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Relationship between Welfare Benefits and Job Satisfaction among Primary Health Care Workers in Nkanu West Local Government Area of Enugu State, Nigeria

Nwatu, Anthony A.

Department of Sociology and Anthropology
Faculty of Social Sciences and Humanities
Enugu State University of Science and Technology

and

Nwatu, Anthonia Chigozie

Department of Psychology
Faculty of Social Sciences and Humanities
Enugu State University of Science and Technology

Correspondence: toniaksly@yahoo.com

Abstract

Primary health workers' job satisfaction is vital in enhancing prompt and effective service delivery to patients, thus, welfare benefits seem to be among the necessary tools for the achievement of such satisfaction. The study investigated the relationship between welfare benefits and job satisfaction among primary health care workers in Nkanu West Local Government Area Enugu State Nigeria. Welfare benefits captured in this study include: employment security benefits, health protection benefits, retirement benefits and personnel recognition. The participants in this study were sampled during the periodic biometric data capturing at the Nkanu West Local Government Headquarters Agbani. Eighty-seven (87) primary health workers whose age ranged from 23 – 58 years with age mean of 38.11 years and standard deviation of 9.75 took part in the study. They responded to some questionnaires on issues bothering on their demographic variables such as age, sex and academic qualifications and the research constructs (welfare benefits and job satisfaction). The study adopted correlational design and Pearson Product-Moment Correlation Coefficient. The results were discussed in relation to relevant literature, limitations and suggestions for further analysis were equally made. It was concluded that welfare benefits had a significant positive relationship with job satisfaction experienced by the primary health workers.

Keywords: *Effective Health Care, Employment, Job Satisfaction, Primary Health Care, Welfare Benefits*

Introduction

Employees are not usually too bothered about the manner their pay is calculated in as much as they believe it is a fair return for their contributed efforts and skills and also sufficiently consistent for them to feel they have some security of earning (Root, 2005). Of primary interest in this work are employees within the primary health sector in Nigeria. Health care system in Nigeria is divided into three sections which include: primary, secondary and tertiary health sectors. Part of the aims of partitioning the health care delivery into segments is for each to

address a crucial aspect of health care delivery. Peradventure, any of these sectors fail to deliver holistically, other sectors may be affected in their service delivery. Usually service delivery in health sector among the above identified sections move in an upward manner. In other words, patients are usually transferred from primary health sectors to secondary, then to tertiary or even a total boycott of primary and or secondary health care sectors to tertiary. Owing to this swift movement of patients to tertiary sectors, a lot of stories such as lack of beddings, adequate man power, and other necessary logistics often lead to sudden death of many before adequate medical attention is received. Stories of those who die on their way to the hospitals or on arrival abounds. Apparently, primary health care delivery is at the grassroots to address most of the health problems to reduce high mortality rate at every level of health care delivery. Primary health care located at the grassroots are managed by the local government and also ministry of health. The idea is that health care facilities should be at the door steps of the people for easy accessibility of health care. Yet it seems the people are not tapping fully from these plans due to some issues which may involve the health seeking behaviour of the people, the quality of service delivery among other things. On the issue of the quality of service delivery some factors are to be considered such as: adequate infrastructural development, capital and human resources. The researchers have identified human resources as of crucial importance in health care delivery. Prompt and effective service delivery may depend on a number of factors like: inadequate manpower in various health facilities, unqualified/inexperienced health workers, lack of adequate motivation through welfare benefits (salaries, wages and fringe benefits).

At this juncture, the researchers want to examine the possible association between welfare benefits and health workers job satisfaction. Workers satisfaction is none negotiable since many theorists assert that job satisfaction enhances their performance and commitment towards achieving organizational goals. Job satisfaction is a necessary tool needed among workers in every organization especially among primary health care workers. A health worker, who is not satisfied with his /her work, may pose a serious danger to the patients in his/her facility.

Job satisfaction according to Locke (1976) is pleasurable or positive emotional state resulting from the appraisal of one's job or job experience. Job satisfaction as opined by (Stall, 2004) is the extent to which a worker is contents with the rewards he/she gets out of his/her job, particularly in terms of intrinsic motivation. Amstrong (2006) stated that job satisfaction refers to the attitude and feelings people have about their work. Positive and favourable attitudes towards the job indicate satisfaction while negative and unfavourable attitudes towards the job indicate job dissatisfaction (Amstrong, 2006). Job satisfaction is a collection

of feelings and beliefs that people have about their current jobs. People's levels or degrees of job satisfaction can range from extreme satisfaction to extreme dissatisfaction. In addition to having attitudes about their jobs as a whole, people can also have attitudes towards various aspects of their jobs such as the kind of job they do, their co-workers, supervisors or subordinates and their pay (George & Jones, 2008). Further, job satisfaction is a measure of workers' contentedness with their job, whether or not they like the job or individual aspects or facets of jobs, such as nature of work or supervision (Spector, 1997). To boost workers job satisfaction, welfare benefits may be very instrumental. Welfare benefits are motivational tools hence, Luthan (2008) defines motivation as "a process that starts with a physiological deficiency or need that activates behaviour or a drive that is aimed at a good incentive". Motivation is a human psychological characteristic that contributes to a person's degree of commitment (Stoke, 1999). According to Olajide (2000), "it is goal-directed, and therefore cannot be outside the goals of any organization whether public, private or non-profit". The above background seems to favour the importance of welfare benefits to employees especially in primary health care. According to Cascio (2003), welfare benefits are reward programme divided into two: direct and indirect forms of welfare packages. Direct packages have to do with wages or salary aspect while an indirect package is the fringe benefits a worker enjoys as a result of working in an organization. Integrating the two into a package that will encourage the achievement of an organizations goal is what welfare package is all about (Odunlade, 2012). Welfare benefits may be divided into direct and indirect benefits, thus, salaries can be defined as fixed regular payment especially in a monthly basis but often expressed as an annual sum made by an employer to employee especially a professional or white-collar worker. It is also a form of periodic payment from an employer to an employee which maybe specific in an employment contract. Salaries are recorded in payroll account. Salary is a fixed amount of money or compensation paid to an employee by an employer in return for work performed. Salary is commonly paid in fixed intervals for example, monthly payment of one-twelfth of annual salary.

Wages on the other hand are forms of monetary compensation for employees. Wages are paid according to the amount of time worked by the employee. It is also the distribution from an employer of a securely (expected return or profits derived solely from others) paid to an employee.

According to Mathis and Jackson (2003), fringe benefits are forms of indirect compensation given to an employee or group of employees as a part of organizational

membership. Bratton and Gold (2009) define them as that part of the total reward package provided to employees in addition to base or performance pay. Fringe benefits focus on maintaining (or improving) the quality of life for employees and providing a level of protection and financial security for workers and for their family members. Like base pay plans, the major objective for most organizational fringe compensation programs is to attract, retain and motivate qualified, competent employees (Bernardin, 2007). Mathis and Jackson (2003) continue to state that an employer that provides a more attractive benefits package often enjoys an advantage over other employers in hiring and retaining qualified employees when the competing firms offered similar base pay. In fact, such benefits may create “golden handcuffs,” making employees more reticent to move to other employers. Some common examples are; retirement or pension plans, medical and dental insurance, education reimbursement, time off, paid vacation and use of company car.

(Monappa, 1999). By making a special effort to satisfy workers needs, you energize their motivational value and at the same time boost their job satisfaction.

Statement of the Problem

Primary health workers especially those in the remote areas often canvass for other employment opportunities in addition to lack of interest in their present job due to what they described as unfavourable working conditions. They complained that the staggering welfare benefits are not evenly distributed among workers. In other words, they have their personal needs like good shelter, logistics, good pension scheme, access to various work leaves, payment of accrued benefits in forms of hazard and shift duty allowances payable to health worker, etc. When these expectations are not achieved, the workers often go in search of them at the expense of the patients' urgent medical attention. Observation revealed that some health workers may be absent at their work places or late because they have no shelter within the health centres. The researchers' interest in this area increased after a shared experience in what they referred to as preventable deaths. There was a personal experience of a sick child whose parents did not access prompt medical attention from nearby health centre, but relied on self-medication. The child was eventually rushed to a tertiary hospital when the situation was complicated, but unfortunately the baby gave up the ghost few days of arrival while the medical examinations were ongoing. It was deduced that part of the reason why they did not access medical help earlier is based on what they described as lack of interest to work often noticed in some health workers. Such cases abound, and of course lack of interest invariably may mean job dissatisfaction. The roles of health workers especially in primary health facilities cannot be

overemphasized in reducing mortality rate which is the bane of health care delivery through preventive medicine. Against this background, the researchers want to ascertain the relationship between welfare benefits and job satisfaction of primary health care workers. This study examined if workers who said that they have welfare benefits are more likely to be satisfied with their job than workers without welfare benefits.

Theoretical Background

The range of affect theory of job satisfaction propounded by Locke (1976) is one of the most popular bodies of knowledge developed to explain the concept of job satisfaction. The major assumption of this theory is that satisfaction is determined by a discrepancy between what one wants in a job and what one has in the job. The model holds that employees come into their job with expectation of what the job will provide and their satisfaction on the job will depend on if what the job actually provides is equal to or relatively close to what they expected that the job will provide. Following the discrepancy premise and assumption, Locke deduced that low gap between what an employee wants in a job and what he/she actually has leads to job satisfaction while huge gap will lead to dissatisfaction.

Central to the assumptions of the affect theory is the assertion that the pleasurable or positive emotions an employee has resulting from his/her personal appraisal of his/her job or job experiences are the aggregate of the satisfaction from various facet of his job. Locke (1976) observed that employees attach varying values to the facets of their job and then stated that how much one values a given facet of work (e.g., the degree of autonomy in a position) moderates how satisfied/dissatisfied one becomes when expectations are met or not met. When a person values a particular facet of a job, his satisfaction is more greatly impacted, both positively (when expectations are met) and negatively (when expectations are not met) compare to one who does not value that facet.

Hence, relating this theory to welfare benefits and job satisfaction could be understood from the perspective that every employee comes into a job with certain expectations, desires and needs that the job will fulfil. However, fulfilment of these takes away tension on the part of the employee and causes satisfaction while the failure of the job to fulfil the holder expectations creates lacks of some benefits for the employee and causes dissatisfaction on the job. When this happens, the employee will be less committed to his/her job and the organization while evaluating other more fulfilling job opportunities within or outside the organization.

Thus, the more distressed and dissatisfied an employee is, the less satisfied he/she will be to his/her job and the organization.

This study adopted affect theory by Locke (1976) because it addressed the relationship between welfare benefits and job satisfaction. Affect theory has it that satisfaction is determined by a discrepancy between what one wants in a job and what one has in the job. Primary health workers especially those in the public sector have high expectation concerning relatively good salary, prompt payment of accrued allowances (shift duty and hazard), access to free or monetized accommodation, steady/available means of transportation plus other numerous welfare benefits. It is even being rumoured by workers in other departments that health workers are lucky due to the kind of benefits attached to their work. The theory opined that if the benefits are being received by primary health workers as supposed, there is bound to be job satisfaction and if there is lack or inequitable/inadequate disbursement of the benefits to workers, job dissatisfaction may ensue. There are previous empirical studies on welfare benefits (direct and indirect benefits) and job satisfaction.

Pasztor and Valent (2016) in a study on fringe benefit – still a motivation? The study participants were 101 subordinates and 15 managers. Thus the researchers found no correlation between fringe benefit (cafeteria) and job satisfaction when individuals look for a new job, but when they are already hired, they are moderately satisfied with the fringe benefit system.

In another study, Chukwudumebi and Kifordu (2018) concluded that fringe benefits play a vital role in the level of employees' morale and productivity of companies and there is an association between fringe benefits and welfare matters. Adjeikwame and Chang (2019) in a study with 270 workers from 10 branches of Sinapi Aba Savings and Loans Limited (SASL) on the impact that fringe benefits have on job satisfaction and employee engagement. The regression analysis revealed that medical aspect of fringe benefit has a statistically positive significant relationship with job satisfaction. Accommodation showed a statistically positive significant impact on job satisfaction. Vehicle to perform duties yielded a statistically positive significant impact on job satisfaction. Educational assistance showed a statistically negative relationship with job satisfaction. Remuneration package yielded a statistically negative significance on job satisfaction. In conclusion, welfare benefits impact on employee engagement and job satisfaction.

Nisar and Siddiqui (2019) on a survey on the role of fringe benefits in Employee satisfaction: An analysis of organizations of Pakistan. They found that there is a strong connection between fringe benefits and employee job satisfaction along with its key dimensions, health protection benefits, overtime, recreation leaves and flexible working hours.

Hypothesis

The following hypothesis guided this study:

- There will be a relationship between welfare benefits (workers with welfare benefits and those without welfare benefits) and job satisfaction among primary health care workers in Nkanu West LGA.

Method

Design/Statistics

This study adopted the correlational research design. The research design that deals with relationship between two variables (welfare benefits and job satisfaction). All statistics in this work were done with SPSS 23.00. Descriptives statistics was used to analyze data from the demographic variables (age, gender, years of experience, marital status and educational level) while Pearson Product-Moment Correlation Coefficient was used to analyze the data on welfare benefits and job satisfaction.

Participants

The study was carried out in Nkanu West Local Government Area of Enugu State Nigeria. The predominant occupation of the inhabitants of the area is paid employment particularly in the civil service (LGA workers); while a good number are into farming and trading. The scope of this study was limited to Nkanu West Local Government Area workers who are trained to work in primary health facilities with a view to ascertain the relationship between their welfare benefits and job satisfaction. The population of Nkanu West Local Government Area trained Health workers comprising 87 respondents with at least Junior Community Health Extension Workers Certificate (JCHEWs) whose age ranged from 23 – 58 years (mean age = 38.11 years and standard deviation = 9.75) took part in this study.

The sample for the study was limited to trained health care workers in the public primary health facilities in Nkanu West LGA, they were made up of 79 females representing (90.8%) and 8 males accounting for (9.2%). Fifty-one (51) participants are married, 20 workers are single, 7 workers are widow/widower while 9 health workers are separated/divorced. Twenty-nine workers have Junior Community Health Extension Workers (JCHEW), 43 have Community Health Extension Workers (CHEW) while the remaining 15 workers have Community Health Officers (CHO). Majority of the health workers (59 respondents) have more than 10 years working experience. Available sampling technique was used in capturing the respondents for

the study. The research questionnaires were given to those available during Nkanu West LGA periodic biodata capturing at the headquarter (Agbani).

Method of Data Collection

The researchers collaborated with the staff doing the capturing after obtaining due approval from Head of Department Health Nkanu West LGA to solicit for voluntary participation of health workers in this research. The researchers then distribute and collect the questionnaires from the participants who declared their consents in the research.

Measures:

The instruments for the study consist of the structural questionnaires. The questionnaires were made up of two sections. Section A demographic information on the personal characteristics of the respondents, while section B obtained data on the substantive issues of the research (welfare benefits and job satisfaction).

Minnesota Satisfaction Questionnaire (MSQ) (Weiss, Dawis, England, & Lofquist, 1967)

The above test is a 20-item inventory designed to assess job satisfaction which is the fulfilment a worker derives from his/her input into the job environment and the fulfilment the job environment provides the worker. The instrument measures three components of satisfaction which are: Intrinsic satisfaction denoted as (I), Extrinsic satisfaction denoted as (E) and General satisfaction denoted as (G). All items are direct scored items and can be administered in group or individually with a stipulated time limit. Mogaji (1997) provided the properties for Nigeria samples as M&F (n=1,723), where I=47.14, E=19.98, G=74.85 and M&F (n=600), where I=40.22, E=18.32, G=65.13 respectively. Reliability coefficient of I = .69, E = .82 and G = .94 were reported. Validity was reported at .50. The questionnaire has a likert type response format of (1) very dissatisfied to (5) very satisfied. Scores higher than the mean indicate adequate job satisfaction while scores lower than the mean indicate job dissatisfaction.

Welfare Benefits Scale (WBS) developed by the researchers

This scale is a 13-item instrument developed by the researchers to measure welfare benefits such as salaries, wages, retirement benefits, health/hazard benefits, job security benefits and employer recognition benefits. It has likert response format of (1) to a very great extent, (2) to a great extent (3) to a moderate extent (4) to a little extent and (5) to no extent.

Scoring: The instrument has direct scoring which range from 13 to 65. The score of a participant is determined by adding up the responses in the thirteen items.

In a pilot study conducted by the researchers to validate the scale, 18 primary health workers sampled from Nkanu East Local Government Area Enugu State served as the normative sample. The researcher obtained a Cronbach's alpha of .67. High score depicts adequate welfare benefits while low score leads to absence or low welfare benefits.

Results

The study sought to establish the percentage in age, gender, years of experience, marital status and education level of participants who took part in this study.

Table 1: Age of correspondents

	Frequency	Percent
Young age 23-39 years	49	56.3
Old age 40-58 years	38	43.7
Total	87	100.0

Table 1 information reveals that the 56.3% of the respondents are within their young age (23-39 years), while the 43.7% are within their old age (40-58 years). This shows that there is no much gap between primary health care workers in their young age and those in their old age.

Table 2: Gender of the Primary Health Care Workers

	Frequency	Percent
Male	8	9.2
Female	79	90.8
Total	87	100.0

Table 2 shows the study findings that majority of the respondents (90.8%) were females while (9.2%) were males. This shows that there are more females than males in Nkanu West Local Government Area Primary Health Care Facilities.

Table 3: Years of Experience

	Frequency	Percent
Early 1-10years	28	32.2
Middle 11-20 years	39	44.8
Late 21 years and above	20	23.0
Total	87	100.0

The results in Table 3 revealed that about half the respondents had 11 – 20 years of experience as shown by 44.8%, 32.2% had 1 – 10 years of experience while 23% had 21 years

and above experience. This shows that the respondents had enough experience to give credible information on the subject matter.

Table 4: Marital Status of the Primary Health Care Workers

	Frequency	Percent
Single	20	23.0
Married	51	58.6
Widow/widower	7	8.0
Separated/divorced	9	10.3
Total	87	100.0

Table 4 information reveals that 51 workers (58.6%) of the respondents are married, 20 workers (23%) single, 9 workers (10.3%) are separated/divorced, while the remaining 7 health workers (8%) are widow/widower. This means that majority of the respondents are married.

Table 5: Educational Level

	Frequency	Percent
JCHEW	29	33.3
CHEW	43	49.4
CHO	15	17.2
Total	87	100.0

The results in Table 5 showed that 43 workers (49.4%) are Community Health Extension Workers (CHEWs), 29 health workers (33.3%) are Junior Community Health Workers (JCHEWs), while the remaining 15 health workers (17.2%) are Community Health Officers (CHOs). This table further revealed that only those who have been trained to work in primary health care facilities were studied, whereas non-trained health workers were excluded.

Table 6: Welfare benefits with and without

	Frequency	Percent	Valid Percent	Cumulative Percent
Workers with welfare benefits	58	66.7	66.7	66.7
Workers without welfare benefits	29	33.3	33.3	100.0
Total	87	100.0	100.0	

Table 6 information reveals that 58 workers (66.7%) of the respondents said that they have welfare benefits and also satisfied with their job, 29 workers (33.3%) workers said that they are without welfare benefits and also dissatisfied with their job. This means that majority of the respondents are receive welfare benefits and are satisfied with their job.

Table 7: Summary table of Pearson product moment correlation coefficient showing the relationship between Welfare Benefits and Job Satisfaction among Primary Health Care Workers

		Correlations	
		Welfare Benefits	Job Satisfaction
Welfare Benefits	Pearson Correlation	1	.722*
	Sig. (2-tailed)		.000
	N	87	87
Job Satisfaction	Pearson Correlation	.722*	1
	Sig. (2-tailed)	.000	
	N	87	87

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

From the table 7 above, r value of $(1, 87) = 0.722$ at $p < .01$ indicates a significant positive relationship between welfare benefits and job satisfaction among Primary Health Care Workers. Hence, the hypothesis which stated that “there will be a significant relationship between welfare benefits (workers who said they have welfare benefits and those without welfare benefits) on job satisfaction among primary health care workers” is hereby accepted. This means that a significant positive relationship exists between welfare benefits and job satisfaction among primary health care workers.

Summary of the Findings

Findings of this study were summarized as follows:

- A significant positive relationship was found to exist between welfare benefits and job satisfaction among primary health care workers $r(1, 87) = .722, P < .01$.
- Descriptive analysis (percentages) revealed that 9.2% of the study respondents were males whereas, 90.8% were females.
- Descriptive analysis (percentages) showed 33.3% are with JCHEW, 49.9% are with CHEW while 17.2% are with CHO.

- Descriptive analysis (percentages) revealed that majority of the respondents 59 workers (67.8%) have had more than ten years experience on the job.
- Descriptive analysis (percentages) 51 respondents (58.6%) are married primary health workers, 20 workers (23%) were single, 9 workers (10.3%) were widow/widowed, while the remaining 7 respondents (8%) were separated/divorced.
- Descriptive analysis (percentages) revealed that 58 (66.7%) of the workers said that they have welfare benefits and are satisfied with their job while the remaining 29 (33.3%) said that they are without welfare benefits and are dissatisfied with their job.
- The analysis finally revealed that 49 respondents (56.3%) are within their young age (23 to 39 years) while 38 respondents (43.7%) are within their old age (40-58 years).

Discussion

The finding of this study indicates that the hypothesis tested was confirmed. Hence, the alternative hypothesis tested which stated that “there will be a significant relationship between welfare benefits and job satisfaction among primary health care workers” was accepted. This means that welfare benefits are linearly related to job satisfaction based on the fact that adequate welfare benefits lead to job satisfaction. A positive correlation obtained in this situation is based on the fact that the primary health care workers high score on welfare benefits lead to adequate job satisfaction whereas, a low score on welfare benefits lead to job dissatisfaction.

The findings of this research disagree with the research conducted by Pasztor and Valent (2016) and some other researchers who found no relationship between welfare benefits and job satisfaction. However, most of the past studies reviewed in this study like (Chukwudumebi & Kifordu, 2018; Adejeikweme & Change, 2019) in line with the above findings assert from their separate work that welfare benefits have positive relationship with job satisfaction.

Implications of the Findings

The implication of the above finding is that since the alternative hypothesis stated was accepted, primary health care workers in Nkanu West Local Government Area Enugu State should borrow from the government commitment in the provisions of welfare benefits which in turn boost their job satisfaction in discharging their duties effectively.

The finding of this study should be a guide to the government and policy makers in-charge of health delivery in Nigeria especially primary health care system to always provide

the workers with adequate and prompt welfare benefits since this study found a positive relationship between welfare benefits and job satisfaction of primary health care workers. The management and local government administrations should endeavour to see that those primary health care workers and others workers under their administrations receive various welfare benefits accrued to their job status for an enhanced job satisfaction. They should also make effort to see that workers who are disenfranchised from receiving their welfare benefits are identified and compensated accordingly since lack of these benefits may bring about job dissatisfaction among primary health care workers.

A major limitation is that only the health care workers with health qualifications like Junior Community Health Extension Workers (JCHEWs), to Community Health Officers (CHOs) were studied thereby excluding other workers in the health care facilities like the security guards, those with both First School Leaving Certificates and above.

Recommendations

1. Since the outcome of the study revealed that primary health workers are satisfied with their job in relation to welfare benefits they received, they should be admonished to ensure quick and effective health care delivery to their host communities.
2. Government and policy makers should not relent in the provisions of adequate welfare benefits to workers since they boost primary health care workers' job satisfaction.
3. Primary health care workers who do not receive adequate welfare benefits due to one reason or the other should be urgently compensated in order to boost their job satisfaction.
4. A comparative study should be done between primary health care trained workers and those who are not trained in order to cross validate the outcome of this study. This is necessary in order to ascertain their job satisfaction due to the assumption that they are not entitled to some fringe benefits unlike their trained counterparts.
5. Government should involve more males in primary health care delivery as their presence and expertise may attract other sick male counterparts to assess early/preventable care from primary health centres.
6. A good number of the workers are still with JCHEW which may limit their expertise in quick and effective health care delivery, more welfare benefits such as study leaves, education allowances, etc, should be provided for them.

Summary and Conclusion

This research was on the relationship between welfare benefits and job satisfaction among primary health care workers in Nkanu West Local Government Area Enugu State. Thus, it was found that a positive relationship exists between welfare benefits and job satisfaction. In other words, the higher the welfare benefits received by primary health care workers the more their job satisfaction. Finally, adequate provisions of welfare benefits promote job satisfaction experienced by primary health care workers.

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