INTRODUCTION
Health outcomes are linked to the supply of competent and appropriately skilled health workforce. Although Nigeria has large stock of health workforce, it has shortage of quality health workforce that meets the needs of the population. The density of health workers is 1.95 per 1,000 populations (World Health Organisation [WHO], 2006). Kaduna State is facing similar challenge of inadequate health workforce. For instance, in 2016 the density of Health Workers in Kaduna State is 0.16 per 1,000 populations. These figures are far below the WHO recommended threshold level of 2.28 health workers per 1,000 population (WHO, 2010a). The correlation between the

JOB SATISFACTION AND PRODUCTIVITY AS CORRELATES OF QUALITY HEALTH WORKFORCE TRAINING FOR ACHIEVING SUSTAINABLE DEVELOPMENT HEALTH GOALS IN COLLEGE OF HEALTH MAKARFI, KADUNA STATE

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Abstract
This paper examined job satisfaction and productivity as correlates of quality health workforce training for achieving sustainable

Keywords: Job Satisfaction, Staff Productivity, Quality Health Workforce Training, Sustainable Health Development Goals
Three (3) research objectives, questions and hypotheses guided the study. Correlation was employed and the population of the study was all academic and non-academic in colleges of health Makarfi, Kaduna state totalling three hundred and ninety-three (393), out of which a sample of two hundred and seven (207) was selected through purposive and proportionate sampling techniques. The instruments titled “Determinants of Job Satisfaction and Productivity Questionnaire (DEJOBSAP)” was used to test the instruments’ reliability. Thus, reliability coefficient of .842 and .891 were obtained respectively. Descriptive statistics of mean and standard deviation were used to answer the research questions. While the null hypotheses were tested using Pearson Product Moment Correlation (PPMC). The study found that, there was significant relationship between job satisfaction and staff productivity as correlates of quality health workforce training for achieving sustainable health development goals in colleges of health state. Based on the findings, it was recommended among others that, The government of Kaduna state and Administrators of College of Health should implement the sixty five years retirement age as it is applicable in similar tertiary institutions so as to boost staff job satisfaction.

Availability of health workers and coverage of health interventions suggests that the public’s health suffers when health workers are scarce. Thus, this calls for an urgent health workforce training.

In order to address the problem of inadequate health workforce in Kaduna state, Shehu Idris College of Health Sciences and Technology, Makarfi was founded in 1954 and now a full-fledged Monotechnic established by Law No 8 of 2005, which was amended by Law No. 8 of 2010 as an institution for the training of middle level Health Workforce (SICHST, 2019). The health workforce are all persons involved in activities primarily devoted to enhancing health—is an essential block of any functioning health system in any country, in the absence of which
clinical and public health services cannot be delivered to the population (Adeloye, David, Olaogun, Auta, ...&Iseolorunkanmi, 2017). In this regards, Administrators of colleges of health expect lecturers to produce the critically needed health workforce for quality and sustainable health development. However, in recent time, the role of lecturers in meeting the needs and expectations of the health institutions in terms of productivity has increasingly becoming more challenging and tedious, for the fact that, effective job performance that translates to high productivity requires satisfaction and commitment. It is worthy to note that they cannot perform excellently well without job satisfaction (Tijani, 2015). Hence, there would be high level of productivity and students performance if the lecturers achieve high job satisfaction.

Job satisfaction of lecturers has direct links to their mobility and attrition which can be detrimental to students’ academic performance. Scholars such as Veldman, Tartwijk, Brekelmans and Wubbels (2013) have established that, job satisfaction have potentially effect on the mental and physical health of the workers, which could lead to absenteeism. Even when dissatisfied staff do not leave their jobs, students’ performance suffers and the level of productivity use to be low.

Added to this, productivity of lecturers contributes immeasurably to quality health workforce production. Ojedele cited in Tijani (2015) affirmed this submission by saying that measures of productivity in higher institution of learning include both visible and invisible factors which includes among others inputs used in teaching-learning process and the quality of outputs of the system in terms of their examination grades. Consequently the indicators for measuring lecturers’ productivity are level of students discipline, school effectiveness and quality workforce.

A sufficient and qualified health workforce is vital to achieving the Sustainable Development Goals (SDGs). WHO in 2010 recommended key interventions to attract and retain lecturers/instructors of health institutions in Nigeria (WHO, 2010b). These interventions included quality medical education, compulsory regulation, financial incentives, and personal and professional support. Thus, this paper assessed the correlation between job satisfaction, productivity and quality health workforce for achieving sustainable goals development. At this point, it is imperative to define the variables in this study for better comprehension of the academic discourse.

**Conceptual Clarification of Terms**

The health workforce can be defined as “all people engaged in actions whose primary intent is to enhance health” (WHO, 2006). These human resources
include clinical staff, such as Physicians, Nurses, Medical Social workers, Rehabilitation therapist, Pharmacists and Dentists, as well as management and support staff, i.e. those who do not deliver services directly but are essential to the performance of health systems, such as managers, ambulance drivers and accountants. However, a shortage of health workforce can be perceived from the inadequate numbers and skills mix of people being trained or maldistribution of their deployment, as well as losses caused by death, retirement, career change or out-migration.

Job satisfaction refers to the attitudes, feelings and moods people have about their jobs (Armstrong cited in Essien & Gimba, 2017). Islam and Siengthai (2009) describe it as the “positive or negative” emotional state resulting from the appraisal of one’s job or job experiences. To Price cited in Raja and Anand (2013) job satisfaction is the affective orientation that an employee has towards his/her work. Also, Sempane, Rieger and Roodt in Chipunza and Malo (2017) assert that job satisfaction may be recognized as an individual’s perception and evaluation of the overall work environment. This implies that, job satisfaction includes positive or favourable approach and feelings about the work and the inverse, mentioning to negative or unfavourable attitudes towards the work which indicate job displeasure. It is also an effective response to one’s job as a whole or to particular facets of it.

According to Musibau (2010) job productivity is concerned with the overall efficiency and effectiveness of getting things done. Also, Nakpodia (2011) refers to lecturers’ productivity as a measure of how much the goals of the institution of learning are being achieved through his/her commitment to and performance on the job. From the above definitions, job productivity in this context implies that aspect of lecturers’ evaluation standards which focuses on what the lecturers do towards the attainment of educational goals and expected academic performance of students. It might be high or low depending on his/her input. This can be determined through academic performance of students and so on.

According to United Nation Development Programme [UNDP] (2018), the Sustainable Development Goals (SDGs), also known as the Global Goals, were adopted by all United Nations Member States in 2015 as a universal call to action to end poverty, protect the planet and ensure that all people enjoy peace and prosperity by 2030. The 17 SDGs are integrated—that is, they recognize that action in one area will affect outcomes in others, and that development must balance social, health, education, economic and environmental sustainability.
Review of Related Empirical Studies

Several studies have been conducted on the job satisfaction, productivity, quality health workforce and sustainable development. For instance, Cicolini, Comparcini and Simonetti (2013); Martins, Tukur, Danburam and Salwau (2016); Deriba, Sinke, Ereso and Badacho (2017); Agarwal, Kirk, Sripad, Bellows, Abuya and Warren (2019); Zhu, Tang, Thu, Supheap and Liu (2019) revealed that quality medical education, personal and professional support were related to increased health workforce production and utilization of health services. Furthermore, compensation, recognition by management and opportunity for development were associated with job satisfaction and quality health workforce production.

The Goal 3 of Sustainable Development Goals that is “to ensure healthy lives and promote well-being for all at all ages” requires that health institutions the world over join hands to produce a unified holistic health workforce to address contemporary health challenges and problems in developing countries such as Nigeria (Oleribe, Crossey & Taylor-Robinson, 2015). Furthermore, the SDG Goal 3 is closely linked to over a dozen targets in other goals related to urban health, equal access to treatments, and non-communicable diseases, among others. In fact, the SDGs represent a unique opportunity to promote public health through an integrated approach to public policies across different sectors (the Health in all approach defined by the WHO) (Galatsidas, 2015)

On the aspect of job satisfaction, Adedoyin (2011); Muhammad, Rashida, Riffat and Fayyaz (2011); Owolabi and Adebayo (2012); Unanma, Abugu, Dike, and Umeobika (2013); Daso (2013); Bolarinwa (2014); Kifunya cited in Igberadja (2016); Jacob and Lefgren cited in Josiah and Oluwatoyin (2017) revealed that there was a positive relationship between the teacher’s job satisfaction variables such as staff development, training, remuneration package, academic qualification, work condition, promotion among others and overall quality health workforce production for achieving sustainable health development. However, the studies of Asif, Fakhra, Tahir and Shabbir (2016) revealed that quality health workforce production has no significant correlation with lecturers’ job satisfaction. This implies that, administrative, managerial and leadership style play a vital role in determining the job satisfaction of employees in an organization. Also, there are internal satisfactory factors that are related to the work itself (such as feeling of independence, feeling of achievement, self-esteem, feeling of control among others) whereas external satisfactory factors are not directly related to work itself (such as good relationships with colleagues, high salary, good welfare and utilities).
On the aspect of lecturer job productivity, research findings of Ndugu (2014); Tijani (2015); Thompson (2015); Yusuf and Fashiku (2016); Oni, Nwajiuba and Nwosu (2017) revealed that there was significant relationship between teacher productivity and quality health workforce production for achieving sustainable health development goals. These findings demonstrate that, staff productivity enhances quality health outcome in terms of competent and efficient manpower. Similarly, studies have been conducted on whether relationship exists between male and female perception as regards to job satisfaction, productivity and quality health workforce production for achieving sustainable development goals. For instance research revelations of Mahmood and Nudrat (2011); Okoro, Ekanem, and Udoh (2012); Akiri (2014); Onuoha, Samuel and Ojo (2014); Zalenzunik, Christenson and Roethlisbeger in Shaheen (2014) demonstrated that, relationship exist between male and female employees on job satisfaction and productivity as determinants of quality health workforce development. However, research findings of Nadjla and Hasan (2009); Raisani in Shaheen (2014) affirmed that gender is negatively related to lecturers’ satisfaction and indicated that female teachers were more satisfied with colleagues, responsibility and work than their male counterparts. Thus, findings seem to be inconclusive about the nature of the relationship between gender and job satisfaction, productivity and quality health workforce development. This study attempts to fill this gap in research with particular reference to colleges of health Makarfi, Kaduna state.

Theoretical Framework
This study utilized the Job Characteristics Theory postulated by Hachman and Oldham (1975-76) According to this theory the outcomes of job redesign were influenced by several moderators. Notable among these moderators are differences in the degree to which various individuals or employees desire personal or psychological development (Perry et al., 2006). Job characteristics are aspects of the individual employee’s job and tasks that shape how the individual perceives his/her particular role in the organization. The clarity of task leads to greater job satisfaction and productivity (Moynihan & Pandey, 2007). Thus, the theory is related to this study for the fact that, that jobs that are rich in motivating characteristics (i.e., task significance, satisfying) trigger psychological states (e.g., experienced meaningfulness of work) increases the likelihood of high productivity which eventually leads to quality health workforce production for achieving SDGs in college of health, Kaduna state.
Statement of the Problem
Job satisfaction and productivity have been noted to be imperative ingredients for lecturers’ commitment to quality health workforce training. However, in situations, where either gender is dissatisfied with their jobs, it could have adverse effect on the training process. It is in the light of the above, that this present study investigates lecturers’ job satisfaction and productivity as correlates of quality health workforce training in colleges of health Makarfi Kaduna State.

Objectives of the Study
The specific objectives were to:

i. find out the relationship between job satisfaction and quality health workforce training for achieving Sustainable Development Health Goals in college of health Makarfi, Kaduna State.

ii. assess the relationship between staff productivity and quality health workforce training for achieving Sustainable Development Health Goals in the study area.

iii. find out whether relationship exist between male and female responses on job satisfaction and productivity as correlates of quality health workforce training for achieving Sustainable Development Health Goals in the study area.

Research Questions
The study provides answers to the following research questions:

i. What is the relationship between job satisfaction and quality health workforce training for achieving Sustainable Development Health Goals in college of health Makarfi, Kaduna State?

ii. What is the relationship between staff productivity and quality health workforce training for achieving Sustainable Development Health Goals in the study area?

iii. Is there any relationship between male and female responses on job satisfaction and productivity as correlates of quality health workforce training for achieving Sustainable Development Health Goals in the study area?

Null Hypotheses
The following null hypotheses were tested at 0.05 level of significance:
HO1 There is no significant relationship between job satisfaction and quality health workforce training for achieving Sustainable Development Health Goals in college of health Makarfi, Kaduna State.

HO2 There is no significant relationship between staff productivity and quality health workforce training for achieving Sustainable Development Health Goals in the study area.

HO3 There is no significant relationship between male and female responses on job satisfaction and productivity as correlates of quality health workforce training for achieving Sustainable Development Health Goals in the study area.

METHODOLOGY

Research Design
This study was correlational in nature. Correlation research design refers to studies in which the purpose is to discover relationship between two or more variables (Nworgu in Osakede, 2017).

Study Population, Sample and Sampling Technique(s)
The population of study was all academic and non-academic staff in College of Health Makarfi, Kaduna state totalling three ninety-three (393) (College Registrar, 2019), out of which a sample of one hundred and ninety-six (196) participants were selected through purposive and proportionate sampling techniques based on the recommendations of Research Advisory (2010) that for a population between 1000-1200, a minimum sample size of one hundred and ninety-six (196) should be selected.

Instrumentation
The instruments titled “Determinants of Job Satisfaction and Productivity Questionnaire (DEJOBSAP)” and Quality Health Workforce Training for achieving Sustainable Health Development Goal (QHETSHDG) were used for data collection. The first instrument contains three (3) sections with thirty-four (24) items. The first section contains the bio-data of the respondents, the second part focused on dimensions of job satisfaction, while the third section contains items on determinants of staff productivity. The second instrument has two (2) sections, the bio-data and the other part on quality health workforce training for achieving sustainable health development goals. The instruments were developed based on modified four (4) Likert Scale that is, Strongly Agree (SA); Agree (A); Disagree (D) and Strongly Disagree (SD).
Validity of the Instrument
In order to establish the content and face validity of the instrument, the adopted instruments were given to senior lecturers at Ahmadu Bello University, Zaria. The corrections made were effected before the final production of the instruments.

Reliability of the Instrument
The researcher conducted a pilot study at Ameer Shehu Idris College of Advanced studies, Zaria which is not part of the main study. The researcher employed two trained research assistants who distributed thirty (30) copies of the instruments to academic and non-academic staff. Cronbach alpha method was used to test the reliability of the instruments. Reliability co-efficient of .84 was obtained for DEJOBSAP and .89 for QHETSHDG respectively.

Procedure for Data Analysis
The study employed both descriptive and inferential statistics. The descriptive statistics of mean and standard deviation were used to answer the research questions. While the null hypotheses were tested using Pearson Product Moment Correlation (PPMC) in order to find out whether significant relationship exist between the variables that is, job satisfaction, productivity and quality health workforce training for achieving sustainable health development goals.

RESULTS AND DISCUSSIONS
Out of two hundred and twenty (220) questionnaires distributed, two hundred and seven (207) were successfully retrieved and this formed the basis of the analysis.

Presentation of Descriptive Data
The research questions developed was answered in the section.

Table 1 Means and Standard Deviations of Job Satisfaction and Quality Health Workforce Training

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean</th>
<th>SD</th>
<th>N</th>
<th>Mean Diff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job Satisfaction</td>
<td>41.22</td>
<td>10.77</td>
<td>207</td>
<td>1.21</td>
</tr>
<tr>
<td>Quality Health Workforce Training</td>
<td>40.01</td>
<td>10.10</td>
<td>207</td>
<td>1.21</td>
</tr>
</tbody>
</table>

Table 1 presents the summary of the Means and Standard Deviations on lecturers’ job satisfaction as correlates of quality health workforce training for
achieving sustainable health development goals. The mean scores of job satisfaction \((M=41.22, \text{SD}=10.77)\) was higher than that of quality health workforce training \((M=40.01, \text{SD}=10.10)\). Thus, the mean difference is 1.21.

Table 2 Means and Standard Deviations of Staff productivity and Quality Health Workforce Training

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean</th>
<th>SD</th>
<th>N</th>
<th>Mean Diff.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Productivity</td>
<td>39.81</td>
<td>11.88</td>
<td>207</td>
<td>0.7</td>
</tr>
<tr>
<td>Quality Health Workforce Training</td>
<td>39.11</td>
<td>11.86</td>
<td>207</td>
<td>0.7</td>
</tr>
</tbody>
</table>

Table 2 shows the summary of the Means and Standard Deviations of staff productivity as correlates of quality health workforce training for achieving sustainable health development goal in colleges of health. The mean scores of lecturers productivity \((M=39.81, \text{SD}=11.88)\) was higher than that of quality health workforce training \((M=39.11, \text{SD}=11.86)\). Thus, the mean difference between the two variables is 0.7.

Table 3: Means and Standard Deviations of male and female lecturers

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean</th>
<th>SD</th>
<th>N</th>
<th>Mean Diff.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>40.22</td>
<td>10.66</td>
<td>207</td>
<td>0.44</td>
</tr>
<tr>
<td>Female</td>
<td>39.78</td>
<td>10.43</td>
<td>207</td>
<td>0.44</td>
</tr>
</tbody>
</table>

Table 3 indicates the summary of the Means and Standard Deviations of male and female responses on job satisfaction and productivity as correlates of quality health workforce training. The mean scores of male respondents \((M=40.22, \text{SD}=10.66)\) was less than that of female respondents \((M=39.78, \text{SD}=10.43)\). However, the mean difference is 0.44.

**NULL HYPOTHESES TESTING**

The hypotheses were tested as follows:

Table 4: Correlation Analysis of job satisfaction and Quality Health Workforce Training

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean</th>
<th>SD</th>
<th>N</th>
<th>R</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job Satisfaction</td>
<td>41.22</td>
<td>10.77</td>
<td>300</td>
<td>.231 **</td>
<td>0.002</td>
</tr>
<tr>
<td>Quality Health Workforce Training</td>
<td>40.01</td>
<td>10.10</td>
<td>300</td>
<td>.231 **</td>
<td>0.002</td>
</tr>
</tbody>
</table>

** Correlation is significant at 0.05 level
Table 4 presents the summary of PPMC analysis of job satisfaction as correlates of quality health workforce training. The mean scores of job satisfaction (M=41.22, SD=10.77) was higher than that of quality health workforce training (M=40.01, SD=10.10). Thus, the difference in the mean score produces a significant relationship between job satisfaction and quality health workforce training (r=.231, p=0.002). This is because; the p-value of 0.002 is less than 0.05. Therefore, the null hypothesis that states there is no significant relationship between job satisfaction and quality health workforce training for achieving sustainable health development goal is rejected. This implies that, when lecturers are satisfied with the job, they put in their best to ensure quality training takes place which eventually leads to production of competent and efficient health workforce.

Table 5: Correlation Analysis of lecturers’ productivity and Quality Health Workforce Training

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean</th>
<th>SD</th>
<th>N</th>
<th>R</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff’s Productivity</td>
<td>39.81</td>
<td>11.88</td>
<td>300</td>
<td>1.001</td>
<td>0.001</td>
</tr>
<tr>
<td>Quality Health Workforce Training</td>
<td>39.11</td>
<td>11.86</td>
<td>300</td>
<td>1.001</td>
<td>0.001</td>
</tr>
</tbody>
</table>

** Correlation is significant at 0.05 level

Table 5 presents the summary of PPMC analysis of lecturers’ productivity as correlates of quality health workforce training. The mean scores of staffs productivity (M=39.81, SD=11.88) was higher than that of quality health workforce training (M=39.11, SD=11.86). As a result, the difference in the mean score produces a significant relationship between staff Productivity and quality health workforce training (r=1.001, p=0.001). This is because; the p-value of 0.001 is less than 0.05. Therefore, the null hypothesis that states there is no significant relationship between staff productivity and quality health workforce training for achieving sustainable health development goal is rejected.

Table 6: Correlation Analysis of male and female lecturers perception on job satisfaction and productivity as correlates of Quality Health Workforce Training

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean</th>
<th>SD</th>
<th>N</th>
<th>R</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>40.22</td>
<td>10.66</td>
<td>300</td>
<td>.813**</td>
<td>0.001</td>
</tr>
<tr>
<td>Female</td>
<td>39.78</td>
<td>10.43</td>
<td>300</td>
<td>.813**</td>
<td>0.001</td>
</tr>
</tbody>
</table>

** Correlation is significant at 0.05 level

Table 6 presents the summary of PPMC analysis of male and female respondents on job satisfaction and productivity as correlates of quality health workforce...
training. The mean scores of male respondents ($M=40.22$, $SD=10.66$) was higher than that of female respondents ($M=39.78$, $SD=10.43$). Thus, the difference in the mean score produces a significant relationship between male and female responses ($r = .813$, $p=0.001$). This is because; the p-value of 0.001 is less than 0.05. Therefore, the null hypothesis that states there is no significant relationship between male and female responses on job satisfaction and productivity as correlates of quality health workforce training for achieving sustainable health development goal is rejected. Thus, job satisfaction and productivity are determinant factors for quality health workforce training.

**Discussions**

The finding revealed that, there was significant relationship between job satisfaction and quality health workforce training for achieving Sustainable Development Health Goals in college of health Makarfi, Kaduna State. This concur with the research revelations of Adedoyin (2011); Muhammad, Rashida, Riffat and Fayyaz (2011); Owolabi and Adebayo (2012); Unanma, Abugu, Dike, and Umeobika (2013); Daso (2013); Bolarinwa (2014); Kifunya cited in Igberadja (2016); Jacob and Lefgren cited in Josiah and Oluwatoyin (2017) revealed that there was a positive relationship between the teacher’s job satisfaction variables such as staff development, training, remuneration package, academic qualification, work condition, promotion among others and overall quality health workforce production for achieving sustainable health development. However, the studies of Asif, Fakhra, Tahir and Shabbir (2016) revealed that quality health workforce production has no significant correlation with lecturers’ job satisfaction.

The study revealed that there was significant relationship between staff productivity and quality health workforce training for achieving Sustainable Development Health Goals. This is in line with the findings of Ndugu (2014); Tijani (2015); Thompson (2015); Yusuf and Fashiku (2016); Oni, Nwajiuba and Nwosu (2017); revealed that there was significant relationship between teacher productivity and quality health workforce production for achieving sustainable health development goals. These findings demonstrate that, staff productivity enhances quality health outcome in terms of competent and efficient manpower. Finally, the study found significant relationship between male and female responses on job satisfaction and productivity as correlates of quality health workforce training for achieving Sustainable Development Health Goals in college of health, Makarfi. This reaffirmed the findings of Mahmood and Nudrat (2011); Okoro, Ekanem, and Udoh (2012); Akiri (2014); Onuoha, Samuel and Ojo
Zalenzunik, Christenson and Roethlisbeger in Shaheen (2014) demonstrated that, relationship exist between male and female employees on job satisfaction and productivity as determinants of quality health workforce development. However, research findings of Nadjla and Hasan (2009); Raisani in Shaheen (2014) affirmed that gender is negatively related to lecturers’ satisfaction and indicated that female teachers were more satisfied with colleagues, responsibility and work than their male counterparts.

**Conclusion**

Based on the findings, it can be concluded that quality health workforce training which is a nationwide concern at the moment in the quest to achieve sustainable health development goals, can be bolstered if priority is given to job satisfaction and productivity is enhanced.

**Recommendations**

In order to bolster lecturers’ job satisfaction and productivity to ensure quality health workforce training, the following were recommended:

i. The government of Kaduna state and Administrators of College of Health should implement the sixty five years retirement age as it is applicable in similar tertiary institutions so as to boost staff job satisfaction.

ii. Government should implement the full Consolidated Polytechnic & Colleges Salary Structure (CONPCAS) in order to avoid staff turnover/attrition. Added to this, the colleges of health should develop more assessment tools to trick staff activities and reward handsomely those that put in their best to enhance health workforce training. This will bolster staff productivity and job commitment in colleges of health, Kaduna state.

iii. Male and female staff in the college should be committed to professional development and training as these will help to enhance their ability and job commitments for quality health workforce training in Kaduna state.

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