



The Influence of Human Resource Practices on Job Satisfaction in Decentralized Health Service Delivery: A Case of Shinyanga Region in Tanzania

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Abstract: The study examined the influence of Human Resource (HR) practices on job satisfaction in the decentralized health service delivery in Shinyanga region, Tanzania. The influence of HR practices on job satisfaction is vastly examined by different scholars. Their findings revealed mixed results ranging from significant positive to adverse influence on job satisfaction. Thus, to bridge the knowledge gap, this study examined the specific HR practices in the specific area context. The specific HR practices tested in this study included human resource planning (HRP), supervision, performance appraisal, training and compensation. The region was selected because over different periods of time, it experienced unsatisfactory performance in health service delivery. This was reflected by inability of the region to attain 50% of the Mellenium Development Goals related to health and lowest achievements in health service delivery as reflected in the preparatory stage in launching the Results Based Financing in which the region ranked the last in the then 21 regions of the country. An explanatory Survey research design with mixed research approach was employed for the study. The survey data were collected from 287 respondents and supplemented by the qualitative data. The study found that all the five HR practices had some chances on job satisfaction. However, HRP and supervision revealed significant chances of having job satisfaction implying that they were effectively undertaken. Nevertheless, these practices were constrained by the ineffective employees' participation in HRP and the inability of the Council Health Management Teams (CHMTs) to provide supportive supervision in health facilities. It was thus recommended to enhance employees' participation in HRP and supervision for improving job satisfaction. Likewise, it is also important for the facilities to continuously appraise human resource performance and use the results in making human resource decisions.

Keywords: Human Resource Practices, Job Satisfaction, Decentralized Health Service Delivery

1. Introduction

The relation between Human Resource (HR) practices and job satisfaction is an area of interest for both academicians and practitioners. Different scholars explored the influence of Human Resource Planning, supervision, performance appraisal, training and compensation on job satisfaction [6, 25, 34, 35, 36]. Generally, their findings revealed mixed results ranging from significant positive to adverse influence of the respective HR practice on job satisfaction

Specifically, the study for employees in public commercial banks in Channai, India revealed that recruitment and selection had significant influence on job satisfaction ($\beta=0.080$ and $P<0.05$) for the employees in the bank [35]. The intensity in recruitment and selection contributed to the results. Likewise, similar results ($\beta=0.500$ and $P<0.05$) were reported for the employees in Bangladesh commercial banks. The fairness in recruitment and selection in the banks perceived to enhance job satisfaction among employees in the banks. However, the findings did not unfold what

constitutes intensity and fairness in recruitment and selection. Also they did not clearly indicate the mechanisms through which the practice influenced job satisfaction. The question on how HRP affected job satisfaction in the facilities to enhance person-organisational fit [20], remains unpacked. Further, it appears that there are scanty of similar studies in the decentralized health services.

Moreover, other scholars documented that supervision has diverse influences on job satisfaction. The influence ranges from significant to adverse effects on job satisfaction. The study regarding the influence of supervision on job satisfaction among teachers of private and public sector in Punjab revealed significant positive influence ($\beta=0.400$ and $P<0.05$). About 50% of the changes in job satisfaction were explained by supervision [6]. It was clarified that more efforts used in supervision contributed to the results. Nevertheless, the reasons were inadequately elaborated as one cannot understand what is meant by more efforts. Likewise, one cannot use the findings to improve supervision because the mechanisms for improving it are not clearly stipulated. On the contrary, adverse impacts of supervision on job satisfaction ($\beta=-0.305$ and $P=0.009$) was reported in the Nigerian banks [35]. The results were associated with inadequate mentoring services to the supervisees. Likewise, the resembling results ($\beta=-0.032$ and $P>0.05$) were established in the Bangladesh commercial banks [4]. However, the findings did not adequately unfold the reasons for the results. Drawing inferences from the recommendations, it appears that efforts were inadequately invested in supervision. However, what constitutes more efforts remained unclear and the mixed results regarding the influence of supervision on job satisfaction triggered further investigations to bridge the literature gap in specific context.

The influence of performance appraisal on job satisfaction has extensively been examined by different scholars in different countries [1, 19, 35]. The results of these studies range from significant to adverse influence. The findings in the Nigerian banks established significant positive influence of the performance appraisal on job satisfaction ($\beta=0.290$ and $P<0.001$) [35]. Similar results were established in the public hospitals in China that the human resources satisfied with the performance appraisal system was 2.243 times higher than their counter parts who were dissatisfied in the health sector ($OR= 2.243$, $95\% CI = 1.504-3.345$, $P < 0.001$) [19]. Nevertheless, these studies did not substantially clarify the reasons for the results. On the contrary, other scholars documented statistically insignificant influence of performance appraisal on job satisfaction ($\beta=0.297$ and $P=0.217$) in Bangladesh commercial banks [25]. The inferences drawn from the recommendations suggest that performance appraisal was ineffectively undertaken. Also, other studies established adverse effects of performance appraisal on job satisfaction. Such studies include the adverse impacts of performance appraisal on job satisfaction ($\beta=-0.071$ and $P=0.822$) in the manufacturing firms in Bangladesh [1] and Likewise, similar results were reported in the India Metro Rail Corporation (New Delhi) [10]. Similarly,

other studies explored that the performance appraisal in health facilities is ineffectively carried out due to the ineffective use of the Open Performance, Review and Appraisal system (OPRAS), a tool used in assessing performance in public service. Thus, the human resource decisions, such as training and compensation remain uninformed by the evidences [8]. Further, similar results were frequently reported by the Controller and Auditor General (CAG) of Tanzania in which OPRAS found ineffectively used in assessing the human resource performance in public, parastatals and Local Government Authorities (LGAs) [12-16]. Nevertheless, this study did not examine the performance appraisal in relation with job satisfaction. When coupled with the failure of the other studies to highlight causes for insignificant and adverse influence of performance appraisal on job satisfaction, it triggered the necessity for further research to bridge the knowledge gap.

Moreover, most of the empirical findings convince that when training is effectively carried out, it enhances job satisfaction among human resources of the respective organization. It was further established that the chances for the human resources who were satisfied with training opportunities was 1.442 times higher than their counterparts who were dissatisfied in public hospital, China ($OR = 1.442$, $95\% CI = 1.050- 1.980$, $P = 0.024$) [19]. Similarly, the findings in the Bangladesh commercial banks established significant effects of training on job satisfaction ($\beta=0.865$ and $P<0.001$) [4]. Likewise, positive and significant influence of training on employees commitment ($\beta=0.842$ and $P=0.001$) were established for employees working at Jomo Kenyatta University of Agriculture and Technology [25]. The contributing factors for the results included inter-alia, commitment of the management to provide training, engagement of employees in training needs assessment and granting of promotion to successful trainees. Nevertheless, other scholars reported insignificant influence of training on job satisfaction. They include the study in Nigerian banks ($\beta=0.180$ and $p=0.257$) and Bangladesh commercial Banks ($\beta=0.172$ and $p=0.499$) [25, 35]. The non-transparent criterion in selecting training participants contributed to the results. What is unfolded in these findings is how we can make the best use of the training to enhance job satisfaction. Likewise, it is not known on whether similar challenges exist in the human resources in decentralized health services in Shinyanga region.

Further, the influence of compensations on job satisfaction has extensively been examined by different scholars [3, 6]. A study to examine the impacts of human resource practices among public and private teachers in Pakistan revealed compensation had significant impact on job satisfaction ($\beta=0.261$ and $P=0.007$) [6]. The effects are associated with the keen efforts of management in compensation. Also, similar results ($\beta=0.983$ and $P=0.001$) were established for employees in Bangladesh commercial banks [25]. Nevertheless, clarifications are missing regarding the pertinent factors for the compensation to enhance job

satisfaction. Likewise, the process to identify employees' for fair compensation remains unfolded. On the contrary, the findings in the corporate sector of Punjab, Pakistan found insignificant impacts of compensation on job satisfaction ($\beta=0.048$ and $p= 0.432$) [3]. Further, the adverse effects of compensation on job satisfaction was reported in the Bangladesh manufacturing firms ($\beta=-0.033$ and $P=0.982$) [1]. Likewise, similar results ($\beta=-0.033$ and $P=0.982$) were reported in the Metro Rail Corporation of New Delhi, India [10]. The studies highlighted inadequate compensation and lack of fairness as the contributing factors to the results. The inadequate explanations of what constitutes adequate compensation and fairness triggered further studies to add knowledge to the existing gaps. In Tanzanian context, the Human Resource Management was partly recentralized since 2006 with the aim of solving mala-distribution of human resources in various LGAs [34]. Thus, human resource planning, supervision, performance appraisal, training and compensations are partly undertaken by both central and LGAs. Nevertheless, the effects of the shared responsibilities in managing the human resources at the decentralized health services are scantily documented. This challenge when coupled with the mixed results of the HR practices recorded in different countries triggered continued debates. Therefore, this study sought to examine the impacts examine the influence of the HR practices on Job Satisfaction in the decentralized health services in Shinyanga region, Tanzania to contribute knowledge on the existing debates.

2. Theoretical Background and Conceptual Framework

2.1. Theoretical Background

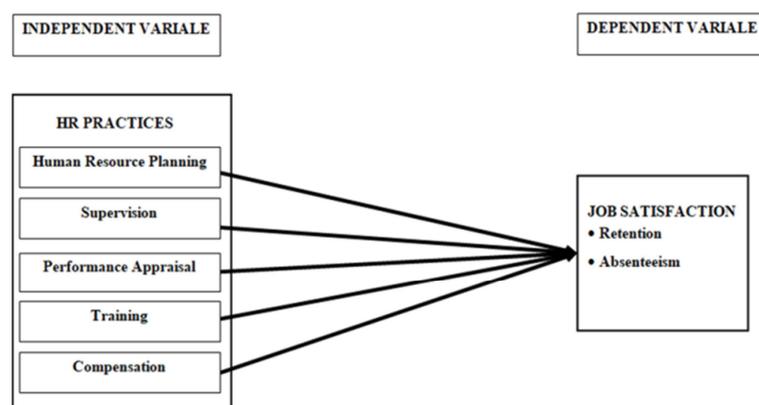
This study was underpinned by Herzberg Theory of Motivation. The theory was promulgated by Herzberg in

1957 to explain employees' motivation in the workplace for performance improvements. The theory divides motivating factors into motivators/satisfiers and hygiene factors [24]. The motivators have a relationship with the job content and they are, usually, intrinsic to the job itself. They include achievement, recognition, advancement, the work itself and responsibility [17, 37]. On the other hand, hygiene factors comprise company policy and administration, technical supervision, interpersonal relations with the supervisor, peers and subordinates, salary, job security, personal life, work conditions and status. These conditions, according to the theory, do not lead to motivation, but their absence leads to dissatisfaction [37].

The motivators (recognition and the nature of the work) and hygiene factors (supervision, salary and work conditions) used to advance the understanding on motivation captured by job satisfaction. Past studies documented that the presence of both motivators and hygiene factors had an impact on the job satisfaction and performance [31, 37]. Nevertheless, the theory is criticized on the ground that the level of significance of each of these variables in job satisfaction is scantily documented in the decentralized health service delivery in Tanzania. Despite this criticism, the theory suffices to inform the study on the influence of both the motivator and hygiene factors in enhancing job satisfaction

2.2. Conceptual Framework of the Study

Based on theoretical (Theory of Motivation) and empirical reviews, the conceptual framework to map the relations among study variables was established. The conceptual framework is a diagrammatic presentation which shows the relationships between different groups, individuals or issues and can always be progressively revisited as further information made available for improvement [30]. The conceptual framework to map the relationship among the variables of this study is shown in Figure 1.



Source: Researchers' Own Constructs from Theoretical and Empirical Reviews.

Figure 1. Conceptual Framework for the Study.

The manners in which the human resource practices (human resource planning, supervision, performance appraisal and training) are carried out influence job satisfaction among the human resource of the respective

facility. The job satisfaction was captured by the respondents' intention to retention in a facility and the frequency of employees' attendance at workplace [11, 23]. Scholars documented that the influence of human resource practices

on job satisfaction depend on the effectiveness in carrying out HR practices in the respective organization [4, 6].

3. Methodology

An explanatory Survey research design with mixed research approach (quantitative being dominant) was used for the study in the decentralized health service facilities in Shinyanga region. The region was selected because in 2009 only 39% of the patients attended the health facility in the region. The number rose by 1% to 40% in 2012 [28]. This ranked the region the last but one in the list of the then 21 regions of Tanzania Mainland. In 2012, the region had realized less than 50% of Millennium Development Goals (MDGs) which ranked it a poor performing in the country [28]. Similarly, during the launching of the Results Based Financing (RBF) in Tanzanian health sector, Shinyanga region registered the lowest achievements in health service delivery [38]. In the region Kahama Town Council, Shinyanga Municipal Council, Kishapu and Ushetu District councils, which depicted similar performance situations with

the region, were selected for the study.

The multi-stage sampling procedures were employed in determining the sample of the study. The Multi-stage sampling is step-by-step used in selecting or clustering sequential steps to be used either to proportionately select respondents or study areas to be included in the study by developing strata [27]. This study, therefore, adopted two stages of multi-stage sampling, namely random stratification of cadres of employees in the health sector to be included in the sample size and coming up with stratified cadres of the human resources in each selected sub-set (LGAs) of the study area. The categorization of the human resources in eight strata was based on the commonality of the activities performed by the human resources in the respective stratum as shown in Table 1. The strata of human resource for health included medical officers, clinicians, nurses, medical attendants, laboratory personnel, the rare professionals (dentists, opticians, therapist, radiographer and pharmacist), officer (environmental, social welfare and health secretary) and supporting staff (record management assistants, cook and office attendants).

Table 1. Population Strata and Sample Size.

Stratified HRH cadres	Target population				Proportionate Sample per Stratum			
	Shinyanga DC	Kishapu DC	Ushetu DC	Kahama TC	Shinyanga DC	Kishapu DC	Ushetu DC	Kahama TC
Medical Officers	7	6	7	18	2	1	2	4
Clinicians	43	46	37	59	10	11	9	14
Nurses	74	112	122	261	17	26	28	60
Medical Attendants	61	93	65	156	14	21	15	35
Laboratory Technologist	11	16	17	30	3	4	4	7
Rare professions	4	4	4	9	1	1	1	1
Officers	16	3	9	6	4	1	2	1
Supporting staff	6	4	3	31	1	1	1	6
Total	222	284	264	570	52	66	62	128

Source: Human Resource for Health in LGA Based on Seniority List, 2016.

The Yamane's formula $n = N/1+N(e^2)$ at confidence level of 95% was employed used to calculate the sample size from 1,340 target population as reflected in the LGAs' seniority list of 2016.

Whereby n = Sample size

N = total population

e = degree of freedom

N = 1340

e = 0.05

$n = N/1+N(e^2)$

$n = 1340/1+1340(0.05^2)$

$n = 308$

Based on the determined sample size, the proportional sample size from each stratum was calculated by $x/1340*308$ (x representing the number of human resource in the respective stratum). The proportionate sample size from each stratum is provided in Table 1. On the basis of the seniority list, numbers were assigned in lieu of names in each stratum. Thereafter, rotary method was applied to select the required sample in each stratum. The survey tool was used to collect quantitative data in which 287 respondents returned effectively filled in questionnaire for analysis. This was

supplemented by the qualitative data from both interviews data through interviews. These comprised 12 human resources at the council level, three from the district hospital (District Medical Officer, immunization officer and health secretary for four LGAs), 8 facility in-charges, that is 2 health centres in each council and 4 facility committee members. The respondents were selected because they were resourceful in giving pertinent information regarding HR Practices and Job satisfaction in the respective health facilities. Being in-charge of the respective service was the major criterion for their inclusion in a sample. The interview guide and checklist were used to guide the collection of the qualitative data.

In this study, the data were captured in five points Likert scale comprising of 5=Almost always, 4=Often, 3=Sometimes, 2=Seldom and 1=Never which used to capture the HR practices both quantitatively and qualitatively. The mean scores of the HR practices column wise were collapsed into three categories as follows, 1- 2 = low HR practices; 3=Moderate and 4-5= High as summarized in Table 2.

Table 2. Summary of the Categorized Variables.

S/N	Independent Variables	Categorization
1	Human Resource Planning	4-5= High 3=Moderate 1- 2 = low
2	Supervision	4-5= High 3=Moderate 1- 2 = low
3	Performance Appraisal	4-5= High 3=Moderate 1- 2 = low
4	Training	4-5= High 3=Moderate 1- 2 = low
5	Compensation	4-5= High 3=Moderate 1- 2 = low

Source: Researchers ‘Own Construct 2019.

The high levels of the HR practices referred to as the respondents’ perceptions that the respective HR practices are relatively being effectively undertaken in the respective organization. It is related with the high scores in terms of responses. The moderate HR practice scores imply that the respondents perceived the practice as somehow good undertaken. The low HR practice refers to the respondents’ perceptions that the respective HR practice was ineffectively undertaken and hence scored below the average.

Two indicators captured the job satisfaction, namely, employees’ perception of intention to retentions and attendance at the workplace. These indicators of job satisfaction were also used by different authors [3, 6, 33]. The data were then re-categorized into dichotomous data to facilitate the analysis by binary logistic regressions. The mean scores for employees’ attendance at the workplace and intentions to retention were calculated individually. The overall mean of the two variables to represent the level of job satisfaction was calculated. From the calculation, 3.93 were established as the overall mean of the two variables representing job satisfaction. It was then used as a cutoff point between satisfied and not satisfied respondents. The mean scores 1-3.92 represented not satisfied and the mean score 3.93-5 represented satisfied. The transformation and collapsing of Likert scale data is supported different authours [21, 37]. However, there are limited findings which document this type of recategorization of the outcome variables. The quantitative data were analyzed using both descriptive and binary logistic regression analysis. The findings were enriched by the qualitative data analyzed by the content analysis.

Table 3. The Association between HR Practices and Job Satisfaction.

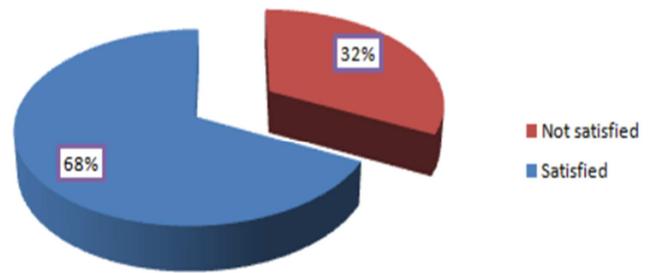
Variable	Job satisfaction		Chi square	P-Value
	Not satisfied (%)	Satisfied (%)		
Human Resources Planning			7.3766	0.0250
Low	4 (36.36)	7 (63.64)		
Moderate	55 (39.86)	83 (60.14)		
High	34 (24.64)	104 (75.36)		
Supervision			23.4475	<0.0001
Low	13 (68.42)	6 (31.58)		

4. Results and Discussions

The focus of the study was to examine the influence of human resource practices on job satisfaction among the human resources in the decentralized health services in Shinyanga region. Data were sought to answer the research question regarding “to what extent do HR (planning, supervision, performance appraisal, training and compensation) practices influence job satisfaction among human resources in the decentralized public health delivery in the study area? The results and discussions are presented as follows;

4.1. Respondents’ Perceptions on Job Satisfaction

The descriptive analysis was run to portray the respondents’ perceptions regarding job satisfaction among the human resources in health facilities. The summary of the findings is provided in Figure 2.



Source: Survey Data, 2017.

Figure 2. Respondents' Perceptions on Job satisfaction.

The findings revealed that more than half (68%) of the respondents had the intention to retention and improved attendance at the workplace and hence reflecting job satisfaction. The other 32% of the respondents revealed different results on retention and interests to attend at the workplace and hence not satisfied with their jobs. The findings suggest that human resources to some extent were satisfied with their jobs. The insights of the results were further tested by examining the associations between each of the HR practices and job satisfaction.

4.2. Association between HR Practices and Job Satisfaction

The association between HR practices and job satisfaction revealed that overall, 194 (67.6%) of the study participants were observed to be satisfied with their jobs. The distribution of job satisfaction, according HR practices are presented in Table 3.

Variable	Job satisfaction		Chi square	P-Value
	Not satisfied (%)	Satisfied (%)		
Moderate	34 (45.33)	41 (54.67)	3.8871	0.1432
High	46 (23.83)	147 (76.17)		
Performance appraisal			3.3922	0.1834
Low	11 (37.93)	18 (62.07)		
Moderate	53 (36.55)	92 (63.45)	2.4546	0.2931
High	29 (25.66)	84 (74.34)		
Training			2.4546	0.2931
Low	6 (35.29)	11 (64.71)		
Moderate	78 (34.51)	148 (65.49)	2.4546	0.2931
High	9 (20.45)	35 (79.55)		
Compensation			2.4546	0.2931
Low	67 (35.26)	123 (64.74)		
Moderate	22 (28.21)	56 (71.79)	2.4546	0.2931
High	4 (21.05)	15 (78.95)		

Source: Field Data, 2017.

The data in Table 3 established that job satisfaction was significantly associated with the HRP (0.0250) and supervision ($p < 0.0001$). The highest proportion of the satisfied individuals were observed among respondents with high level of human resource planning (75.36%) followed by those with low level of human resource planning (63.64%). With respect to supervision, the respondents with high level of supervision (76.17%) and those with moderate level (56.67%) were significantly more likely to have job satisfaction compared to individuals with low level of supervision (31.58%). Although not significant ($p = 0.1432$), the respondents with high level of performance appraisal (74.34%) were more likely to have job satisfaction followed by those with moderate performance appraisal (63.45%). Likewise, though with insignificant influence, training and compensation reflected similar results as shown in Table 2. Generally, the findings as summarized in Table 3 imply that all the five HR practices have some associations with job satisfaction though at varying degrees. The study went beyond testing the associations between dependent and independent variables by examining the influence of each of the practice on job satisfaction.

4.3. Influence of HR Practices on Job Satisfaction

The binary logistic regression analysis regarding the influence of the human resource practices (planning, supervision, performance appraisal, training and compensation) on the likelihood to enhance job satisfaction was carried out. The results of the fitted logistic regression model for job satisfaction are presented in Table 4.

Table 4. Logistic Regression of HR Practices on Job Satisfaction.

Variable	OR (95%CI)	p-value
Human Resources Planning		0.0264
Low	0.57 [0.16, 2.08]	0.3956
Moderate	0.49 [0.30, 0.83]	0.0073
High	Reference	
Supervision		<0.0001
Low	0.14 [0.05, 0.40]	0.0002
Moderate	0.38 [0.22, 0.66]	0.0007
High	Reference	
Performance appraisal		0.1459

Variable	OR (95%CI)	p-value
Low	0.57 [0.24, 1.34]	0.1936
Moderate	0.60 [0.35, 1.03]	0.0635
High	Reference	
Training		0.1932
Low	0.47 [0.14, 1.62]	0.2328
Moderate	0.49 [0.22, 1.07]	0.0721
High	Reference	
Compensation		0.2989
Low	0.49 [0.16, 1.53]	0.2204
Moderate	0.68 [0.20, 2.27]	0.5297
High	Reference	

Source: Survey Data, 2017.

The results in Table 4 revealed that job satisfaction was significantly influenced by human resource planning ($p = 0.0264$) and supervision ($p < 0.0001$). The odds of having job satisfaction were significantly lower among the respondents with moderate level of human resource planning compared to those with high level of human resource planning (OR=0.49, $p = 0.0073$). The respondents with low level of human resource planning were also less likely to have job satisfaction in comparison to those with high level of human resource planning (OR=0.57, $p = 0.3956$). The results revealed that the influence of HRP on job satisfaction is attributed by the manner in which the HRP aspects are carried out in the organization. The qualitative results revealed that respondents were satisfied with the inherently nature of the assigned job. It was revealed that respondents were proud of their work as it contributed in serving the lives of their fellow citizens. This is in relation with the Herzberg Theory Motivation in that the nature of the job inherently enhances motivation among the job holders [17, 39]. The other attributing factor for the HRP to influence job satisfaction includes the assigned jobs being linked to employees' knowledge and skills. Thus, with the matched knowledge and skills to the assigned job, it becomes easy for an employee to successfully perform the assigned jobs which in turn influence job satisfaction of the respective employee. The findings are in line with other studies including the that of Bangladesh and China commercial Bank whose results revealed that recruitment and selection had significant positive influence on job

satisfaction ($\beta=0.500$ and $P<0.05$) and ($\beta=0.080$ and $P<0.05$) respectively for human resources working in these financial institutions [4, 38]. All these empirical studies relate the significant influence of human resource planning on job satisfaction in the respective institution with the effectiveness in recruitment and selection of the job applicants. Unlike the previous studies, the findings of this study established that the chances of the influence of the HRP on job satisfaction are related with the ability to match skills and knowledge with job descriptions, assigning jobs that relate the organisational plans with job the designing which make it is inherently attractive.

However, even though HRP revealed significant odds on having job satisfaction, yet the practice is ineffectively carried out. The ineffectiveness in HRP is mainly reflected by inadequate employees' participation at the respective health facilities. The qualitative results clarified that even though rooms for employees' participation in HRP are made available via quality improvement teams (QITs), supportive supervision and performance reports, their inputs are hardly accommodated in the HRP for implementation. This relates with the observations established in 2006 human resource management in health services were recentralized [34]. Likewise, the difficult to accommodate human resource requirements is in line with the requirements to abide to the manning levels manual for HR for health which sets between the minimum and maximum number and type of human resources for each level of the health facility as follows: 9-30 human resources for dispensary, 32-45 for health centers and 198-310 for district hospital [32]. Any human resource requirements from the facility level beyond the staffing levels cannot be accommodated and endorsed. Likewise even though human resource budgets are prepared at the council level based HR manning levels, when it comes to recruitment and selection, the LGA have little to do. The major part in the process is undertaken by the central government organs. The hired employee is disbursed to the respective LGA for letter of appointment. Nevertheless, when the recruitments and selections are centrally made, employing facilities miss the chances to have a say on the attitude of the prospective employee. Similarly, the prospective employees are likely to have a different picture regarding the facility to join with. This might prove differently from the employees' and employer's expectations once one is posted to the facility which in turn affects job satisfaction in terms of intention to retention and attendance at workplace. The ineffective employees' participation in HRP is likely to lead to the mismatch between human resource requirements and supply, as the plans are inadequately informed on the quality and quantity of human resources for successful meeting the context specific needs of the community. The findings of this study are in line with the observations by other scholars that ineffective employees' participation in HRP is likely to lead into misfit of person-organisation and hence detrimentally affecting job satisfaction [20]. Thus, the influence of HRP would be enhanced when effective employees' participation in HRP is guaranteed and the inputs incorporated into the

human resource plans.

The likelihood of supervision to influence job satisfaction among the employees in the decentralized health services is a function of multiple factors. The qualitative data revealed that the internal support from immediate supervisors at the respective facilities and the supervision rendered by the members of the facility governing committees contributed to job satisfaction among the employees. The findings are supported past studies which revealed statistically significant effects of supervision on job satisfaction ($\beta=0.400$ and $P<0.05$) [6]. Nevertheless, unlike the past studies which documented more efforts as contributing factor, this study found that support rendered by immediate supervisors and that of the facility governing committees to contribute to the odd of supervision on enhancing job satisfaction among the human resources in the study areas. The support included mentoring and social support for employees to easily settle down in the community and undertake their responsibilities. Despite, its influence, supervision in the study areas is ineffectively undertaken. The qualitative data revealed the ineffective supervision to include inability of the Council Health Management Teams (CHMTs) to timely and effectively address the encountered challenges at facility levels, failure to adhere to the supportive supervision schedules and inability to provide support during supervision. These are in line with the observations by Comprehensive Council Health Plan (CCHP) for Shinyanga District Council which provided that 51.5% of the planned supportive supervision for 2016/2017 were not undertaken. The failures were related to ad hoc activities and frequent breakdown of motor vehicles meant for supportive supervision [42]. Thus, in situation where CHMT fails to make supportive supervision, employees' challenges at health facilities remain unsettled. This in turn causes the feelings of not being properly supported and hence affecting job satisfaction. Likewise, the involvement of junior employees in CHMTs impeded supportive supervision because junior human resources found themselves unable to provide support. This is supported by the observations made in the Regional Secretariat Comprehensive Health Plan for Shinyanga region which established that the joining of new CHMTs members who were not conversant with supportive supervision affected the effectiveness of supportive supervision at Kahama Town Council. This in turn badly affected job satisfaction among employees [43]. These are likely to lead into the failure to timely provide appropriate support to the employees at the health facilities. Thus, it affects job satisfaction among employees at the health facilities in the study area.

Further, the performance appraisal, training and compensation though each of them revealed positive probability of leading to job satisfaction, the chances of each is statistically insignificant (Table 4). Generally, the findings suggest that the manner in these practices are carried out do not lead into chances for significant influence on job satisfaction. This implies that these practices are ineffectively carried out in the study areas. Thus, even though these

practices form part of the hygiene factors as provided for by Herzberg Theory of Motivation [24], their ineffective execution negatively affected the level of satisfaction among the respondents [31, 39]. Thus, had the execution of these practices been improved, it is likely that satisfaction would rise beyond 68% and the likelihood of the HR influence on job satisfaction would have been magnified.

Regarding odds of training on having job satisfaction, it was established that there are number of training opportunities for the human resource at the facility levels. Such training opportunities include Basic Emergency Obstetric Care Services (BEmOC), Comprehensive Emergency Obstetric Care Services (CEmOC), Prevention of HIV/AIDs, Tuberculosis, Malaria and Maternal and Child Health Services. Nevertheless, these opportunities can hardly address context specific skill gaps because they are designed and implemented by the Central Government in collaboration with the development partners with little participation of human resources at facility levels. When the human resources at the facility levels are inadequately given room to participate in identifying training needs based on the performance gaps which call for training, it becomes difficult to provide skills which address the performance hurdles. As a result, the specific performance challenges remain unaddressed, hence detrimentally affecting the level of job satisfaction.

Moreover, although employees' performance as a team in health facilities is appraised through the quality improvement teams, the individual performance was ineffectively evaluated. This is related to the failure to use the OPRAS tool as reflected by CAG reports 2014-2018 (CAG 2014-2018) [12-16]. The reasons for ineffective use of OPRAS in assessing employees' performance included complications in filling the forms, the exercise being time consuming, and failure to link OPRAS to the rewards and lack of commitment from both politicians and health facility management. Other challenges included the shortage of human resources in the facilities, ad hoc activities, shortage of medical supplies which impeded the employees' performance and, at the same time, leading to service beneficiaries' complaints on the service delivery. This too has effects on the job satisfaction among the employees of health facilities. The quote below summarized from one of the interviewees:

It is not uncommon to find an acute shortage of human resources in most of the health facilities. As such, there are situations where health facilities are headed by nurses or even medical attendants. Likewise, sometimes, health service provision is curtailed by the unavailability of medical supplies. In such situations, it is difficult to come with genuine OPRAS results due to mismatch of job requirements and incumbent of the post (Interviewee at Shinyanga DC, January, 2017).

The acute shortage of human resource when coupled with assignment of some responsibilities to junior staff which were meant for senior staff makes performance appraisal unfair. This is related to both overwork and the mismatch of

the assigned responsibilities with a job holder's knowledge, skills and experience.

Further, the findings revealed that the respondents with the perceived high compensation are more likely to have job satisfaction than the respondents with moderate and low compensations. The findings suggest that an improvement in compensation is likely to lead to job satisfaction. Generally, these appear to have contributed some extent in enhancing job satisfaction as shown in Figure 2 whereby 56% of the respondents opined that they were satisfied with their job. However, the odds of compensation on job satisfaction remained insignificant. The results are linked to lack of the apparent criteria for rewarding performance. The human resource decisions such as promotion and recognition were either or inadequately linked performance efforts of the respective human resources. This corresponds with the findings carried out in the corporate sector of Punjab, Pakistan which reported insignificant impacts of compensation on job satisfaction among ($\beta=0.048$ and $p=0.432$). The inadequacy of the compensation was highlighted as a major course for the results [3]. Nevertheless, the in the decentralized health services in the Shinyanga region performance evaluation is either not carried out at all or ineffectively carried out. The findings are in line with the observation by the CAG reports which established similar findings [12-16]. When employees' performance is not evaluated, the human resource decisions lack apparent basis. In decentralized health services in the study areas, longevity of service appeared the dominant criterion for promotion. Nevertheless, this too was violated as employees with similar qualifications did not get promoted within three years as stated by the laws without any apparent reason. This led to perceived biasness among the human resource in the health facilities. This is consistent with the observations made in previous studies that in some situation human resources get promoted after serving in the same grade for over 13 years [8]. In such a situation, the delayed promotion with no apparent reasons will have effects on job satisfaction.

5. Conclusion

The findings of this study have found that all the five HR practices in the model established the likelihood of leading to job satisfaction among the human resource for health in the study areas. Thus, the higher the HR practice, the more the odds of being satisfied. However, among the five HR practices, only HRP and supervision revealed significant chances of leading to job satisfaction. This implies that these two practices are effectively undertaken. The significant odds of HRP and supervision on job satisfaction are also reflected 68% of the total respondents who revealed that they were satisfied by the job. Nevertheless, the execution of these practices encountered weaknesses related to ineffective employees' participation in HRP and the inability of the CHMTs to provide supportive

supervision in the implementation of the RBF activities. These impeded the HRP and supervision in maximizing job satisfaction among human resources for health. Further, performance appraisal, training, and compensation revealed positive odds of having job satisfaction. This impliedly contributed in the 68% of the respondents who realized job satisfaction. Nevertheless, these practices have statistically insignificant odd of having job satisfaction. These resulted from the inadequate participation of the human resources at the facility levels in training needs assessment and lack of evidence based compensation system. The ineffective performance appraisal is a leading factor for the challenges. The failure to assess performance affects the quality of training and compensation.

We therefore recommend, for the LGAs to enhance employees' participation in both HRP and training needs assessment. Likewise, it is recommended to enforce the human resource performance appraisal and use the results in the human resource decision. To enhance its enforcement, it is recommended that the central government issues the guidelines and put mechanisms to enhance participation of employees at facility levels in HRP, ensure human resource performance is evaluated and use of the performance appraisal results in human resource decisions.

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