| The good working environment in this health facility makes me feel contented with my work place. | Disagree F (%) | Strongly Disagree | 28 | 46.7 | 2.22 | 1.367 |
| Disagree | 11 | 18.3 |
| Not Sure F (%) | Not Sure | 3 | 5.0 |
| Agree F (%) | Agree | 16 | 26.7 |
| Strongly Agree | 2 | 3.3 |
| The respect I get from both my employer and fellow workers increases on my level of exhibiting team spirit.  | Disagree F (%) | Strongly Disagree | 1 | 1.7 | 3.93 | .733 |
| Disagree | 3 | 5.0 |
| Not Sure F (%) | Not Sure | 3 | 5.0 |
| Agree F (%) | Agree | 45 | 75.0 |
| Strongly Agree | 8 | 13.3 |
| The safety of the staff is emphasized at this health facility and this increases my readiness to work. | Disagree F (%) | Strongly Disagree | 2 | 3.3 | 3.37 | 1.073 |
| Disagree | 16 | 26.7 |
| Not Sure F (%) | Not Sure | 5 | 8.3 |
| Agree F (%) | Agree | 32 | 53.3 |
| Strongly Agree | 5 | 8.3 |
| Recognition of the best performing health workers in this health facility leads to increased commitment of the staff on their work. | Disagree F (%) | Disagree | 12 | 20.0 | 3.55 | .832 |
| Not Sure F (%) | Not Sure | 4 | 6.7 |
| Agree F (%) | Agree | 43 | 71.7 |
| Strongly Agree | 1 | 1.7 |
| There is equity at this work place which increases team spirit at work | Disagree F (%) | Strongly Disagree | 1 | 1.7 | 3.15 | 1.055 |
| Disagree | 24 | 40.0 |
| Not Sure F (%) | Not Sure | 2 | 3.3 |
| Agree F (%) | Agree | 31 | 51.7 |
| Strongly Agree | 2 | 3.3 |   |   |
| As an employee in this health facility, I have the control over my work which increases my level of job involvement. | Disagree F (%) | Disagree | 14 | 23.3 | 3.60 | .924 |
| Agree F (%) | Agree | 42 | 70.0 |
| Strongly Agree | 4 | 6.7 |
| I can’t leave this job because of the work-life balance we enjoy | Disagree F (%) | Strongly Disagree | 21 | 35.0 | 1.92 | 1.013 |
| Disagree | 32 | 53.3 |
| Not Sure F (%) | Not Sure | 1 | 1.7 |
| Agree F (%) | Agree | 3 | 5.0 |
| Strongly Agree | 3 | 5.0 |
| The job security I am sure of makes me retain my job.  | Disagree F (%) | Strongly Disagree | 10 | 16.7 | 3.00 | 1.289 |
| Disagree | 15 | 25.0 |
| Not Sure F (%) | Not Sure | 4 | 6.7 |
| Agree F (%) | Agree | 27 | 45.0 |
| Strongly Agree | 4 | 6.7 |
| The training and career development opportunities at this health facility motivates staff to keep their jobs. | Disagree F (%) | Strongly Disagree | 10 | 16.7 | 2.68 | 1.242 |
| Disagree | 24 | 40.0 |
| Not Sure F (%) | Not Sure | 5 | 8.3 |
| Agree F (%) | Agree | 17 | 28.3 |
| Strongly Agree | 4 | 6.7 |
| The promotion opportunities at this health facility increase my zeal to accomplish assignments on time and go an extra mile voluntarily. | Disagree F (%) | Strongly Disagree | 22 | 36.7 | 2.02 | 1.066 |
| Disagree | 25 | 41.7 |
| Not Sure F (%) | Not Sure | 4 | 6.7 |
| Agree F (%) | Agree | 8 | 13.3 |
| Strongly Agree | 1 | 1.7 |

**Source: Primary data (2017) N=60**

**Key: Strongly Disagree and Disagree = Disagree; Strongly Agree and Agree= Agree**

The results from Table 4.10 above indicated that majority of the respondents agreed that they are respected by their employers and fellow workers which increases on their level of exhibiting team spirit (88.3%, Mean = 3.93, SD=0.733); the control over their work increases their level of job involvement (76.7%, Mean = 3.60, SD=0.924);the recognition of the best performing health workers increases their commitment to work (73.4%. Mean=3.55, SD=0.832). Other factors include; safety (61.6%, Mean=3.37, SD=1.073), equity at work place (55%, Mean=3.15, SD=1.055), job security (51.7%, Mean=3.00, SD=1.242). However, some respondents disagreed about the work life balance (88.3%, Mean=1.92, SD=1.013), training and career development opportunities of staff in various fields (56.7%, Mean=2.68, SD=1.242), and good working environment (65%, Mean=2.22, SD=1.367), and promotion opportunities (78.4%, Mean=2.02, SD=1.066). The above results generally show that the relational psychological contract positively influences employee job satisfaction through the attainment of respect from the employer and fellow workers, control over their work, and recognition of the best health workers though unfulfilled expectations can hinder their contentment to their jobs and hindering them from keeping their jobs.

The above statistical data is still confirmed by the interviews as almost all the respondents agreed that some relational expectations are being fulfilled to some extent saying that at least there was some degree of job security and that they had attained a sense of autonomy. Then some respondents said that they had got some training and professional development due to their positions and one respondent said *“amidst many challenges we experience, those are some of the things that try to keep us around”* However they put great emphasis on their relational expectations which have not been fulfilled where all respondents talked of limited resources which makes providing health services so heard. One of the respondents said *“we do more of talking and explaining to people that drugs are not available than providing the actual treatment they need. It is more of lamenting as though that’s what patients come for from health centres. You even reach an extent when you can’t explain anymore. In fact we are miracle workers, we do so much improvising”* and others talked of reasonable salary for personal development. Others complained about the accommodation where one respondent said *“the structure of the residential rooms here are the worst. These buildings are asking for leave. You can’t just imagine how it feels when the patients are seeing health workers who are going to treat them come out of such structures. One might even doubt the health services they are going to provide”* and others where complaining about not having good offices where one respondent asked the researcher to look at the consultation room where patients come to meet the doctor *“it is so small, congested and poorly furniture”* he quoted.

Majority of the respondents said that the work was stressing because of the high work burden and they all unanimously agreed that the work was hectic with less time for leisure and other businesses. Most of them said that they were still working with the health centres because they hadn’t found any other better opportunity and other respondents said that they felt like leaving the job since there was no salary increment, and some say that they do not get time for personal work. A good number of the respondents advised that there should be a reduction in doctor patient ratio (number of patients a doctor has to see a day) and easy access to medical equipment through a steady supply as one respondent said *“it is really disappointing for people to lose their lives because of limited health equipment and medicine”.*

This simply implies that there is more of breaching than fulfilling their un written expectations and this is resulting into adverse effects like absenteeism, turnover, negligence and late coming which can greatly affect service delivery hence indicating a negative influence however the few expectations which are being fulfilled help to raise some degree of commitment among these health workers as they are providing services to people which represents a positive influence hence confirming the study hypothesis 2 that relational psychological contract influences the job satisfaction of health workers in public health facilities.

**4.4.4 Employee job satisfaction**

The twelve (12) items were structured to bring out the element of job satisfaction. Items were measured on a five-point Likert scale where code 1 = Strongly Disagree, 2 = Disagree, 3 = Not sure, 4 = Agree and 5 = Strongly Agree and analysed, statistically tabulated and presented in the table below with the mean and standard deviation according to the responses collected.

## Table 4.11 Employee job satisfaction

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Item Responses | Frequency | Percent | Mean | Std. Deviation |
| I like my job | Disagree F (%) | Strongly Disagree | 2 | 3.3 | 3.73 | .800 |
| Disagree | 4 | 6.7 |
| Not Sure F (%) | Not Sure | 5 | 8.3 |
| Agree F (%) | Agree | 46 | 76.7 |
| Strongly Agree | 3 | 5.0 |
| I am satisfied with the degree of independence with my work roles. | Disagree F (%) | Disagree | 10 | 16.7 | 3.63 | .758 |
| Not Sure F (%) | Not Sure | 2 | 3.3 |
| Agree F (%) | Agree | 48 | 80.0 |
| I will always provide better services to protect my organization’s image. | Disagree F (%) | Strongly Disagree | 3 | 5.0 | 3.65 | .755 |
| Not Sure F (%) | Not Sure | 13 | 21.7 |
| Agree F (%) | Agree | 43 | 71.7 |
| Strongly Agree | 1 | 1.7 |
| I really enjoy working here | Disagree F (%) | Strongly Disagree | 41 | 68.3 | 1.48 | .892 |
| Disagree | 14 | 23.3 |
| Not Sure F (%) | Not Sure | 1 | 1.7 |
| Agree F (%) | Agree | 3 | 5.0 |
| Strongly Agree | 1 | 1.7 |
| I am satisfied with my current pay. | Disagree F (%) | Strongly Disagree | 51 | 85.0 | 1.18 | .469 |
| Disagree | 7 | 11.7 |
| Not Sure F (%) | Not Sure | 2 | 3.3 |
| I don’t regret being part of this health facility | Disagree F (%) | Strongly Disagree | 22 | 36.7 | 2.08 | 1.169 |
| Disagree | 24 | 40.0 |
| Not Sure F (%) | Not Sure | 4 | 6.7 |
| Agree F (%) | Agree | 7 | 11.7 |
| Strongly Agree | 3 | 5.0 |
| I enjoy the benefits I receive from my job | Disagree F (%) | Strongly Disagree | 39 | 65.0 | 1.43 | .745 |
| Disagree | 19 | 31.7 |
| Agree F (%) | Agree | 1 | 1.7 |
| Strongly Agree | 1 | 1.7 |
| I feel like this is the best job ever. | Disagree F (%) | Strongly Disagree | 46 | 76.7 | 1.37 | .802 |
| Disagree | 10 | 16.7 |
| Agree F (%) | Agree | 4 | 6.7 |
| I believe that the promotional opportunities may soon increase so I have to be patient. | Disagree F (%) | Strongly Disagree | 7 | 11.7 | 3.18 | 1.186 |
| Disagree | 14 | 23.3 |
| Not Sure F (%) | Not Sure | 2 | 3.3 |
| Agree F (%) | Agree | 35 | 58.3 |
| Strongly Agree | 2 | 3.3 |
| I am committed to achieving my organization’s goals and objectives. | Disagree F (%) | Strongly Disagree | 1 | 1.7 | 3.63 | .637 |
| Disagree | 2 | 3.3 |
| Not Sure F (%) | Not Sure | 15 | 25.0 |
| Agree F (%) | Agree | 42 | 70.0 |
| The current pay levels per grade are properly set. | Disagree F (%) | Strongly Disagree | 19 | 31.7 | 2.10 | 1.085 |
| Disagree | 28 | 46.7 |
| Not Sure F (%) | Not Sure | 2 | 3.3 |
| Agree F (%) | Agree | 10 | 16.7 |
| Strongly Agree | 1 | 1.7 |
| I feel like retaining my job forever | Disagree F (%) | Strongly Disagree | 54 | 90.0 | 1.18 | .624 |
| Disagree | 3 | 5.0 |
| Not Sure F (%) | Not Sure | 1 | 1.7 |
| Agree F (%) | Agree | 2 | 3.3 |

**Source: Primary data (2017) N=60**

**Key: Strongly Disagree and Disagree = Disagree; Strongly Agree and Agree= Agree**

The results from Table 4.11 above indicated that majority of the respondents agreed that they like their jobs (81.7%, Mean = 3.73, SD=0.800); the degree of independence also made them greatly satisfied with their job (80%, Mean=3.63 SD=0.758); some say they simply do work to protect the organization’s image (73.4%, Mean=3.65, SD=0.755). Other factors include; promotional opportunity (61.6%, Mean=3.18, SD=1.186), committed to achieving the organisation’s goals and objectives (70%, Mean=3.63, SD=0.637). However, majority respondents also said that they do not enjoy working at their work places (91.6%, Mean=1.48, SD=0.892), that they are not satisfied with the current pay (96.7%, Mean=1.18, SD=0.469), they regret working there (76.7%, Mean=2.08, SD=1.169). They also said that they don’t enjoy the benefits from their jobs (96.7%, Mean=1.43, SD=0.745). They also do not feel like the jobs they are doing are the best jobs ever (93.4%, Mean=1.37, SD=0.802), they also disagreed on the current pay levels per grade being properly set (78.4%, Mean=2.10, SD=1.085) and 95% do not feel like retaining their jobs forever (Mean=1.18, SD=0.624). The results show that most employees are not satisfied with their welfare. This means that they are not satisfied with the jobs they are doing and there might be high turnover over time and an increase in misconduct. Similar views were also expressed in the interviews and some respondent said “being a health worker in Uganda is very disappointing. You’re not given accommodation, the health facilities are worse, and the working conditions are really not good. I feel like we are not valued at all, if I get a good job, then it will be an opportunity because as married people, we have so many responsibilities with children to take care of. If such an opportunity comes, I can’t wait to die from here.”

The results from observation also confirm to the same where it was found out that the health staff were not satisfied with their jobs, an implication that the transactional and relational psychological contracts were not met as most health workers come late around 9:00 am to report for work though there are those who arrive as early as 7:30 am. Majority of the health workers leave early especially on Fridays that is as early as 3:00pm which is before 5:00pm the normal working time. In health centre “A” (not the really one), the dispensary was closed as early as 3:00 pm and patients who came beyond that time were told to come back early the following day before 11:00 am if they were to get some medicine unless when they could go and buy it. Majority of the health workers were moving up and down probably attending to many things at ago while others were working steadily properly stationed at their work desks attending to patients. Most health workers who were moody and wearing tough faces were the ones who were rude to the patients, backing at them and uncaring. The health workers who were cheerful, in other wards those wearing smiles on their faces while attending to patients where the ones paying full attention and readily responding to the patients immediately they approached them. Most health workers were supportive to each other just in case one needed support and just a limited number was hesitant. That implies that majority of the health workers are dissatisfied with their jobs.

In relation to the Iceberg model, the study indicated that the health workers in public health facilities have numerous unwritten expectations both transactional and relational which greatly influence their job satisfaction so that which is written in the employment contracts is just minimal and majority are hidden. Additionally, from the social exchange theory, the study revealed that the health workers expect that as they provide the needed health services to the citizens of Uganda, their employer that is the government of Uganda through Ministry of Public Service and Ministry of Health to reciprocate effectively for example through adequate compensation and reward systems, effective supervision and provision of enough equipment and drugs.

**4.5 Test of Hypotheses using Regression analysis**

The Table 4.12 below presents the regression analysis of transactional psychological contract and relational psychological contract on job satisfaction of health workers

## Table 4.12The regression model for transactional psychological contract and relational psychological contract on job satisfaction of health workers

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Model** | **Unstandardized Coefficients** | **Standardized Coefficients** | **T** | **Sig.** |
| B | Std. Error | Beta |
| (Constant) | 12.112 | 3.392 |   | 3.571 | .001 |
| Transactional PC | .666 | .178 | .419 | 3.753 | .000 |
| Relational PC | .289 | .106 | .303 | 2.714 | .009 |
| *R Square* | .328 | *F Statistics* | 13.927 |
| *Adjusted R Square* | .305 | *Sig* | .000 |

a. Dependent Variable: Job Satisfaction

**Source: Primary data computed (2017) N=60**

The decision rule is that the t value must not be close to 0 and the p-value must be less than or equal to 0.001. Table 4.12 shows that psychological contract is a predictor of job satisfaction.

The findings in table 4.12 showed that job satisfaction was fairly influenced by transactional psychological contract (beta = .419, t= 3.753 p = 0.000<.001) relational psychological contract (beta = .303, t= 2.714 p= 0.009). This implies that transactional psychological contract and relational psychological contract, influence the job satisfaction and should therefore be highly considered by health centres.

The regression model of job satisfaction as seen in table 4.12was found to be significant (Sig =0.000, p<.01) and hence well specified, which means that; transactional psychological contract and relational psychological contract were appropriate predictors of job satisfaction. The predictive power of the model was found to be 30.5% (Adjusted R Square = 0.305).

 This result in table 4.12 indicates that the variation in; Transactional Psychological Contract and Relational Psychological Contract combined accounts for 30.5% variation in job satisfaction can be explained by the regression value and the other 69.5% is explained by other factors.

### Table 4.13 Analysis of Variance Showing the Results on influence of psychological contract on Job Satisfaction

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **ANOVAb** |  |  |  |  |  |  |
| Model | Sum of Squares | df | Mean Square | F | Sig. |
| 1 | Regression | 464.603 | 2 | 232.302 | 13.927 | .000a |
| Residual | 950.730 | 57 | 16.679 |   |   |
| Total | 1415.333 | 59 |   |   |   |
| a. Predictors: (Constant), Relational, Transactional |  |  |
| b. Dependent Variable: Job Satisfaction |  |  |  |  |

Table 4.13 above, shows the ANOVA responses of Transactional Psychological Contract, Relational Psychological Contract and Job Satisfaction that presented a regression value R of 464.603(P=0.000 < 0.05), meaning that both the independent and the dependent variable move in the same direction with DF=2, F=13.927, and generated a residual value of 950.730 which explains the divergence in the direction of both variables.

**CHAPTER FIVE**

**SUMMARY, DISCUSSION, CONCLUSION AND RECOMMENDATIONS**

**5.1 Introduction**

The study examined the influence of psychological contract on job satisfaction among health workers in public health facilities, taking a case of Mukono Municipality.

This chapter presents the summaries of findings, discussion of the study findings, draws conclusion and the recommendations.

**5.2 Summary.**

This section presents the summary of the key findings from the study.

### 5.2.1 Influence of transactional psychological contract on job satisfaction

There is an influence between the transactional type of psychological contract and the job satisfaction of health workers in public health facilities.

### 5.2.2 Influence of relational psychological contract on job satisfaction

There is an influence between the relational type of psychological contract and the job satisfaction of health workers in public health facilities.

**5.3 Discussion of the study findings.**

The discussion of the study findings are made as per the study objectives below.

### 5.3.1 Influence of transactional psychological contract on job satisfaction

There is an influence of the transactional psychological contract on the job satisfaction of health workers in public health facilities. Results in table 4.9 generally show that most employees are dissatisfied with their jobs as a result of transactional expectations not being attended to which affects their level of commitment, job involvement, the zeal to work for extra hours and job retention. This finding is line with the study of Willard, (2013) about the turnover intentions of Academic Librarians in Zimbabwe, it was found that the critical factor in influencing their turnover intentions was poor salaries and they were considering quitting from their current employment in search of high salaries in the NGO sector where there was better pay. Yip et al. (2011) admits that pay is among the several vital components to job satisfaction.

Jeffrey (2007) also confirms that when the employees are not satisfied with their jobs, they will leave the organization and the duration of their job will be smaller and these employees may be less willing to exert effort for the organization’s sake (De Hauw& De Vos, 2010). When discontented workers remain in the organization, they may involve themselves in counterproductive behaviours such as destructive rumours, poor service, turnover, theft and destroy equipment and absenteeism and such behaviours result into financial costs for the organization in terms of replacement costs and lost productivity (Odhiambo, 2015; Hellriegel, et al., 2008).

### 5.3.2 Influence of relational psychological contract on job satisfaction

There is an influence of the relational type of psychological contract on job satisfaction of health workers in public health facilities. The above results generally show that the relational psychological contract positively influences employee job satisfaction when the expectations are fulfilled leading to job involvement, commitment, readiness to work, retention and the team spirit can be strengthened while unfulfilled expectations can negatively influence employee job satisfaction leading to dissatisfaction which can hinder their contentment to their jobs and hindering them from keeping their jobs. The above findings are supported by Yip et al. (2011) who asserted that the various components like work environment comprising of a nicer chair and a corner office; responsibility and higher security are considered to be crucial for job satisfaction because these influence the way an employee feels about their job and figuring into an individual employee’s job satisfaction differently. Employee with a RPC, may feel an affective factor that makes them identify with an organisation, its goals, and with other employees.

According to Armstrong (2016), he similarly confirms the above findings while he indicates that to develop a commitment strategy, you must evolve a positive PC by treating people as stakeholders and relying on cooperation and consensus instead of coercion and control, and focusing on the provision of learning opportunities, career progression and development. These will nurture the health care workers' value system and personal objectives. Prajogo & Cooper, (2010) further adds that senior manager’s commitment, empowerment, training, involvement, teamwork, work and growth satisfaction effect on employees’ job satisfaction.

Kabak et al. (2014) also confirms the findings by explaining that employees relation and teamwork, training and education, quality culture, employee’s empowerment and reward and recognition, positively effect on employees’ job satisfaction. This is further stressed by Haq et al. (2011) who say that the Relational Psychological Contract (RPC) is based on the interchange of socio-emotional features like commitment, trust, and loyalty; therefore, individuals with RPC are normally happier and satisfied signifying a positive effect on their “job satisfaction” hence confirming study hypothesis 2 that there is an influence of relational psychological contract on employee job satisfaction of health workers.

**5.4 Conclusions**

In the current study, two research questions were designed to be answered and this section summarizes the key findings of the study in relation to each research objective in order to formulate the recommendations of the study. Study conclusions were made basing on the different research objectives as presented below;

### 5.4.1 Influence of transactional psychological contract on job satisfaction

From the study findings, it has been clear that transactional psychological contract influences the “job satisfaction of health workers in public health facilities”. The transactional expectations of these health workers like cash benefits, wages, salaries, pay for extra work, transport, lunch allowances and promotion are far from being fulfilled as the percentages for strongly disagreeing and disagreeing combined upon fulfilling these expectations were all above 94% as indicated in Table 4.9. These health workers receive noncompetitive salaries, their salaries are not paid on time, limited cash benefits and not remunerated for extra work.The challenge however is that, there is dissatisfaction among the Health workers in Mukono Municipality spear headed by the failure to fulfil especially the transactional psychological contract as indicated by the respondents’ responses which affects their level of job involvement, commitment and reducing on their intentions to retain their jobs. Implying that, PC is a key component in understanding employee work behaviour and a range of work outcomes. Therefore, the management of these health centres in Mukono Municipality need to meet the transactional psychological contracts of the staff to increase their job satisfaction for better health service delivery.

### 5.4.2 Influence of relational psychological contract on job satisfaction

Findings also indicated that the “relational psychological contract” influences the “job satisfaction” of health workers. Fulfilled RPC in terms of respect, job security, recognition and equity positively influences their job satisfaction as it may promote their team spirit, job involvement, commitment and feeling to retain their jobs where as un met RPC in terms of working conditions, work life balance, training and development and lack of promotional opportunities negatively influences their job satisfaction which can harm these health facilities as employees may become dissatisfied with their jobs, wanting to leave and may reduce on their job involvement and commitment. It is crucial for the management of these health facilities, Ministry of Health and the government at large to be aware of these RPC expectations and the reactions of the health workers when these expectations are not met. Therefore, the results suggest that as employee perceived relational contracts are not met, their job satisfaction decrease. Implying that also relational psychological contracts are influential in determining the level of job satisfaction of health workers in public health facilities in Mukono Municipality and Uganda as a whole. So fulfilling these expectations is crucial as it will positively influence the job satisfaction of the health workers which will lead to the attainment of better health care by patients.

**5.5. Recommendations**

Fulfilling both transactional and relational psychological contracts for fresher and old employees to improve their commitment and derive satisfaction is important. This is because PC identifies the underlying processes regarding expectations in the employer and employee relationship to ensure a healthy and progressive relationship of both parties as the study findings have indicated that both relational and transactional psychological contracts are crucial in influencing employee job satisfaction so there is need for constant support from the management of the public health centres to fulfil both transactional and relational psychological contracts of the employees .

### 5.5.1 Influence of transactional psychological contract on job satisfaction

### The study recommends that there is need to organize all health workers in public health facilities and make sure they are represented by workers’ unions in order to be included in the collective bargaining process and agreements. In that way, they will be in position to bring out their hidden expectations to be known to many and when employees join Labour Unions, their bargaining power increases, their contracts and rights are protected to.

The study also recommends that the health facilities in Mukono Municipality and Uganda at large through Ministry of Public Service and Ministry of Health to implement proper human asset management practices to increase on the retention, job involvement and the zeal of health workers for example by revising their salary scales, allowances and paying them in a timely manner.

### Influence of relational psychological contract on job satisfaction

It is further recommended that the health facilities in Uganda should invest the in skills of employees by emphasizing on career development to increase on their productivity in the health facilities, enhance their commitment at work and improve their job satisfaction levels.

There is need for the government through Ministry of Health to improve the working conditions of “health workers in public health facilities” and to provide adequate supervision to the health workers.

**5.6 Limitations of the study**

There could be some other factors influencing the job satisfaction of health workers in public health facilities were not considered in this study.

The respondents were sceptical about giving information that exposes the weaknesses of their health facilities so an extra effort was needed to convince them that the information they give, is confidential and their identity won’t be exposed so as to persuade them to give out the information.

Another major limitation to the study was the geographical coverage and time constraints.

The time factor limited the researcher from doing an extensive study by zeroing to Mukono Municipality yet Mukono as a district has many public health facilities. To mitigate that, the researcher mobilised for some financial resources from family and friends to cater for three research assistants

## 5.7 Contributions of the study

## The contribution of this study is that it examined the influence of both transactional and relational psychological contracts on job satisfaction of health workers in Mukono Municipality an area which is currently under searched in Uganda and Mukono in particular. It also offers practical recommendations on how to enhance the job satisfaction in the public sector in general and the health sector in particular.

1. The study findings are expected to contribute immensely to the area of policy formulation in order to implement proper human asset management practices like improving on the compensation systems to attract, go beyond attracting and retain qualified health workers.
2. The study has contributed to the world of research in terms of recommendations on the influence of psychological contract and job satisfaction of health workers in public health facilities.

## 5.8 Areas recommended for future research

This study looked at the influence of psychological contract on job satisfaction of health workers in public health facilities in Mukono Municipality. Therefore the same study should be carried out in other public health facilities in Uganda to find out if the same results will be obtained.

The study focused on the public sector thus a further study should be carried out in the private sector and in Non-government organisations to the compare results.

In addition, this study also focussed on Psychological contract as a factor that influences job satisfaction so other factors should be researched about as well.

**REFERENCES**

Agarwal, P. (2015). State of psychological contract in India; managing the" new deal". *Global*

 *Business Review*, 16(4), 623-631.

Agwu, M. O., & Emeti, C. I. (2013). Perception survey of skill-based pay system and employees

performance in Dormanlong Engineering Company Limited Port-Harcourt. *International Journal of Business and Management*; 8, 11–21.

Ainebyona, E. (2017, November 8). Life of a doctor on a meagre pay. Daily Monitor

Amin, M. (2005). *Social Science Research: Conception, methodology and analysis*. Kampala

Makerere University Prentary.

Antwi, J. and Phillips, D. (2013). Wages and health worker retention: Evidence from public

sector wage reforms in Ghana. Journal of Development Economics, 102, pp.101-115.

Arain, G. A., Hameed, I., & Farooq, O. (2012).Integrating workplace affect with psychological

contract breach and employees attitudes. *Global Business and Organizational Excellence*, 31, 50–62.

Argyris, C. (1957). *Personality and organisation*. Harper & Row, New York.

Armstrong, M. (2009). *Armstrong's Handbook of Human Resource Management Practice* (11th

ed.). London, United Kingdom: Kogan Page.

Armstrong, M. (2016). *Armstrong’s Handbook of Management and Leadership for HR:*

*Developing effective people skills for better leadership and management* (4th ed.). London: Kogan Page Limited.

Bal, M. (2009). *Age and psychological contract breach in relation to work outcomes*. (Doctoral

thesis, Vrije Universiteit, Amsterdam).Retrieved from http://dare.ubvu.vu.nl/bitstream/handle/1871/13262/8790.pdf;jsessionid=023C6DC685710C9F70CAAE4B4E2CC38E?sequence=5

Bal, P. M., & Kooij, D. (2011). The relations between work centrality, psychological contracts,

and job attitudes: The influence of age. *European Journal of Work and Organizational Psychology*, 20, 497–523.

Ballou, N. S. (2013). *The effects of psychological contract breach on job outcomes*. Sjsu scholar

works.

Bari, M. W., Fanchen, M., & Baloch, M. A. (2016i). TQM Soft Practices and Job Satisfaction;

Mediating Role of Relational Psychological Contract. *Elsevier*, 453- 462.

Bellou, V. (2009, April). *Profiling the desirable psychological contracts for different groups of*

*employees: Evidence from Greece*. Retrieved from Researchgate: https://www.researchgate.net.publication/Profiling\_ the \_desirable \_psychological \_contracts\_ for \_different \_groups\_ of\_ employees\_vidence \_from\_ Greece

Birtch, T. A., Chiang, F. F., & Esch, E. V. (2015). A social exchange theory framework for

understanding job characteristics- job outcome relationship: the mediating role of psychological contract fulfilment. *The International Journal of Human Resource Management*.

Blau, P. (1964). *Exchange and power in sociacl life*. 88-97. New York: John Wiley and Sons.

Boon Ooi, K., Abu Bakar, N., Arumugam, V., Vellapan, L., & Kim Yin Loke, A. (2007). Does

TQM influence employees' job satisfaction? An empirical case analysis. International Journal of Quality & Reliability Management, 24(1), 62-77.

*Business and Psychology,* 25, 293-302. doi: 10.1007/s10869-010-9162-9.

Bowling, N., & Cucina, J. M. (2015). Robert Hoppock: Early Job Satisfaction and Vocational Guidance Pioneer. *SHRM-SIOP Science of HR Series*, 109- 117.

Businessballs.com. (2010). *The Psychological Contract*. Retrieved

from<https://www.businessballs.com/psychological-contract-theory.htm>

Cantisano, G. T., Dominguez, J. F. M., & Depolo, M. (2008). Psychological contract breach and

outcomes: Combining meta-analysis and structural equation models. *Psicothema*, 20,487–496.

Changing Minds Organisation. (2016). *Social exchange theory*. Retrieved from

<http://www.changingminds.org/explanations/theories/socialexchange>.

Chaudhary, N., & Sharma, B. (2012). Impact of employee motivation on performance

(productivity) in private organizations. *International Journal of Business Trends and Technology*, 2,29–35.

Cherry, K. (2017, May 31). *What is Social Exchange Theory? How social exchange theory*

*influences relationships.* Retrieved from Verywell: <https://www.verywell.com/what-is-social-exchange-theory-2795882>

Creswell, J. W. (2014). *Research Design: qualitative, quantitative, and mixed methods approach*

(4th ed.). (M. Markanich, B. Bauhau, K. Koscielak, J. Young , & V. Knight, Eds.) California, USA: SAGE Publications, Inc.

Crowley, M. C. (2013, March, 21). Not a happy accident: How Google deliberately designs

workplace satisfaction. Retrieved from <http://www.fastcompany.com/3007268/where-are-they-now/not-happy-accident>

Curwen, R. (2011). *The psychological contract.* Retrieved from White paper:

[https://cdn.auckland.ac.nz/assets/psych/about/ourpeople/documents/Rosie%20Curwen%20-%-20The%20psychological%20Contract-%20White%20Paper.pdf](https://cdn.auckland.ac.nz/assets/psych/about/ourpeople/documents/Rosie%20Curwen%20-%25-20The%20psychological%20Contract-%20White%20Paper.pdf)

De Cuyper, N., & De Witte, H. (2006, September). *The impact of job insecurity and contract*

*type on attitudes, well-being and behavioural reports: A psychological contract perspective*.

De Hauw, S. & De Vos, A. (2010). Millenials’ career perspective and psychological

for employees. Journal of Business and Psychology, 18, 235-246.

Flood, P. C., Turner, T., Ramamoorthy, W., & Pearson, J. (2005). Causes and consequences of

psychological contracts among knowledge workers in the high technology and financial services industry. *International Journal of Human Resource Management* 12, 152–1165.

Freese, C., &Schalk, R. (2008). How to measure the psychological contract? A critical criterion-

based review of measures. South African Journal of Psychology, 38(2), 269-286.

Gagnum, B. (2016). *The mediating role of psychological contracts on the relationship between*

*organizational culture*.

Gakovic, A. &Tetrick, L. E. (2003). Psychological contract breach as a source of strainfor

employees. Journal of Business and Psychology, 18, 235-246.

George, C. & Patterson, D.K. (2006). “The Psychological Contract”. Anglais Publishers.

Grange, A. (2007). Nigeria HRH strategic document 2008-2012.Available from:

http://www.who.int/workforcealliance/countries/Nigeria\_HRHStrategicPlan\_2008\_2012.pdf [Accessed March 11 2014].

Griffeth, R., Hom, P., & Gaerther, S. (2000). A meta-analysis of antecendents and correlates of

employee turnover: Update, moderator tests, and research implications for the next millennium. *Journal of Management*, 26(3), 463-488

Guest, D (2007) HRM and the worker: towards a new psychological contract, in (eds) P Boxall, J

Guest, D. E., & Conway, N. (2002). Communicating the psychological contract: an employer

perspective. Human resource management journal, 12(2), 22-38.

Haq, I., Jam, F., Azeem, M., & Ali, M. (2011). Psychological contract and job outcomes:

mediating role of affective commitment. African Journal of Business Management, 5(19), 7972.

Hellriegel, D., Jackson, S. E., Slocum, J., Staude, G., Amos, T., Klopper, H. B., & Oosthuizen,

T. (2008). *Management* (3rd ed.). Cape Town, South Africa: Oxford University Press.

Hennicks, E. C. (2014). *Psychological contract breach, job satisfaction and turnover intention in*

*the utility industry* (Master Thesis), North-West University.

Iwu, C. G. (2013). Citizens’ quality of life: The outcome of a satisfied health-related

professional. *Journal of Economics and Behavioral Studies*, 5, 612–624.

Janssens, M., Sels, L., Van den Brande, I. (2003) Multiple types of psychological contracts: A

six-cluster solution. Human Relations, 56, 11, 1349-1379.

Kabak, K., Sen, A., Goçer, K., Kuçuksoylemez, S., &Tuncer, G. (2014). Strategies for Employee

Job Satisfaction: A Case of Service Sector. Procedia-Social and Behavioral Sciences, 150, 1167-1176.

Kabar, A. A., & Barrett, B. (2010). *The impact of psychological contract violation on job*

*satisfaction, OCB and intent to leave in a continuing care retirement community*. International CHRIE Conference-Refereed Track. Paper 2. Retrieved from

http://scholarworks.umass.edu/refereed/CHRIE\_2010/Wednesday/2/

Katamba, P., &Nsubuga, T. (2014). *Basic research: simplified for university*. Kampala, Uganda:

MK Publishers.

Kazibwe, C. M. (2008). *Factors influencing staff turnover in organisations.* A case study of The

Aids Support Organisation (TASO) Uganda Limited

Kisakye, A. N., Tweheyo, R., Ssengooba, F., Pariyo, G. W., Rutebemberwa, E., & Kiwanuka , S.

N. (2016). Regulatory mechanisms for absenteeism in the health sector: a systematic review of strategies and their implementation. *Dovepress*, 81- 94. Retrieved from http://www.doi.org/10.2147/JHL S107746 me.(n.d.).trend.Weee

Kiyaga, A. (2013, May 7). *Mulago trainee nurses strike*. Daily Monitor. Retrieved from

[www.monitor.co.ug/News/National/Mulago-trainee-nurses-strike/688334-1844870 n031tv/index.htm/](http://www.monitor.co.ug/News/National/Mulago-trainee-nurses-strike/688334-1844870%20n031tv/index.htm/)

Kordas, D. (2013). *Relational vs Transactional psychological contract*. Retrieved from LSE:

<https://www.slideshare.netkordasDimitris>

Kwesiga, P. (2016, August 8). *Museveni treating symptoms- Medics*. New Vision Pg 6

Levinson, H., Price, C. R, Munden, K. J. Mandl, H. J., Solley, C. M. (1962). *Men, Management*

*and Mental Health.* Boston: Harvard University Press.

Masaba, J. (2016, August 4). *Museveni fires Wakiso health services boss, entire staff of*

*NakawukaHC III*. New Vision p.3

Mathauer, I. &Imhoff, I. (2006). Health worker motivation in Africa: the role of non-financial

incentives and human resource management tools. *Human Resources for Health*, 4(1), p.24.

Ministry of Health (2010). *The Second National Health Policy: Promoting people’s health to*

*enhance socio-economic development*. Retrieved from https//www.unicef.org/Uganda/The\_Second\_National\_Health\_Policy.pdf.

Ministry of Health. (2016). *Annual health sector performance report.* Kampala.

Mowday RT. (2004). Strategies for adapting to high rate of employee turnover. Pubmed, 23 (4),

365–380.

Mugenda, O. M., & Mugenda, A. G. (2003). *Research Methods: Quantitative and qualitative*

*approaches* (Revised ed.). Nairobi, Kenya: ACTS Press.

Mukono District. (2009). *Higher Local Government Statistical Abstract*. Retrieved from

<http://www.ubos.org>.

Mukono Municipality. (2017). *Topography*. Retrieved from Mukono Municipal Council:

<http://mukonomunicipalcouncil.go.ug/>

Mullins, L. J. (2002) Management and Organisational Behavior, 6th Ed. Prentice Hall.

Nahrgang, J. D., Morgeson, F. P., & Hofmann, D. (2011). Safety at work: A meta-analytic inves-

tigation of the link between job demands, job resources, burnout, engagement and safety outcomes. Journal of Applied Psychology,95,71–94

Nassaka, F. (2015, June 7). *Medical negligence*. The Independent. Retrieved from

<http://www.independent.co.ug>

Ninsiima, R. (2014, September 8). *250 medical workers leave Uganda annually*. The Observer.

Retrieved from <http://www.observer.ug>

Odhiambo, M. W. (2015). Perceived Psychological Contract and Job Satisfaction of Secondary

School Teachers in Gem District, Kenya. *International Journal of Academic Research in Business and Social Sciences*, 127- 143. Retrieved from [http://dx.doi.org/10.6007/IJARBSS/v5-i5/1598\](http://dx.doi.org/10.6007/IJARBSS/v5-i5/1598%5C)

Patrick, H. A. (2008). *Psychological contract and employment relationship*. Retrieved from

Christ University Institute of Management.

Payne, S. (2017, July). *The info list - Mukono*. Retrieved from theinfolist.com:

<https://www.theinfolist.com/php/SummaryGet.php?FindGo=Mukono>

Phuong, T. H. (2013). *How to measure psychological contract breach as a predictor of Work*

*place outcomes: evidence from Vietnam*. The Macrotheme Review, 2(2)

Prajogo, D., & Cooper, B. (2010). The effect of people-related TQM practices on job

satisfaction: a hierarchical model. Production Planning and Control, 21(1), 26-35.

Purcell and P Wright, Oxford Handbook of Human Resource Management, Oxford, Oxford

University Press, pp 128–46

Richard, O. C., McMillan-Capehart, A., Bhuian, S. N., & Taylor, E. C. (2009). Antecedents and

consequences of psychological contracts: Does organizational culture really matter?. Journal of Business Research, 62(8), 818-825.

Rousseau, D. M. (2004). Happy employees and firm performance: Have been putting the Cart

before the Horse. *Academy of Management Executive*, 18(1).

Rousseau, D.M. (1995). *Psychological contracts in organizations: Understanding written and*

*unwritten agreements*. Sage, Thousand Oaks.

Saif-ud-Din, K-u-Z., & Nawaz, A. (2010). Impacts of demographic variables on job satisfaction

of the academicians in universities of NWFP, Pakistan. *Bulletin of Education and Research*, 32,53–68.

Saleem, H. (2015). The impact of leadership styles on job satisfaction and mediating role of

perceived organizational politics. Procedia - Social and Behavioral Sciences, 172, 563 – 569.

Schein, E. H. (1965). *Organizational psychology*. Englewood Cliffs, NJ: Prentice Hall.

Sekaran, U. (2003). *Research Methods for Business: A skill-Building Approach*. New London

McGraw Hill.

Shah, H. (2010). *The psychological contract*. doi:100110014

Shruthi, V. K., & P, H. K. (2012). Influence of Psychological Contract on employee- employer

relationship. *Journal of Exclusive Management Science*, 2277- 5684.

Simssen, V. D., Freese, C., &Schalk, R. (2013). Organizational change and the psychological

contract: How change influences the perceived fulfillment of obligations. *Journal of Organizational Change Management*, 26(6), 1071-1090.

Starnes Becky J., (2007). An Analysis of Psychological Contracts in Volunteerism and the Effect

of Contract Breach on Volunteer Contributions to the organization; volume XXIV, *The International Journal of Volunteer Administration*

Stewart, J. E. (2003). Hospital pharmacists ‘job satisfaction’: A review of date. Pubmed. 3 (14),

pp.1-9.

Taylor, T., Darcy, S., Hoye, R., &Cuskelly, G. (2006). *Using psychological contract theory to*

*explore issues in effective volunteer management.* European Sport Management Quarterly, 6(2), 123-147.\

Torrington, D., Hall, L., & Taylor, S. (2008). Human resource management. Harlow, United

Kingdom: Pearson Education.

Turyagumanawe, E. (2014, December 9). *Mulago Nurses strike over delayed pay*. Kampala,

Uganda: NTV.

Uneke, C., Ngwu, B., Onwe, F., Oyibo, P., Ezeoha, A. and Ogbonna, A. (2007). The Nigeria

health sector and human resource challenges. Internet scientific publication, 8(1), pp.3-4.

URN. (2016, May 8). Mulago Hospital interns also strike over unpaid allowances. The

Observer. Retrieved from <http://www.observer.ug>

Weinberger, E. T. (2010). *Assessing the situational awareness of employees for pay practice*

*adherence to compensation philosophy.* Compensation and Benefits Review, 42, 215.

Wesaka, A. (2013). Nambooze attacks doctors who “steal” patients. Daily Monitor. Retrieved

from monitor.co.ug/News/National/Nambooze-attacks-doctors-who--steal-patients/688334-2043244-nfop2jz/index.html

Willard, N. (2013). I am considering leaving soon – Turnover Intentions of Academic Librarians

in Zimbabwe. Journal of Business Administration and Education, 4(1), pp.76-90.

Yip, P. M., Goldman, A., & Martin, A. L. (2011). *Job Satisfaction.* Hill Companies Inc.

Retrieved from <http://www.u.arizona.edu/~ctaylor/chapter9/jobsat.html>

Zhao, H., Wayne, S. J., Glibkowski, B. C., & Bravo, J. (2007). The impact of psychological

contract breach on work-related outcomes: A meta-analysis. *Personnel Psychology*, 60, 647-680.

**APPENDENCES**

**Appendix I: Questionnaire**

**Dear respondent,**

I am a student of Uganda Management Institute doing Master’s Degree of Arts in Public Administration. As a requirement for the above award, the researcher is undertaking a study on the influence of psychological contract on job satisfaction among health workers in public health facilities in Mukono municipality. The results and recommendations of the study are expected to benefit the health workers, stakeholders and influence policy makers to improve conditions of work in the health facilities in Uganda. You have been selected to participate in this study as a health worker of a public health facility in Mukono Municipality. Kindly provide the most appropriate information as indicated in the questionnaire based on your objective experiences. The information provided shall be used for academic purpose and will be kept with outmost confidentiality.

Your cooperation is highly appreciated.

……………

Yours truly,

Nabaterega Joyce

**Section I: Background Information**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Gender  | Male  | 1 |
| Female  | 2 |
| 2 | Age  | 18 – 25 years  | 1 |
| 26 – 31 years  | 2 |
| 32 – 39 years  | 3 |
| 40 – 47 years  | 4 |
| 48 years and above  | 5 |
| 3  | Marital status  | Single  | 1 |
| Married  | 2 |
| Separated  | 3 |
| Single parent  | 4 |
| Divorced  | 5 |
| 4 | Highest education level  | Post- secondary | 1 |
| Certificate  | 2 |
| Diploma  | 3 |
| Bachelors  | 4 |
| Masters  | 5 |
| PhD  | 6 |
| Other  | 7 |
| 5 | Name of health centre  | Mukono HC IV  | 1 |
| Goma HC III | 2 |
| Nantabulirirwa HC II | 3 |
| Kyungu HC II | 4 |
| Nyanja HC II | 5 |
| 6 | Designation in the Health Centre/ Health Carder |  |  |
| 7 | Number of years worked in this health centre |  |  |

**Section II: Influence of Relational and Transactional psychological contract on Employee job satisfaction**

Indicate the extent to which you agree with the following observations on the influence of psychological contracts on job satisfaction on a scale of (1) = Strongly disagree, (2) = Disagree, (3) = Not sure (4) = Agree (5) =Strongly agree

|  |  |
| --- | --- |
|  | **Scale** |
| **1** | **2** | **3** | **4** | **5** |
| 1. **Transactional psychological contract**
 |  |  |  |  |  |
| Sometimes as staff, we are given cash benefits which increases my satisfaction at work |  |  |  |  |  |
| The competitive wages and salaries which I receive increase on my level of job involvement |  |  |  |  |  |
| Our salaries are paid on time which increases my commitment to work |  |  |  |  |  |
| The salary advancements at this work enhance my zeal to work for more extra hours.  |  |  |  |  |  |
| Transport is provided for while at work which helps me to save some more time for my work.  |  |  |  |  |  |
| The lunch allowances we receive increases people’s zeal to work. |  |  |  |  |  |
| There is remuneration for extra work which increases people’s commitment and adding in more time for working |  |  |  |  |  |
| There are salary increments at this work and this leads to increased job retention |  |  |  |  |  |
| 1. **Relational psychological contract**
 |  |  |  |  |  |
| The good working environment in this health facility makes me feel contented with my work place. |  |  |  |  |  |
| The respect I get from both my employer and fellow workers increases on my level of exhibiting team spirit.  |  |  |  |  |  |
| The safety of the staff is emphasized at this health facility and this increases my readiness to work. |  |  |  |  |  |
| Recognition of the best performing health workers in this health facility leads to increased commitment of the staff on their work. |  |  |  |  |  |
| There is equity at this work place which increases team spirit at work |  |  |  |  |  |
| As an employee in this health facility, I have the control over my work which increases my level of job involvement. |  |  |  |  |  |
| I can’t leave this job because of the work-life balance we enjoy |  |  |  |  |  |
| The job security I am sure of makes me retain my job.  |  |  |  |  |  |
| The training and career development opportunities at this health facilitymotivates staff to keep their jobs. |  |  |  |  |  |
|

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| The promotion opportunities at this health facility increase my zeal to o accomplish assignments on time and go an extra mile voluntarily. |  |  |  |  |  |

 |  |  |  |  |  |
| 1. **Job satisfaction**
 |  |  |  |  |  |
| I like my job |  |  |  |  |  |
| I am satisfied with the degree of independence with my work roles. |  |  |  |  |  |
| I will always provide better services to protect my organisation’s image. |  |  |  |  |  |
| I really enjoy working here |  |  |  |  |  |
| I am satisfied with my current pay. |  |  |  |  |  |
| I don’t regret being part of this health facility |  |  |  |  |  |
| I enjoy the benefits I receive from my job |  |  |  |  |  |
| I feel like this is the best job ever. |  |  |  |  |  |
| I believe that the promotional opportunities may soon increase so I have to be patient. |  |  |  |  |  |
| I am committed to achieving my organisation’s goals and objectives. |  |  |  |  |  |
| The current pay levels per grade are properly set. |  |  |  |  |  |
| I feel like retaining my job forever |  |  |  |  |  |

**Thank You for Your Kind Participation!**

**Appendix II: Interview Guide**

**Dear respondent,**

I am a student of Uganda Management Institute doing Master’s Degree of Arts in Public Administration. As a requirement for the above award, the researcher is undertaking a study on the influence of psychological contract on job satisfaction among health workers in public health facilities in Mukono municipality. The results and recommendations of the study are expected to benefit the health workers, stakeholders and influence policy makers to improve conditions of work in the health facilities in Uganda. You have been selected to participate in this study as a health worker of a public health facility in Mukono Municipality. Kindly provide the most appropriate information as indicated in the interview guide based on your objective experiences. The information provided shall be used for academic purpose and will be kept with outmost confidentiality.

Your cooperation is highly appreciated.

……………

Yours truly,

Nabaterega Joyce

**Section I: Background Information**

1. Gender
2. Age
3. Marital status
4. Highest level of education
5. Name of health Centre
6. Designation in the Health Centre/ Health Carder
7. Number of years worked in this health centre

**Section II. Psychological Contract and job satisfaction**

1. Why did you choose to become a health worker?
2. What expectations did you have for the job?
3. Which expectations have been fulfilled at this work?
4. Which expectations have not been fulfilled?
5. How do you feel about our job as a health worker?
6. What improvements would you like to see relating to your job?
7. Since you started working, have you had any disappointment relating to your job?

If so, what kind?

1. What recommendations would you propose to be incorporated at your work place to improve your job satisfaction?

**Thank You for Your Kind Participation!**

**Appendix III: Observation Guide for Employee Behaviour in some Health Facilities**

**Instruction:**

For each behaviour indicator in the left-hand side column, draw a line each time that behaviour is observed and tally every five lines. Then total the tallies to determine how often each behaviour has been observed in the subject.

|  |  |  |
| --- | --- | --- |
|  | Draw a line each timethis behavior is observed | Write what you notice about the group and about the behavior health workers are showing |
| **Area/Indicators** |  | **Notes (to be done at the end only)** |
| Come(s) on time to work |  |  |
| Come(s) late to work |  |  |
| Leave(s) early (before time) |  |  |
| Work(s) steadily |  |  |
| Move(s) up and down  |  |  |
| Mostly moody/gloomy |  |  |
| Cheerful |  |  |
| Readily responds to clients |  |  |
| Uncaring |  |  |
| Kind to patients/clients |  |  |
| Rude to patients/clients |  |  |
| Supportive to one another |  |  |