

**SCHOOL OF PUBLIC HEALTH  
COLLEGE OF HEALTH SCIENCES  
UNIVERSITY OF GHANA**



**ASSESSMENT OF FACTORS INFLUENCING JOB SATISFACTION AMONG  
NURSES**

**AT THE GREATER ACCRA REGIONAL HOSPITAL**

**BY**

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**THIS DISERTATION IS SUBMITTED TO THE SCHOOL OF PUBLIC HEALTH,  
COLLEGE OF HEALTH SCIENCES, UNIVERSITY OF GHANA, LEGON  
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS  
FOR THE AWARD OF MASTER OF PUBLIC HEALTH DEGREE**

**JULY, 2018**

**DECLARATION**

I, Constance Acquah, hereby declare that this is the result of my own hard work and that no previous submission for master's degree has been done here or elsewhere. Additionally, works of others, which served as references have been duly acknowledged.

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Date

.....

Date

## **DEDICATION**

This work is first and foremost dedicated to God Almighty for His great protection, wisdom and knowledge to go through this academic exercise. I also dedicate it to my family for their prayers and encouragement.

## ACKNOWLEDGEMENT

My profound appreciation goes to the God Almighty for the strength and opportunity given to me to be part of this accomplishment.

I also wish to express my gratitude to my supervisor, Dr. Augustine Adomah-Afari, School of Public Health, College of Health Sciences, University of Ghana - Legon for his valuable guidelines, knowledge and recommendations through every phase of my project.

Thanks also go to all the lecturers at the School of Public Health, College of Health Sciences, University of Ghana - Legon for their dedicated efforts in preparing us for the academic work.

Many thanks go to the Medical Director, Administrators, Head of Nursing and all the entire nursing staff at the Greater Accra Regional Hospital for their support by giving me the opportunity to conduct a study at the facility and also made time to respond to the questionnaires.

I also wish to express my sincere thanks to my research assistant Mr. John Abban, at the Greater Accra Regional Hospital for his dedicated support and contribution.

I owe a very special thanks to my family for their great support and encouragement, especially my husband, Mr. Abraham. K. Amoah, my mother, Madam Anna Mensah, and my children Albertha, Samuel and Ebenezer.

## ABSTRACT

**Background:** Job satisfaction is one of the most important components that can impact on productivity and performance in an organization. Nursing job satisfaction is critical since it enhances commitment, retention and turn over which subsequently, influence the quality of care and patient satisfaction.

**Objective:** This study investigated factors associated with job satisfaction among nurses at the Greater Accra Regional Hospital, Ghana.

**Methods:** Descriptive cross-sectional study with quantitative method was applied. Structured questionnaires were used with 233 nurses as sample size. Data collection was carried out using simple random sampling technique. Statistical analysis of data was done by using Stata V15. Descriptive analysis was carried out and linear regression model was used to establish association and test strength of associations respectively.

**Results:** Overall, there was low job satisfaction 2.9 (SD=0.6) among the nurses at the Greater Accra Regional Hospital. There was low satisfaction with regards to the policies concerning nurses 2.9 (SD=0.7), promotion 2.8 (SD=0.9) and motivation 2.7 (SD=0.9) with remuneration 2.3 (SD=0.8) recording the least. However, there was high satisfaction with teamwork 3.3 (SD=0.7) and supervision 3.6 (0.5). Age, marital status, years of experience, years of practice at Greater Accra Regional Hospital, position/rank, and the nature of the ward heaviness were significantly ( $p < 0.001$ ) related to job satisfaction among the nurses.

**Conclusion:** The study revealed that there was low job satisfaction among nurses at the Greater Accra Regional Hospital. While the nurses were not satisfied with most of the organizational factors, there was high satisfaction with the level of supervision and teamwork. With the nurses' factors, it was concluded that age, marital status, years of experience, years of practice, position/rank, and the nature of the ward were significantly related to job satisfaction among the nurses. Based on the conclusions, recommendations made were to relook at the policies regarding nurses at the hospital, including promotion, motivation and remuneration. Nurses should be involved in decision-making processes. Further studies have been recommended toward determining the quality of care at the hospital.

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### **LIST OF ABBREVIATIONS**

AMA	Accra Metropolitan Assembly
BNHS	British National Health Service
CD	Compact Disc
DDNS	Deputy Director of Nursing Services
GHS	Ghana Health Service
GHS	ERC- Ghana Health Service Ethical Review Committee
GARH	Greater Accra Regional Hospital
GSS	Ghana Statistical Service
MTTU	Management of Trade Transport Union
OKSM	Osu-Klotey Sub-Metropolitan
UK	United Kingdom
USA	United State of America

## DEFINITION OF TERMS

**Nurse:** A person who has been educated and trained to provide healthcare services to the sick.

**Patient:** Anyone who needs physical, psychological, spiritual and social care from a healthcare provider.

**Care:** the provision of essential service that is necessary for health of an individual or patient.

**Quality:** Providing the best form of treatment that is acceptable and affordable to the patient.

**Job Satisfaction:** how content a nurse is with his/her job and the sense of accomplishment gained from doing it or when a nurse is happy and feels good about his or her job.

**Socio-demographic characteristics:** Intrinsic factors about the nurse that can influence his/her job satisfaction.

**Institutional factors:** They are the structures within the institution that guide actions and operations of the institutions.

## CHAPTER ONE

### INTRODUCTION

#### 1.0 Background to the study

A strong empirical evidence supports a causal relationship between job satisfaction, patient satisfaction and quality of care (Aron, 2015). It is argued that if civil servants feel more valued by society, they are more likely to have higher levels of public service motivation, which then contributes to higher levels of individual job satisfaction (Steel, Pierce, Berman, & Taylor, 2017). Job satisfaction is a critical factor in health care. In the US, between \$450 and \$550 billions of dollars are lost in a year due to job dissatisfaction, and one out of ten managers that die is as a result of dissatisfied employees (Gallup, 2013). Job satisfaction has been with us since creation, but there were no tools to measure until the emergence of social sciences in the 1930s (Saba, 2011). Human factor is the primary resource of health care system as it organizes and utilizes other resources for the production of intended output (Geleto, Baraki, Atomsa, & Dessie, 2015).

Many researchers have defined job satisfaction in their own style due to its critical and complex nature, but there is one most cited definition of job satisfaction, which is the way people feel about their job and its various aspects (Spector, 1997). It has to do with the extent to which people like or dislike their job. Modern organizations seek to achieve customer satisfaction with all efforts. The hospital system is no exception to that course, but there is no way the approach will be attained without looking into the satisfaction of the employee (Bulgarella, 2005). The hospital system is a very complex system with multidisciplinary professionals collaborating to achieve a common goal, which is the patient satisfaction through quality care delivery. This mission is what the Greater Accra Regional Hospital seeks to achieve.

Nursing profession forms the majority of health care professionals in the health care delivery arena and the profession has to be examined holistically in the quest to achieving quality care by assessing certain institutional factors that contribute to job satisfaction as well as the nurses' own socio-demographic characteristics (Aiken, 2002). This will ensure that effective strategies can be implemented to improve nurses' job satisfaction and the quality of patient care (Zarea, Negarandeh, Dehghan-Nayeri, & Rezaei-Adaryani, 2009).

### **1.1. Problem Statement**

Job satisfaction is currently, considered to be a measure that should be included in quality improvement programme in health care organizations (Antón, 2009). It is very important to determine factors associated with job satisfaction since this will ensure provision of quality care, as well as organizational efficiency and effectiveness (Gursoy, Chi, & Karadag, 2013). Additionally, job satisfaction ensures the sustainability of health care professionals in the health system. Dissatisfied health care providers are more likely to be inefficient and to provide poor quality care, and sometimes may react irrationally. All these will lead to unnecessary cost (Medgyesi & Zólyomi, 2016). The recent trend of strikes among health care workers, especially nurses, calls for an assessment of job satisfaction among nurses since there is evidence that medical doctors are more satisfied than nurses even though they all work in the hospital irrespective of their educational background (Iliopoulos & Priporas, 2011). Striking is known to be one of the ways deployed to demonstrate their dissatisfaction with their work (Manning, 2016).

However, striking in health care provision is the worst thing to happen as it causes disastrous outcomes (Manning & Petrongolo, 2017). Thus, there is the need to recognize the determinants of job satisfaction among health care workers, especially the nurses who form

majority of the hospital working population who are the health care cadre that need to avoid future occurrences of strikes (Naburi *et al.*, 2017). Additionally, nursing is one of the most stressful jobs in the health sector and therefore, factors such as policies, supervision, promotion, motivation, remuneration and others that influence their satisfaction must receive attention since previous strikes of health workers were usually initiated by these nurses who usually reported about their poor institutional factors that hinder their efforts to provide quality care (Roelen, Koopmans, & Groothoff, 2008).

Studies have also shown that, socio-demographic characteristics such as age, sex, level of education, marital status, income level, position held at work, experience, among others, could lead to burnout, which subsequently could lead to job dissatisfaction (Garrosa, Moreno-Jiménez, Liang, & González, 2008). Earlier research also revealed that institutional factors and socio-demographic characteristics strongly affect job satisfaction among nurses (Hayes, Bonner, & Pryor, 2010).

The Greater Accra Regional Hospital, seeks to regain its former good name as a result of current frequent patients' reports in the media about their dissatisfaction with health care provision at the hospital, especially with the nurses (Anaba, 2016). Job satisfaction, has become an issue as a result of increased workload at the hospital due to expansion of the facility as well as acceptance of National Health Insurance Service clients (Laryea, 2017). Satisfaction of nurses is a key interest in the health system in this era to prevent brain drain of nurses, which almost rendered the nation's hospitals to total emptiness in the late 90's through early part of year 2000 due to nurses' dissatisfaction as a result of bad policies, suppressions from their supervisors, lack of good promotion system and remuneration as well as lack of motivation compounded with the nurses' own factors (Tsikata, 2011).

According to Liu *et al.* (2012), nurses characteristics such as age, sex, marital status, level of education, salary level, among others, affect their job satisfaction because these factors lead to schedule conflict, increased demand placed on the body, lack of childcare, increased opportunities for work related errors, increased mental stress, lack of career satisfaction and appreciation which will eventually affect the patients' care (Shonubi, Abdullah, Hashim & Hamid, 2016). Good Institutional factors and individual characteristics has been found to be the block foundation of job satisfaction and subsequently organizational commitment. Nurses' factors/socio-demographic characteristics of the nurse as well as institutional factors have direct impact on job satisfaction. Recent research have shown that, these factors affect the contextual performance of the nurse and must be investigated adequately to find remedy to avoid occurrences of future strikes and also to improve quality of care (Özden, Arslan, Ertuğrul, & Karakaya, 2017)

## **1.2. Justification of the Study**

The two-factor theory by Herzberg, also term as Herzberg's motivation-hygiene theory (1959), which projected certain institutional factors as attributes to job satisfaction still remain a fundamental reference to the subject (Frederick Herzberg, Mausner, & Snyderman, 1959). Another research by Duong (2013), also revealed that institutional factors such as supervision, leadership, administrative efficiency and others have significant effect on job satisfaction and since much exploration has not been done in that area, it will be justifiable to research deeper into that area, especially in Sub-Saharan context (such as Ghana) to find remedy to the situation (Duong, 2013).

Job satisfaction has been a major issue in nursing, especially in Ghana, hence, frequent agitation for industrial strikes in the country (Appiah, 2015). This is all because of the fight for a better condition of service. Nursing in Ghana till date has no written down document on

their condition of service to show. Some research have been done in the area of job satisfaction, especially in the USA, Canada, Sweden, the UK, and Australia, among others as compare to the sub-Saharan region (Aiken *et al*, 2012). However, few works done in this area in the local level indicated job dissatisfaction among these professionals.

Perhaps scholars and stakeholders have not put much efforts to bring solution to the problem about the subject (Appiah, 2015). The most current research on job satisfaction among nurses at the then Ridge Hospital, focused on measuring the stress level between Pantang Hospital and Ridge Hospital in relation to job satisfaction, even revealed that there is higher level of stress at Ridge Hospital than Pantang Hospital (Assibi Rita, Atindanbila, Prudence Portia, & Abepuoring, 2013). Nevertheless, this study tries to observe or seeks to assess the determinants/factors of job satisfaction, and the influence of socio-demographic characteristics on job satisfaction among nurses at the Ridge Hospital currently, Greater Accra Regional Hospital.

Similar work done by Ahmed *et al*. (2010), used the intrinsic and extrinsic factors to measure job satisfaction, but the approach seems different as the environment, economic factors and policies in his study differ from Ghana. This study area has a peculiar issue to address. The Greater Accra Regional Hospital is trying to redeem its former name/glorry because of frequent reports in the media from patients about the hospital and their dissatisfaction of care from the nurses (Anaba, 2016). Since the nursing profession is the health care cadre that forms majority of the workforce in care delivery, it is important to assess their satisfaction and how it will impact on quality healthcare delivery. Employees will perform better when they feel singled out for special attention or feel that management is concerned about their welfare (Lambrou, Kontodimopoulos, & Niakas, 2010).

Previous research done on job satisfaction was not in-depth and the context differs from the situation existing at the Greater Accra Regional Hospital. Therefore, this study seeks to fill the gap and also address issues related or peculiar to job satisfaction among the nurses at the Greater Accra Regional Hospital which may seem to be weak institutional factors that hinder the nurses from giving out their best for clients' satisfaction. This will contribute to the cause and course of trying to regain the confidence of the patients and the general public (Hayes, Bonner, & Pryor, 2010).

### **1.3 General Objective**

The general objective of this study was to assess factors influencing job satisfaction among nurses at the Greater Accra Regional Hospital.

#### **1.3.1. Specific Objectives**

Specifically the study addressed the following objectives:

1. To assess nurses' (socio-demographic characteristics) factors that influence job satisfaction among nurses at the Greater Accra Regional Hospital.
2. To examine institutional factors that influence job satisfaction among nurses at the Greater Accra Regional Hospital.
3. To assess the level of satisfaction among the nurses at the Greater Accra Regional Hospital.

#### **1.3.2. Research Questions**

The questions that helped to find answers to address the specific objectives were:

1. How do nurses' (socio-demographic characteristics) factors influence their job satisfaction at the Greater Accra Regional Hospital?

2. How do institutional factors influence job satisfaction among nurses at the Greater Accra Regional Hospital?
3. How can the level of job satisfaction among the nurses at the Greater Accra Regional hospital be assessed?

#### **1.4. Outline of the dissertation**

The chapter one introduced the subject, problems of job satisfaction, justification to the topic, objective of the research and questions that were investigated among the nurses at the Greater Accra Regional Hospital. The chapter two presents literature review and the conceptual framework of the study. In chapter three, the methods that were applied to collect empirical data for analysis have been indicated. In chapter four, the results of the study have been presented. In chapter five, the results of the study have been related to existing literature. Finally, in chapter six, the summary, conclusions and recommendations of the study have been shown.

## CHAPTER TWO

### LITERATURE REVIEW AND CONCEPTUAL FRAMEWORK

#### 2.0. Introduction

This chapter presents the review of literature of related studies on the concepts underlying this study. There are five sections discussing job satisfaction; factors influencing job satisfaction, socio-demographic characteristics, institutional factors, conceptual framework and chapter summary.

#### 2.1. Job Satisfaction

Different authors have totally different approaches to the definition of job satisfaction, however this can be the foremost cited definition of job satisfaction: Job satisfaction is describe as the extent to which individuals like (satisfaction) or dislike (dissatisfaction) their job (Spector, 1997). This definition suggests that job satisfaction may be a general or global emotive reaction that people hold regarding their job. Some further argued that satisfaction is subjective and may solely be determined by the person experiencing the phenomenon, although there is a general assertion to the present subject (Kucharska, 2017).

Job satisfaction is the key ingredient that leads to recognition, income, promotion and also the accomplishment of different goals that result in a sense of fulfillment (Kaliski, 2007). Meanwhile, some also described satisfaction as more of a journey which has indefinite results, rather than a destination, as apply to employer, the health worker and the patient since there is no absolute way of measuring job satisfaction (Seckler, 2016). However the emphasis of this subject of job satisfaction is the fact that people acquired or rewarded adequately for the work they are entrusted to do (Johnson, 2015).

There are many aspects involving this subject of job satisfaction, this is according to what each person or individual recognizes first as important to him or her. In several ways, the

term 'reward' alone might totally mean different thing to different people, and how content or gratify somebody is with their job and also the sense of accomplishment achieved (Rafiq, Javed, Khan & Ahmad, 2012). Reward may take a physical or intangible form just like the feeling a personal gets after accomplishment of any job that profit others (Seckler, 2016).

Reward may even be recognized as a status that a personal achieves for doing a particular job such as a lawyer or a doctor. The emphasis is to apply a proper reward or actual payment to the individual that is receiving it (Eerde, 2015). An example of rewarding a nurse for a decent job done aside her salary may not be monetarily, appreciation from her patients in the form of „thank you“ may well be accepted. In some cases, it may be in a form of opportunity to be promoted to a higher rank in the organization (Sarwar, & Abugre, 2013).

## **2.2. Factors influencing Job Satisfaction**

Job satisfaction is multi-facet with many definitions and theoretical frames (Friend, Johnson, Rutherford, & Alexander Hamwi, 2013). Traditional model of job satisfaction was focused on individuals“ feeling about their job (Crossley, Bennett, Jex, & Burnfield, 2007). Yet, being satisfied does not only rely on the type of job, but also certain attributes that enhances an individual fulfillment (Healy & McKay, 2000). This literature review is focused on the socio-demographic characteristics and the institutional factors that influence job satisfaction. That is, nurses“ job satisfaction is very essential to health care organizations and their sources of satisfaction is relatively similar globally (Bhatnagar, 2012). For example, the working environment, team work, supervision, promotion, remuneration, responsibility, working hours and recognition among others, as well as socio-demographic characteristics of the nurses, such as age, sex, marital status, educational level, rank, salary range, among others, have influence on job satisfaction among the nurses.

### **2.3. Nurses' Factors /Socio-Demographic Characteristics of the Nurses**

It is expected that the socio-demographic characteristics of nurses could influence their perception of job satisfaction (Asegid, Belachew, & Yimam, 2014). The discussion below focuses on key variables that could influence job satisfaction among nurses.

#### **2.3.1. Age**

Rafferty *et al.*, (2007), found that one third of nurses below age 30 years intended to quit their job within 12 months due to job dissatisfaction in the US, Scotland, England, Germany. This was because of the empirical evidence that nursing job is very stressful and the younger and inexperienced one is, they are more likely to become worn out and do the work any how or quit as a result of dissatisfaction. Other studies argue that in the western world, there is more satisfaction among the older nurses than the younger ones as a result of the perk that goes with long career, including higher salary, better benefits and success from the job achievements (Beckett & Taylor, 2016). However, in the part of world where Ghana is located, there is less recognition that goes with the job in terms of achievements and self-actualization, after working for so long till retirement (Maslow, 1954).

Many research have proven that age has correlation with job satisfaction, but others still argue that, it is the least since they conclude that the biggest differentiator is the reward in the form of wages and salaries that goes with longer stay thus retention and not the actual age of the individual - that is, the move with longer service (S. Burks, Carpenter, & Goette, 2009). Nursing job as indicated earlier is stressful and also has effect on the social life of the nurses. This shows that when nurses are in their youthful age, they would have liked to enjoy life by socializing as their counterparts in other professions do. But due to irregular nursing work schedule, the young nurses are not able to socialize, they are almost always stressed up with the job and all these lead to job dissatisfaction since nurses do not manage their own time, but

rather the work that dictate their next line of action. All these contribute to their satisfaction or dissatisfaction level in relation to age (Gulavani & Shinde, 2014). According to Locke, Cartledge, and Knerr, (1970), there is strong correlation between age and job satisfaction.

Present research showed that there is a strong correlation between age and job satisfaction even though other studies have different view (Garcia, Solano-Ruiz & Martinez-Roche, 2013). A survey was done in the US and only 45% of the younger people below age 30 years indicated satisfied with their work and about 95% of the older people reported being satisfied with their employment. The high job dissatisfaction among the young people was tied to unrealistic expectations and also most companies resistant to change, which usually frustrated with co-workers of the young people who were satisfied with mediocrity (thus being content with where they are) while the older people's satisfaction was linked to the perks that have to do with maintaining a long career, including high salary, benefits and respect (Burks, 2011).

Age was also explained as chronological age as in numbers of the age of an individual and subjective age as number of years spent with a job. In a research, subjective age was more related to job satisfaction as compared to chronological age (Cortese, Colombo & Ghislieri, 2010). Many investigators have examined the relationship between age and job satisfaction. However, many reported negative linear whilst others positive linear or no significant relations. Such conflicting results have left the true nature of the relationship unsolved. Age failed to explain a substantial proportion of linear variance in job satisfaction measure (Saner & Eyupoglou, 2012). Perhaps, depending on the context and the issue at stake, many research found age to be significantly correlated to job satisfaction and few found it to be insignificantly related perhaps due to the tools used in measuring job satisfaction.

### 2.3.2. Sex

Most of the men who enter into nursing aspire to enter into the medical school as a continuum without knowing that the two professions are not the same and when the situation does not go their way, they tend to be disappointed, frustrated and dissatisfied with everything about the nursing profession coupled with unmet desires and expectations (Tekindal, Tekindal, Pinar, Ozturk, & Alan, 2012). Nursing is still seen as a predominantly feminine profession, especially in Africa where care is associated with women (Anchora, 2016). All these frustrations in addition to low salary, lack of incentives will lead to job dissatisfaction (Nyirenda & Mukwato, 2017).

Literature concerning sex differences in job satisfaction typically finds that despite having lower pay and fewer opportunities for advancement, women find satisfaction with their job more than men (Ford, 2008). This may be as a result of bigger aspiration of men, differences in values and high expectation as compared to women (Hirsch & Rapkin, 1986). Nursing profession is women domineering and as such the women hold high positions in the profession (Li & Lambert, 2008). This usually tend to put pressure on the men because most women in higher positions tend to put lots of pressure on their subordinates further frustrating the men also leading to job dissatisfaction (Blaauw, Ditlopo, Maseko, Chirwa, Mwisongo, 2013).

In another study, men appeared well adjusted and content in their roles and lives, had no conflict between work and family, social support, confidence in work skills and confidence in physical and emotional expression with other men, which suggested more men should be recruited into nursing even though women have been identified to be more satisfied with their job as compared to men (Garcia, Ruiz, Roche & Gomez, 2013). This may differ in the African context where there are stereotypes, fewer job incentives and no better condition of service for the nurses, which mostly deter the male nurses from moving along or progressing

further in nursing (Li & Lambert, 2008). Another research concluded that women health workers in general are more satisfied with their job as compared to men health workers (Garcia *et al.*, 2013). Therefore, it was suggested that policies should focus on taking action to correct the conditions that create satisfaction/dissatisfaction among certain groups of employees than the other (Garcia *et al.*, 2013).

### **2.3.3. Marital Status**

Marital status of an individual employee should be a matter of concern since man is a social being and as such must fulfill a social responsibility (Aiken, Sloane, Bruyneel, Van den Heede, & Sermeus, 2013). Nevertheless, due to work pressure and unfriendly schedule at work, it affects most nurses' marriages and by the time these nurses grow, more than 60% of them become divorced and at times single parents due to role conflict and role ambiguity (Gormley, 2011). A lot of men cannot stand home pressure while their partners are on odd job schedules such as night-duties, holiday schedules and weekend duties, especially when these do not attract any extra income and motivations (Liu *et al.*, 2012).

Contrarily, in the western world unlike a developing country like Ghana, such odd duties attract high incentives and rewards (Li & Lambert, 2008), so that though the partner may not be in the house to fulfil other needs, they may use the extra income gained from the additional duty to compensate for other home needs. Previous research indicates that there is a certain degree of correlation between marital status and job satisfaction, but specifies that marital status correlate more in older men (middle age men) than young men and women since middle age men tend to value marriage as a prerequisite for life satisfaction (Locke *et al.*, 1970).

Sometimes, there is also family and other social conflicts with nurses and their job because nurses working in hospitals are not usually able to attend social functions such as marriage ceremonies, funeral and others, which the society put more value on as Ghanaians. Nurses' inability to attend such functions puts pressure on their partners to fulfil such obligations and all these affect the social life of the nurses and double role function on their partners, which are usually converted into compensations elsewhere (Ramoo, Abdullah, & Piaw, 2013). In spite of all the insight given above, there was an indication that married nurses are more satisfied with their job than single nurses. This might be as a results of inner satisfaction that come with marriage due to partner support system (Olatunji, Mokuolu & Bolade, 2014).

#### **2.3.4. Position and Rank**

Research have shown that employees in higher positions in organizations have some higher level of job satisfaction than those in lower positions (Morello, 2011). Morello (2011), maintains that those in the higher positions have long career thus experience, high salary, better benefits and success in the work. Additionally, work processes for those in higher positions are a little flexible since they mostly delegate activities to the junior members (Morris & Blanton, 1994). Satisfaction has been identified to be associated with performance (Landeweerd & Boumans, 1994).

So, it is not strange that job satisfaction has gained much popularity in the western countries (Landeweerd & Boumans, 1994). Brown, Gardner, Oswald, and Qian, (2008), observed that employees' position in an organization had a strong link with job satisfaction. Rank was found to influence how proud workers were with their achievements and successes. There was an indication that, rank increases happiness from 50% to 60% when compared with other factors - the position of an individual determines how powerful a person is in an organization (Lunenburg, 2012). Therefore, workers are always doing all they could to move from one

rank to the other. Individuals need power to influence organizational members to act according to their wish and to put in place processes toward achieving organizational goals (Hartzell & Starks, 2003).

Nursing profession like many other professions, accords lots of regard to the rank and file and as long as one reaches a certain position/rank, a certain amount of respect is automatically accorded regardless of the person's age (Lunenburg, 2012). Because of that, many nurses prefer to chase after this factor to achieve their individual satisfaction instead of negotiating for better general conditions of service, which they find it difficult to achieve. Nurse leaders have higher job satisfaction than the junior nurses (Lober & Savic, 2012).

#### **2.3.5. Level of education**

Traditionally, nursing education was not so high, tracing back to Florence Nightingale's days (Dossey, 2005). But in this sophisticated era and modernization, level of education is so crucial right from the recruitment level to the last post to retirement (Price & Reichert, 2017). Nowadays, there are nurses, who have attained their Doctor of Philosophy (PhDs) degrees and even at the professorial level, who are mostly in the classroom educating the young ones. Although the individual's high level of education may give a sense of accomplishment, what is not clear is how this translates to their achievement (Saba, 2011).

Research indicated that individuals who have attained higher levels of education were more likely to achieve satisfaction with their jobs than those with low level of education due to certain perks such as recognition and benefits attached to high education at the work place (Gupta, 2008). Nursing education is very important and correlate with job satisfaction because the scientific base in nursing must be understood by the person rendering the service in order to relate actions to achieve holistic care (Duffy, 2009). Without the scientific approaches and methods, any service rendered by a nurse is considered general service (DHS,

2008), which can be done by any ordinary person. This is why nursing education is very crucial in order to make informed decisions and choices in rendering quality nursing care. And the higher the education level of the nurse, the more informed he/she becomes, which makes him or her more competent and self-actualized in the profession (Christie, Miller, Cooke, & White, 2015). Research done in Saudi Arabia confirmed that there were significant differences in job satisfaction across age, sex, years of experience, educational level, rank and others (Maghradi, 1999).

#### **2.4. Institutional Factors influencing Job Satisfaction**

There are some institutional factors that could have considerable influence on job satisfaction among nurses. Some of these have been explained below.

##### **2.4.1. Policies**

Policy is a backbone of an organization (Cummings & Worley, 2013). Health policy is involved in analysing health laws, regulations and public policies and strategies and advocate for policy changes, plan and implement new policies in healthcare (Sharma, 2017). Human resource policies and job satisfaction have been studied extensively and concluded that human resource policies are closely related to job satisfaction (Maicibi, 2013).

A well written and sound human resource policies result in job satisfaction (Kwenin, Muathe, & Nzulwa, 2013), and consequently, patients' quality care. Organisations that examine their human resource needs are more likely to succeed than those that do not analyse their human resource needs (Harcourt, van Beek, Heslop, McMahon, & Donovan, 2001). Analysing employees' satisfaction needs offer a better chance of increasing organizational performance (Latif, Ahmad, Muhammad, Ferdoos, & Naeem, 2013). A well-defined policies and well

managed human resource policies will enhance organizational efficiency and effectiveness (Kwenin *et al.*, 2013).

Institutions that offer special treatment and or selective human resource policy among staff instigate staff demonization and organizational inefficiency (Gupta, 2008). If human resource policies are fair and equitable, employees will be satisfied (Gupta, 2008). Policies in human resource management should be examined closely in every organization for policy implementation of other policies to achieve organizational goal (Vermeeren, Kuipers, & Steijn, 2014). Good policies of an organization are neither too rigid nor flexible and require frequent review and monitoring (Pule, Mwesigye, Kanyangabo, & Mbago, 2014).

Several research done in the past made suggestions to strengthen organizational policies to increase job satisfaction among health workers, especially nurses due to increasing need for best possible care supply in order to increase quality of service (Andrioti, Skitsou, Kalsson, Pandouris, Krassias, 2017).

#### **2.4.2. Supervision**

Supervision is vital to job satisfaction (Perchal, Odingo, & Pavin, 2011). The type of a leader or supervisor at the work place can help or destroy the entire structure and success of the organization (Harcourt *et al.*, 2001). Supervisors and all leaders should treat their subordinates with the individualistic view of man (Lunenburg, 2012). Research has demonstrated that effective supervision is associated with job satisfaction, commitment to the organization and retention (Carpenter, Webb, Bostock, & Coomber, 2012). A supervisor should be able to create a friendly atmosphere at the work place. A supervisor should not be too rigid, but should be firm and flexible to work with. And by doing all these, subordinates will be happy to be at work since they have achieved job satisfaction (Porter, Wrench, & Hoskinson, 2007).

Leader-member exchange theory tries to understand the quality of each relationship and its effects on organizational outcome (Sonfield & Lussier, 2004). Nursing supervision had been very rigid in the past and with the current generation and contemporary nursing, that type of leadership style had failed to answer the question of job satisfaction (Wallace *et al.*, 2016). Abusive supervision, which contradicts ethical supervision results in a negative influence on job satisfaction, and in turn influences intentions to quit as well as increases turnover in the hospital (Palanski, Avey, & Jiraporn, 2014). Transformational and transactional leadership styles of nurse managers were positively related to nursing job satisfaction.

According to Borman and Abrahamson (2014), transformational and transactional leadership style should be thought and encouraged among nurse managers to positively influence their job satisfaction (Bormann *et al.*, 2014). Current research indicates that effective and efficient supervision results in job satisfaction and subsequently, quality of care (Hashish, 2012).

### **2.4.3. Teamwork**

Teamwork has been associated with a higher level of job satisfaction (Chang, Ma, Chiu, Lin, & Lee, 2009). Nursing work is about coordinating activities among other team members (Temkin-Greener, Cai, Zheng, Zhao, & Mukamel, 2012). It is impossible to achieve nursing goal without effective collaboration of teamwork (Bedward & Daniels, 2005). Nursing success and adequacy is about teamwork, correlating with job satisfaction, which is embodied with team training, effective communication, facilitating activities, identification of shared values, and good interpersonal relationship (Kalisch, Lee, & Rochman, 2010).

A study assessed the relationship between staff characteristics and teamwork and job satisfaction in the USA (Sørensen *et al.*, 2013). The conclusion was that team work was highly correlated with job satisfaction because increased teamwork would lead to safer and

high quality of care (Kalisch *et al.*, 2010). It was suggested that nursing management should make the effort to improve teamwork to impact on job satisfaction (Kalisch *et al.*, 2010).

Effective communication in ascending and descending order and also good interpersonal relationship will facilitate quality care at the hospital. A study conducted to determine the association between teamwork and job satisfaction and showed that lower levels of job satisfaction as a result of teamwork, subsequently, contributed to higher psychological distress of an employee (Harrisson, Loisselle, Duquette, & Semenic, 2002).

Results of a recent study pointed out the need to focus on nursing team work on client care unit and recommended seven evidence-based strategies to develop, enhance and sustain successful team training, which include: alignment of team training objectives and safety aims with organizational goals, providing organizational support, encouraging participation of frontier leaders, effective training of the staff and the environment for team training, determination of resource and require time commitment, facilitation of application of acquired teamwork skills and measurement of the effectiveness of the team training programme (Zong-Xia Chang, Gui-Hua Yang & Yuan, 2014). Kalisch and others did a work on job satisfaction, and showed that teamwork and adequate staffing could lead to greater job satisfaction (Kalisch *et al.*, 2010).

#### **2.4.4. Promotion**

Promotion and recognition have been proven to be closely related to job satisfaction (Mayhew, 2015). One way promotion enhances job satisfaction is by providing an opportunity for increased compensation and benefits (Mayhew, 2015). Usually, promotions include more responsibility for the employee to be consistent and task oriented to produce high quality of work (Haynie, Hartman, & Lundberg, 2007). Promotion in nursing profession is usually not by merit, but mostly given according to the number of years served in addition

to level of education according to the policy at hand (Price & Reichert, 2017). Naturally, when employees are promoted in an organization, it creates loyalty and enthusiasm, which will all lead to job satisfaction (Mangset, Maxwell, & van Zanten, 2017).

Promotion is also an important aspect of a worker's career and life. The wellbeing of a worker is for the individual to climb the ladder of his or her profession (Mayhew, 2015). Research have shown that employees value promotion and even the expectation that one would be getting promotion in the next couple of years would encourage them not to quit a job (Kosteas, 2009). In recent times, the British National Health Service (BNHS) experienced an acute shortage of qualified nurses and therefore, made recruitment and retention of nurses a high priority on the national agenda (Shields & Ward, 2001).

Studies were done at the national level and the result was that, most nurses were not happy as a result of job dissatisfaction. The nurses reported on delayed promotion, lack of incentives, low salary, lack of recognition, among others, as compared to other public workers. Strategic plans were made to correct the anomaly to save the situation by promoting the above variables (Asegid *et al.*, 2014). However, dissatisfaction with promotion and training opportunity was found to have had a stronger impact than workload and pay (Shields & Ward, 2001).

#### **2.4.5. Motivation**

Motivation can be described as the desire within a person to do something (McLaughlin, Moutray, & Moore, 2010). Another definition is the process of stimulating individuals to action to accomplish a specific goal. Motivation is: „psychological forces that determines the direction of a person's behavior in an organization, a person's level of effort and a person's level of persistence“ (Bright, 2008)]. Keeping staff driven could be a task that managers can

resolve in a very variety of ways (Bright, 2008). Because some form of motivation does not even cost so much (Rupp & Mallory, 2015).

Sometimes, it is just a word of appreciation, praises or just something small (Lin, Ramakrishnan, Chang, Spraragen, & Zhu, 2013). When employees are not motivated and dissatisfied, they tend not to pursue additional task and not show any commitment, which tend to hinder the growth of an organization (Salman, Mahmood, Aftab, & Mahmood, 2016). When nurses are dissatisfied with their job, they also tend to be unconcerned about certain decisions at the hospital and this attitude endanger the life of the patient (Ulrich, Lavandero, Woods, & Early, 2014).

There is a definite relationship between motivation and job satisfaction, because employees' commitment is enhanced when they are motivated even though motivation vary in different forms (Mooney, Harris, & Ryan, 2016). When employees feel motivated and satisfied with their job, they become enthusiastic, content and work efficiently to achieve the organizational goal. Many managers believe that employees are better motivated by the prospects of job satisfaction than other factors of job satisfaction (Breslau, Novack, & Wolf, n.d.). Goal-setting theory suggests that specific and tough goals cause high motivation and success. And equity theory conjointly specifies that managers ought to promote high levels of motivation by guaranteeing folks believe the result (Ramlall, 2004). All these shows that organizational success is dependent on employees' motivation (Bushra, Usman, & Naveed, 2011). Herzberg's (1959), theory of motivation, explains how motivation influences performance of employees at the work place.

#### **2.4.6. Remuneration**

A study showed that the more satisfied and happier staff were with their job duties and level of compensation, the high probability that they will stay with their employment (Parvin &

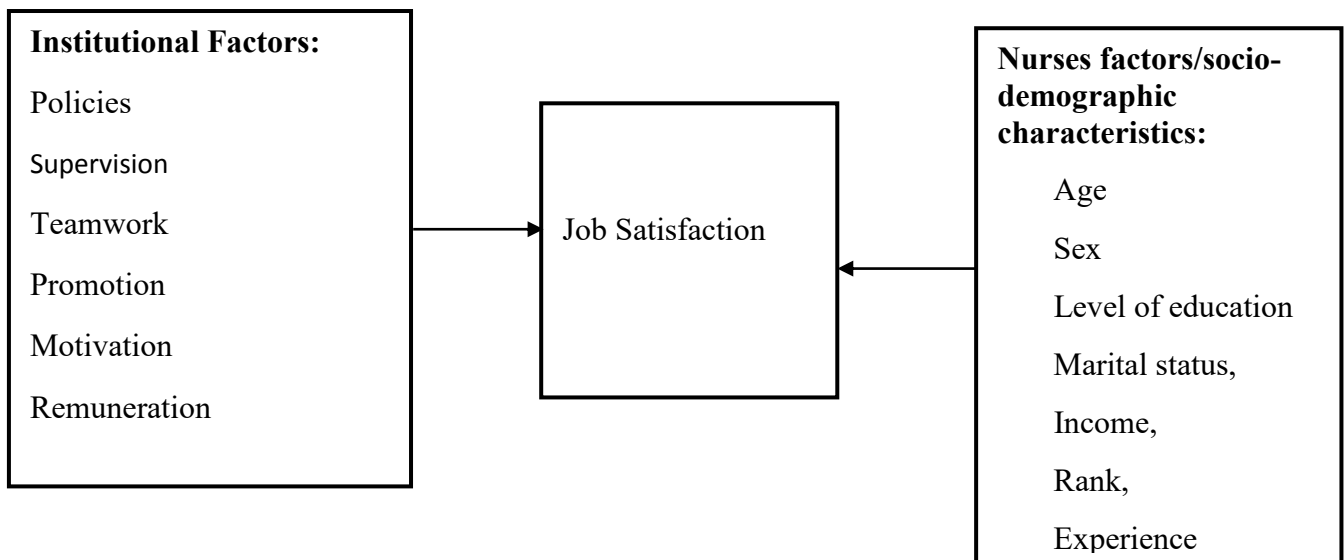
Karbin, 2011). One of the assertions of job satisfaction is when salary is too low, it is more likely that an employee will become frustrated and not able to do their best for the organization and eventually will leave the organization for the one with a better remuneration (Cheng *et al.*, 2012). This shows how important salary and reward determine a person's choice of employment.

From the literature reviewed, it was realized that other factors of job satisfaction such as age, experience, position and others were linked to the remuneration factor (Bakotić, 2016). Most employees, especially nurses have severally resorted to strikes at the expense of the ordinary patients due to a fight for better condition of service and better remuneration (Skinner, Madison, & Humphries, 2012). Highly paid organizations often retain workers more than low income earning companies because when the incentives are not enough to improve the standard of living of the individuals, the workers would not be happy and will resort to something different, either they would fight it or leave the organization to where they would be treated fairly (Mabaso, 2017).

In the Ghanaian setting, where employment is difficult to change due to high unemployment rate (Agyepong *et al.*, 2004), some employees find it difficult to change their job and will remain and pretend to be working, which retards the progress of the organization as a result of job dissatisfaction. Compensation plays a vital role in attracting and retaining highly skilled employees (Ahmad *et al.*, 2016). Evidence from previous studies showed that compensation had a strong influence on job satisfaction (Mabaso, 2017). The gaps in the literature were addressed in this study, especially with reference to the nurses' job satisfaction at the Greater Accra Regional Hospital.

## 2.5. Conceptual Framework

Based on the above discussed literature, the conceptual framework of the study was developed. The conceptual framework in figure 2.1 explains how the institutional factors, which are the policies of the organization, supervision, teamwork, promotion, motivation, remuneration; and nurses' factors / socio-demographic characteristics of the nurses which are the age, sex, level of education, marital status, income, rank and experience influence job satisfaction among the nurses at the hospital. The two main factors are the independent variables and the main outcome/ dependent variable is job satisfaction.



**Figure 2.1: Conceptual Framework of factors influencing job satisfaction among the nurses**

The study of job satisfaction became more popular with the introduction of Herzberg's two-factor theory also known as motivator hygiene theory (Herzberg, 1966). The study views an individual job as a principal source of job satisfaction in contrast to Maslow's earlier theory of motivational hierarchy of needs, which identifies five levels of needs with basic needs

emerging as first and the complex needs of self-actualization as last (Baaren & Galloway, 2014).

Herzberg's motivation theory describes the concept of job satisfaction with two dimensions: Intrinsic factors and Extrinsic factors. The intrinsic factors are known as motivators and the extrinsic factors also known as hygiene's factors (Iqbal, Hameed & Ramzan, 2012). The motivators signifies to the job content or job itself, which include achievement, recognition, work itself, responsibility and advancement. The hygiene factors are also related to job context or the work environment involving the organizational policy and administration, supervision, salary, interpersonal relations or teamwork and working conditions (Baaren *et al.*, 2014). The theory further explains that motivators are related to job satisfaction when present but should not lead to dissatisfaction when absent (Soomro, Hameed & Hameed, 2012). Herzberg's motivational theory is a foundational theory on the study of job satisfaction, which allows for the conceptual understanding of work and how it motivates and provide satisfaction for employees (Goff, 2004).

## **2.6. Chapter Summary**

This chapter has examined literature on the key themes/concepts underpinning the study. It has shown that job satisfaction as a dependent variable could be influenced by several factors, including nurses' (socio-demographic characteristics) factors; and institutional factors. Based on the gaps identified in the literature as lack of good organizational structures link to lack of organizational and individual commitment to achieve quality care. The conceptual framework of the study was developed to establish the relationship between the dependent and independent variables of this study. The next chapter presents the methods applied to collect data for subsequent analysis.

## CHAPTER THREE

### METHODS

#### 3.0. Introduction

This chapter provides a quick background to the study style, analysis setting, study population, inclusion and exclusion criteria, sampling ways, sample size determination, dependent and freelance variables, information assortment technique, form style and administration, information analysis, moral issues, respondents' consent and therefore the outline of the chapter.

#### 3.1. Study Design

This study used a cross-sectional design and a quantitative method to collect data from the nurses on their socio-demographic characteristics and the institutional factors that determine their job satisfaction. Quantitative research strategy was applied because it seeks to systematically and scientifically measure the relationship between variables in order to support or reject some hypotheses (Silverman, 2013). A cross-sectional style may be a form of empirical study that involves the analysis of knowledge collected from a population, or a representative set, at one specific purpose in time (Schmidt & Kohlmann, 2008). During this technique, the investigator records info regarding their subjects while not manipulating the study atmosphere. It will compare totally different population cluster at one purpose in time.

Quantitative analysis style may be a systematic method of getting quantitative info regarding the planet bestowed in numerical type and analysed through the employment of statistics to explain and take a look at relationships (Grove, Burns, & Gray, 2013). Quantitative research was a choice here because it focused on data analysis of great numbers of the nurses at the hospital and also tested the relationship between the variables.

### **3.2. Study Location/Area**

The study was conducted at the Greater Accra Regional Hospital, which serves as a learning centre for various universities and also a referral centre for other district hospitals and health centres in the region. It has all the various departments in a tertiary institution except few special areas such as cardiothoracic centre, oncology and plastic surgery departments, which are often referred to the Korle- Bu Teaching Hospital and sometimes the 37 Military Hospital (GHS, 2014). The Greater Accra Regional Hospital (formerly known as Ridge Hospital) is sited within the Osu Klotey Sub-Metropolitan (OKSM) Assembly, which is one of the fifteen sub-metros in Accra. The others are Okaikoi, Ashiedu Keteke, Ayawaso, Kpeshie, and Ablekuma. The Osu Klotey Sub-Metro (OKSM) is one of the eleven (11) Sub-metropolitans of the Accra Metropolitan Assembly (AMA) mandated by Legislative Instrument 1615 (LI 1615), amended by Act 1722 of 2003 and LI 1926, 2007 (GHS, 2014).

OKSM lies in the south eastern part of the Accra Metropolis. It is bounded to the south by the Atlantic Ocean from Osu through the Independence Square to the Accra Arts centre through Kinbu, Management of Trade Transport Union (MTTU), and to the Graphic Road Crossing. It is bounded to the east by La Sub-Metro; Ring Road east from the La Bridge to Okodan Road crossing to the sea. It also shares boundaries to the North by Ayawaso Sub-Metro, from the Odaw Bridge end to the Ring Road central at Kwame Nkrumah Circle with Okaikoi and to the west by the Ablekuma Sub-Metro Assembly. OKSM had a total population of 121,723 as at 2010 (GSS, 2010).

There are eight private and five public health facilities in the Osu Klotey Sub-Metro. The Greater Accra Regional Hospital is one of the public health facilities. It is located on the Castle road opposite the Valco Trust House. It occupies a total land area of about 15.65 acres. It is the Greater Accra Regional Hospital and has enjoyed that status since 1996 (GSS, 2010). It was built in 1912 by an European Mining Company. It used to be a hospital solely for the

white man and his relation (GSS, 2010). The hospital was turned into women`s hospital to treat Obstetrics and Gynecological cases. Straight midwives were admitted and trained on the job (GSS, 2010).

The hospital was later turned into a district hospital in 1974 during the era of the late Col. I.K. Acheampong. The catchment area is the whole of Accra with an estimated population of over 4,010,054 (GSS, 2010). The immediate areas include, Nima, Maamobi, Kanda, Accra Newton, Kotobabi, Osu, La, Adabraka, Achimota and Central Accra. The hospital provides both inpatient and out-patient care with a bed capacity of one hundred and ninety-one (191) as at the end of May, 2017, before moving into the new edifice with bed capacity of four hundred and twenty (420) to be increased later to six-hundred (600). The staffing position stood as: nurses (520), doctors (280), and about 30 different units of allied health professionals (Awuah, 2017). Health care is financed through the cash pay for service system, internally generated fund, the National Health Insurance Scheme and private insurance system.

### **3.3. Study Population**

A study population, according to Kerlinger and Lee (2000), is all components, that is, people, objects or substances that meet a precise criteria for inclusion in an exceedingly given universe. The target population that represented in this study included all skilled nurses who were permanently working at the Greater Accra Regional Hospital at the time of the data collection for the study.

#### **3.3.1. Inclusion Criteria**

The inclusion criteria involved all full time employed categories of professional nurses at the Greater Accra Regional Hospital who had worked continuously for more than two (2) years and above. The rationale behind this was to get responses from experienced nurses as well as from all levels who were well-informed about their work and the place.

### **3.3.2. Exclusion Criteria**

The study excluded all categories of other health workers who were not nurses, nurses who were on study leave or sick leave, and other supporting staff who were working directly on the patients, but were not nurses.

### **3.4. Study Variables**

The variables that were assessed in the study were divided into dependent and independent as provided below.

#### **3.4.1. Dependent variable**

The dependent variable was Job satisfaction.

#### **3.4.2 Independent variable**

The independent variables were:

*Nurses' factors/socio-demographic characteristics*; age, sex, marital status, rank, level of education, income and experience.

*Institutional factors*: policies, supervision, teamwork, promotion, motivation, remuneration.

#### *Description of the study variables*

The overall job satisfaction, which was the dependent variable, was measured using „yes“ and „no“ response to the questions. However, the independent variables were measured using responses to the questions on the nurses' own socio-demographic characteristics; and the institutional factors were measured using the responses to the Likert Scale type questions. The answers were: strongly disagree =1, disagree = 2, neutral = 3, agree = 4, and strongly agree = 5. The scores were added up to give the total scores by the respondents on highly satisfied or low satisfied. Respondents who scored between strongly agreed and agreed were

highly satisfied, those who were neutral were moderately satisfied and those who scored between strongly disagreed and disagreed were classified as having low satisfaction. The description has been outlined in table 3.1 below.

**Table 3.1: Description of the study variables**

NO	Variable(s)	Measurement and Score Range
	<b>Dependent Variable</b>	Yes
	Job Satisfaction	No
	<b>Independent Variables</b>	Numerical
	Socio-demographic Characteristics	
	Institutional Factors	
	Policy	Strongly disagree, disagree, neutral, agree, strongly agree
	Supervision	Strongly disagree, disagree, neutral, agree, strongly agree
	Promotion	Strongly disagree, disagree, neutral, agree, strongly agree
	Teamwork	Strongly disagree, disagree, neutral, agree, strongly agree
	Motivation	Strongly disagree, disagree, neutral, agree, strongly agree
	Salary	Strongly disagree, disagree, neutral, agree, strongly agree

### 3.5. Sampling Method

The study participants were selected using a simple random sampling technique (Bobko, Miller, & Tusing, 1980). Bobko *et al.* (1980), explain that simple random sampling is a subset of statistical population in which each member of the subset has an equal probability

of being chosen at any stage of the selection process. This selection was done by obtaining the list of all category of nurses from the nursing administration of the hospital, and applied „yes“ and „no“ to the list and selected randomly all the „yes“. This method was used to obtain the accurate results since the list of all the nurses was readily available at the nursing administration and this method helped reduced bias and any suspected error. Simple random sampling technique was used in this study because it is the best method to apply to minimize errors and biases when a researcher has access to the entire population understudy.

### 3.5.1. Sample Size Determination

The sample size calculation was based on the assumption that the current number of 530 nurses at the Greater Accra Regional Hospital remained unchanged at the time of the data collection. Therefore using finite sample size formula by Yamane 1967,

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

where:

n: sample size

N: the population size of the nurses at Greater Accra Regional Hospital, N=530

e: precision, 5% (0.05)

Inputting the above into equation (1), the minimum sample size for required for this study was calculated as :

$$n_o = \frac{530}{1+530(0.05)^2} = 227.95 \approx 228$$

Therefore the final minimum sample size needed for this study was 228.

### **3.6. Data Collection Technique: Questionnaire Design and Administration**

A structured questionnaire was designed and administered to gather empirical data from the nurses so as to assess their job satisfaction. The structured questionnaire was designed according to the modified index of job satisfaction (Martins & Proenca, 2012), which had close ended questions – this was used to collect data on job satisfaction. The questionnaire was divided into sections. Section „A“ collected information on the socio-demographic characteristics of the nurses. Section „B“ also collected information about the institutional factors influencing job satisfaction.

The questions were designed, coded using Likert scale type of questions and responses. The responses were set as: strongly disagree = 1; disagree = 2; neutral = 3; agree = 4; and strongly agree = 5. These forms of questions were used to measure the determinants of job satisfaction. The data collection tool was previously used to measure job satisfaction in Minnesota (Martins & Proenca, 2012). It was then modified to suit this study context. The questionnaire were distributed to the nurses with the help of research assistants at a general meeting organized by the Head of Nursing at the hospital in two subsequent meetings according to the list obtained from the nursing administration. This was done within two weeks from 01/05/18 - 15/05/18. The questionnaires were self-administered and were collected back after completion.

### **3.7. Data Analysis**

Data obtained from the questionnaires were entered into Microsoft excel and also transferred to Stata Version 15 for cleanup, merging and analysis. Cleanup of the information was done by running frequencies of the variables. This checked inconsistently coded information. Inconsistently coded information were double checked with data from the form. Each univariate and variable regressions were performed. Continuous variables were summarized as means that customary deviations whereas categorical variables like age, gender, marital

status were summarized as frequencies and percentages. Two ways were used for the analysis of the Likert scale responses. Firstly, the answers were coded on a scale from one (strongly disagree) to five (strongly agree) and analyzed numerically. The composite score was calculated for the variables on job satisfaction. The composite mean was then calculated using Stata Version 15.

The connection between the dependent variable (job satisfaction) and freelance/independent variables like sociodemographic characteristics (age, work expertise, gender, instructional level, etc.) and also the institutional/facility-related factors were analyzed at first using univariate (simple) rectilinear regression analysis. Multiple rectilinear regression analysis was done to exclude high intercorrelated independent/freelance variables. A mean of but three .00 (neutral) –in regard to the Likert scale was thought-about as low job satisfaction and a mean on top of neutral was thought-about as high satisfaction. A similar approach was employed in previous studies (Martins & Proenca, 2012; Shuttleworth, 2008). A confidence interval of ninety fifth was accustomed to show important relations between the dependent and also the freelance variables. Regression was used because the outcome variable (job satisfaction) was a continuous variable and is normally distributed.

It has been explained that regression analysis generates an equation to describe the statistical relationship between one or more predictor variables and the response variable (Ogee *et al.*, 2018). Ogee *et al.* (2018), indicate that the p-value for each term tests the null hypothesis that the coefficient is equal to zero (no effect). In addition, a low p-value (<0.05) indicates that the researcher could reject the null hypothesis. Moreover, a predictor that has a low p-value is likely to be a meaningful addition to the model because changes in the predictor's value are related to changes in the response variable. However, a larger (insignificant) p-value suggests that changes in the predictor are not associated with changes in the response.

Normality was determined by using histogram and gladder commands in Stata version 15. The results were presented in frequencies, mean and percentages.

### **3.8. Pretesting**

Pretesting of the questionnaire was carried out on twenty-five (25) nurses at the medical department of the Greater Accra Regional Hospital. This helped to review the questionnaire in order to ensure consistency across board and make necessary corrections and adjustments.

### **3.9. Quality Assurance**

Quality assurance is to ensure accuracy in the study. That is to make sure that appropriate methods and technologies are used to control biases and minimized errors. In this study, only professional nurses were enrolled and also nurses of all categories who have worked at the hospital from two (2) years and above who have insight of the place. In addition, nurses who were not willing to participate were not coerced to do.

### **3.10. Validity and Reliability**

Validity is the extent to which the research instrument measures what it is supposed to measure while reliability refers to the consistency or stability of an instrument (Shuttleworth, 2008). In this study, validity and reliability were measured by pre-testing the questionnaire on twenty-five (25) professional nurses with similar characteristics as the sample population used in the study. The rationale behind this was to ensure how relevant the questions would respond to the objectives of the study and to help make necessary corrections. This proved extremely useful and helped in restructuring the research topic to include only experienced professional nurses.

### **3.11 Ethical Consideration**

Ethical issues involved in the study were addressed accordingly. Ethical approval for the study was sought from the Ethics Review Committee of the Ghana Health Service.

A letter of introduction was sent from the School of Public Health to the Greater Accra Regional Hospital, through the Hospital Administrator and the Deputy Director of Nursing Services (DDNS) to seek permission to use the facility to conduct such a study. That is, an introductory letter stating the purpose of study and duration, from the Head of Department of Health Policy, Planning and Management, School of Public Health, College of Health Sciences, University of Ghana together with a copy of ethical clearance from the Ghana Health Service attached, was sent to the Greater Accra Regional Hospital. The approval was also shown to all the heads of various departments, before the study began (see appendix D ethical clearance). Other activities to ensure that ethical issues were conformed to have been explained below.

#### **3.11.1. Participant Consent**

A written informed consent with a thorough explanation were given to the respondents who participated in the study for their approval. Participants who required to willingly consent to participate in the study were made to sign the consent form accordingly (see appendix A).

#### **3.11.2. Privacy and Confidentiality**

Participants were informed that privacy and confidentiality were assured so that no one could trace their root.

### **3.11.3. Risk and Benefits**

This study did not put any participant into any risk or burden. The participants only provided information to aid in the study, which policy makers will use to improve the nursing profession across board leading to quality health care delivery.

### **3.11.4. Compensation**

The study did not attract any form of compensation to the participants, but will help reform the nursing profession and impact on the patients' care, which is the main focus of health delivery.

### **3.11.5. Research Funding**

The study was for an award of Masters in Public Health degree at the School of Public Health, University of Ghana, Legon. Therefore, there was no third party sponsorship. The cost of stationary, printing, transportation, among others, were funded by the researcher.

### **3.11.6. Withdrawal from the study**

Participants were informed that, participating in the study was optional or voluntary and an individual who was not willing or interested could opt out since that could not have influenced the outcome of the study.

### **3.11.7. Data Storage**

Participants were assured that all information gathered would be kept confidential. The information will be stored on devices such as pen-drives and CD to be used for betterment of the hospital and improve quality care.

### **3.12. Chapter summary**

This chapter has presented the methods that were applied to collect empirical data for analysis. It has shown that the quantitative method used was appropriate in helping to assess factors that could influence job satisfaction among nurses at the Greater Accra Regional Hospital. The data collection instrument, which was adopted has also been referenced appropriately. The next chapter presents the results as obtained from the data analysis.

## CHAPTER FOUR

### RESULTS

#### 4.0. Introduction

This chapter presents the findings of the study in accordance with the expressed objectives and analysis queries. The chapter is in four sections. Section one presents demographic characteristics of the respondents. Section 2 presents the assessment of institutional factors of nursing follow. Section 3 presents the link between job satisfaction and also the socio-demographic characteristics of the respondents. Section four presents the link between job satisfaction among the nurses and also the institutional factors and section 5 presents the chapter outline.

#### 4.1. Demographic characteristics of respondents

Table 4.1. presents the demographic characteristics of the 233 nurses surveyed in the study. Majority 193 (82.8%) of the respondents were females. More than half 142 (60.9%) of the respondents were in the age group (18-30) years followed by 57 (24.5%) for age group (31-40) years while the least 10 (4.3%) were in the age group (51-60) years. and 30-39 years respectively. More than one-third 90 (38.6%) of the respondents had Diploma education while 70 (30.0%) had Bachelor's degree and the least 9 (3.9%) had master's degree. More than half 118 (50.6%) of the respondents were single while 101 (43.5%) were married. Almost half of the respondents 104 (44.6%) had 1-5 years of nursing experience while 18 (7.7%) had more than 20 years of nursing experience. Majority 125 (53.6) of the respondents had worked at the Greater Accra Regional Hospital (GARH) for 1-5 years followed by 71 (30.5%) of 6-10 years while 4 (1.7%) had worked there for more than 20 years.

**Table 4.1: Socio-demographic characteristics**

Variable	Frequency (N=233)	Percent (%)
Sex		
Male	40	17.2
Female	193	82.8
Age group (years)		
18-30	142	60.9
31-40	57	24.5
41-50	24	10.3
51-60	10	4.3
Level of education		
Certificate	64	27.5
Diploma	90	38.6
Bachelor	70	30.0
Masters	9	3.9
Marital status		
Single	118	50.6
Married	101	43.4
Divorced	14	6.0
Years of practice		
1-5	104	44.6
6-10	74	31.8
11-15	15	6.4
16-20	22	9.4
above 20	18	7.7
Years of practice at GARH		
1-5	125	53.6
6-10	71	30.5
11-15	19	8.2
16-20	14	6.0
above 20	4	1.7

More than one-fourth 65 (27.9%) of the respondents were staff nurse/midwife while 46 (19.7%) were enrolled nurses and 33 (14.2%) were senior nursing/midwifery officers (Table 4.1.2). Most 168 (72.1%) of the respondents work for 8 hours a day while 65 (27.9%) work more than 8 hours a day. Almost half 116 (49.8%) of the respondents worked in a very heavy ward. Majority 172 (73.8%) of the respondents earn a salary of 1000GHS – 2000GHS a month (Table 4.1).

**Table 4.1: Socio-demographic characteristics Cont'd**

Variable	Frequency (N=233)	Percent (%)
<b>Position/rank</b>		
Enrolled nurse	46	19.7
Staff nurse/midwife	65	27.9
Nursing/midwifery officer	35	15.0
Senior staff nurse/midwife	28	12.0
Senior nursing/midwifery officer	33	14.2
Principal nursing/midwifery officer	26	11.2
<b>Hours of work per day</b>		
8 hours	168	72.1
Above 8 hours	65	27.9
<b>Nature of the ward</b>		
Very heavy ward	116	49.8
Heavy ward	87	37.3
Slightly heavy	30	12.9
<b>Salary</b>		
1000 – 2000 GHS	172	73.8
2100- 3000GHS	58	24.9
3100GHS +	3	1.3

#### **4.2. Assessment of job satisfaction**

Table 4. 2. presents the overall assessment on job satisfaction and the various dimensions of satisfaction in relation to the study. Overall, there was low satisfaction 2.9 (SD=0.6). There was low satisfaction with regards to the policies concerning nurses 2.9 (SD=0.7), promotion 2.8 (SD=0.9) and motivation 2.7 (SD=0.9) with remuneration 2.3 (SD=0.8) recording the least. However there was high satisfaction with teamwork 3.3 (SD=0.7) and supervision 3.6 (0.5).

**Table 4.2: Assessment of job satisfaction**

Variable	Observations	Mean	Standard deviation	Min	Max
Policy	233	2.9	0.7	1.3	4.4
Teamwork	233	3.3	0.7	1.0	4.8
Supervision	233	3.6	0.5	1.9	5.0
Promotion	230	2.8	0.9	1.0	5.0
Motivation	229	2.7	0.9	1.0	4.5
Remuneration	229	2.3	0.8	1.0	5.0
Overall job satisfaction	233	2.9	0.6	1.0	5.0

### 4.3. Assessment of institutional factors that influence job satisfaction

Respondents were asked to show within a range, whether they agreed or disagreed with certain statements in relation to institutional factors that influence their job satisfaction.

The results have been presented below.

#### 4.3.1. Assessment on policy

The assessment of policy factors that influence job satisfaction of nurses at the GARH (Table 4.3.1) shows that more than half 119 (52.0%) of nurses disagreed that they get the opportunity to participate in policy making and implementation decisions. Additionally, close to half 101 (43.9%) disagreed that management listens and responds to their concerns. Further, 166 (72.2%) disagreed that the hospital has free medical services for nurses who work at the facility. In terms of opportunities to develop their career as nurses, only 109 (47.4%) agreed there are such opportunities. However close to half 101 (44.5%) agreed that there is an active quality assurance program. Additionally, 158 (65.8%) of the respondents agreed that the hospital grants study leave to nurses who want to attend short courses and seminars related to their field. However, more than half 150 (65.2%) of the respondents disagreed that there is adequate number of nurses at the hospital currently for the provision of

quality healthcare. Further, 90 (39.5%) of the respondents disagreed that the hospital has occupational safety plan for nurses to avoid work –related diseases and occupational hazards.

**Table 4.3.1: Assessment on policy**

Assessment on Policy:	Strongly Disagreed	Disagreed	Neutral	Agreed	Strongly Agreed
Nurses get the opportunities to participate in policy making and implementation decisions at the hospital.	59 (25.8)	60 (26.2)	33 (14.1)	74 (32.3)	3 (1.3)
The hospital management listens and responds to nurses’ concerns.	32 (13.9)	69 (30.0)	47 (20.4)	78 (33.9)	4 (1.7)
There is active quality assurance program for nurses at the hospital.	20 (8.8)	36 (15.9)	70 (30.8)	84 (37.0)	17 (7.5)
The hospital has free medical services for nurses at the various units.	81 (35.2)	85 (37.0)	31 (13.5)	24 (10.4)	9 (3.9)
There are opportunities available for nurses to develop their career.	21 (9.1)	51 (22.2)	49 (21.3)	95 (41.3)	14 (6.1)
The hospital grants study leave to nurses	9 (3.9)	25 (10.8)	45 (19.5)	128 (55.4)	24 (10.4)
The hospital has readily available working resources	11 (4.8)	27 (11.8)	35 (15.3)	141 (61.6)	15 (6.6)
The hospital grants nurses the opportunity to attend short courses and seminars related to their field.	21 (9.1)	39 (17.0)	52 (22.6)	95 (41.3)	23 (10.0)
There is adequate number of nurses to provide quality care.	87 (37.8)	63 (27.4)	32 (13.9)	40 (17.4)	8 (3.50)
The hospital has occupational safety plan for nurses to avoid work-related diseases and occupational hazards.	42 (18.4)	48 (21.1)	46 (20.2)	74 (32.5)	18 (7.9)

#### 4.3.2. Assessment on supervision

Table 4.3.2: presents the assessment on supervision at the facility. Overall, majority 183 (79.2%) of the respondents agreed the supervisors usually give orientation in the ward on first arrival. Additionally, most 188 (81.4%) of them stated that their supervisors acknowledge

and recognise their role in working as a team. Further majority 170 (74.2%) of the respondents agreed their supervisors tell them when their works need improvement. Similarly, 149 (63.9%) stated their supervisors encourage them to attend workshops and seminars when necessary. Likewise, more than half 126 (55.0%) agreed their supervisors help them to solve personal problems as a motivation for productive work. Overall, assessment on supervision recorded higher scores (Table 2).

**Table 4.3.2: Assessment on Supervision**

<b>Assessment on Supervision</b>	<b>Strongly Disagreed</b>	<b>Disagreed</b>	<b>Neutral</b>	<b>Agreed</b>	<b>Strongly Agreed</b>
<b>Assessment on Supervision</b>					
My Supervisor usually gives orientation in the ward on first arrival.	4 (1.7)	14 (6.1)	30 (13.00)	119 (51.5)	64 (27.7)
S/he acknowledges and recognizes my role in working as a team.	3 (1.3)	10 (4.3)	30 (13.0)	154 (66.7)	34 (14.7)
My supervisor tells me when my work needs improvement.	5 (2.2)	16 (7.0)	38 (16.6)	132 (57.6)	38 (16.6)
My supervisor encourages me to attend workshops and seminars when necessary.	14 (6.0)	27 (11.6)	43 (18.5)	121 (51.9)	28 (12.0)
My supervisor helps me to solve personal problems as a motivation for productive work.	14 (6.1)	32 (14.0)	57 (24.9)	103 (45.0)	23 (10.0)
My supervisor is interested in my personal feelings, especially if it would affect my work.	11 (4.8)	31 (13.5)	48 (20.9)	119 (51.7)	21 (9.1)
My supervisor often coaches me on the job.	5 (2.2)	24 (10.4)	36 (15.7)	138 (60.0)	27 (11.7)
My supervisor interferes in my work most of the time.	17 (7.5)	74 (32.6)	57 (25.1)	69 (30.4)	10 (4.40)
I find no difficulty in getting my supervisor approving my appraisal.	6 (2.6)	35 (15.1)	55 (23.7)	108 (46.6)	28 (12.1)
My supervisor always delegates activities that require my knowledge and skills for improved service.	1 (0.4)	26 (11.3)	44 (19.1)	125 (54.4)	34 (14.8)

### 4.3.3. Assessment on Team work

Table 4.3.3: presents statements and scores in relation to teamwork. More than half, 145 (61.9%) of the respondents agreed there was good interpersonal relationship among nurses and other health professionals. However more than one-fourth 27.9%) of the respondents disagreed that effective communication is not a problem among nurses at the hospital. Similarly close to one-fourth 51 (21.7%) disagreed there is effective coordination of activities in the various wards. However majority 157 (67.7%) agreed they have trust and confidence in their colleague nurses for quality health care delivery. More than one-fourth 68 (30.0%) disagreed there is adequate time and opportunity to discuss about patients with colleagues. Similarly, more than one-fourth 66 (29.0%) disagreed there is no interference of nurses' role in the health care delivery.

### 4.3.4 Assessment on promotion

Assessment on promotion by the respondents is shown below in Table 4.3.4. Overall, almost half 101 (44.1%) of the respondents disagreed there is a fair promotion system in place for nurses working at the hospital. Similarly, more than one-third 87 (39.2%) disagreed the promotion comes with benefits and same proportion 87 (39.2%) were not satisfied with their last promotion. Close to half 102 (44.9%) disagreed their promotion was a basis for hardwork and job satisfaction. Majority of the respondents disagreed they work just for promotion and better salary. However, almost a quarter 78 (24.0) disagreed the appraisal system for promotion is transparent and fair.

**Table 4.3.4: Assessment on teamwork and promotion**

<b>Assessment on Team work</b>	<b>Strongly Disagreed</b>	<b>Disagreed</b>	<b>Neutral</b>	<b>Agreed</b>	<b>Strongly Agreed</b>
There is good interpersonal relationship among nurses and other health professionals	11 (4.7)	38 (16.3)	40 (17.2)	115 (49.4)	29 (12.5)
Effective communication is not a problem among nurses in the hospital.	14 (6.0)	51 (21.9)	53 (22.8)	104 (44.60)	11 (4.7)
There is effective coordination of activities in the various wards.	10 (4.3)	41 (17.7)	58 (25.0)	109 (47.0)	14 (6.0)
I have trust and confidence in my colleague nurses for quality health care delivery.	3 (1.3)	35 (15.1)	37 (16.0)	129 (55.6)	28 (12.1)
Other health professionals collaborate effectively for timely and quality health care delivery.	13 (5.7)	46 (20.1)	46 (20.1)	107 (46.7)	17 (7.40)
There is adequate time and opportunity to discuss about patients with other colleagues.	13 (5.7)	55 (24.3)	71 (31.4)	71 (31.4)	16 (7.1)
I have no difficulty in getting contacts of my colleagues for a coordinated health care delivery.	10 (4.4)	40 (17.5)	41 (17.9)	120 (52.4)	18 (7.9)
There is mutual respect between nurses and other health professionals.	18 (7.9)	40 (17.6)	56 (24.7)	96 (42.3)	17 (7.5)
There is no interference of nurses' role in health care delivery.	17 (7.4)	49 (21.3)	61 (26.5)	91 (39.6)	12 (5.2)
<b>Assessment on Promotion:</b>					
There is a fair promotion system in place for nurses working at the hospital.	56 (24.4)	45 (19.7)	37 (16.2)	73 (31.9)	18 (7.9)
Promotion of nurses comes with benefits.	36 (16.2)	51 (23.0)	44 (19.8)	76 (34.2)	15 (6.8)
You were satisfied with your latest promotion.	36 (16.2)	51 (23.0)	44 (19.8)	76 (34.2)	15 (6.8)
Nurses promotion is a basis for hardworking and job satisfaction.	53 (23.3)	49 (21.5)	43 (18.9)	61 (26.8)	22 (9.7)
You are working just to be promoted for higher position in order to receive better salary.	82 (36.1)	59 (26.0)	36 (15.9)	32 (14.1)	18 (7.9)
Appraisal system for promotion is transparent and fair.	34 (15.0)	44 (19.5)	47 (20.8)	78 (34.5)	23 (10.2)

#### 4.3.5. Assessment on motivation

Table 5 presents the assessment on the motivation of nurses at the GARH. Overall, 88 (38.7%) of the respondents disagreed hospital management acknowledges their role in the healthcare delivery periodically. Additionally, close to half 103 (45.7%) of the respondents

disagreed they get praised for work well done from time to time. Similarly close to half 91 (40.7%) of the respondents disagreed they have firm assurance of job security from the hospital. Moreover, majority 136 (61.1%) of the respondents disagreed the working condition at the hospital motivates them to work to the best of their ability. Likewise, more than half 118 (52.2%) disagreed there is recognition for work accomplishment at the hospital.

#### 4.3.6. Assessment on remuneration

Assessment of remuneration is presented in table 5 below. Overall, majority 154 (63.2%) of the respondents disagreed their pay level compared to their work is reasonable. Additionally, close to half 97 (42.4%) disagreed further studies in their field attract salary increase and close to half 108 (47.8%) disagreed they are paid for additional duties. Similarly, most 159 (69.55) disagreed the allowance package they receive is reasonable compared with professionals with similar qualification. Likewise more than half 141 (62.1%) disagreed their employment package is reasonable. Further most 149 (65.4%) disagreed end of service package is adequate and motivates them.

**Table 4.3.6: Institutional factors: Assessment on motivation and remuneration**

Assessment on Motivation:	Strongly Disagreed	Disagreed	Neutral	Agreed	Strongly Agreed
Hospital management acknowledges the role of nurses in health care delivery periodically.	41 (18.0)	47 (20.6)	51 (22.4)	80 (35.1)	9 (4.0)
Nurses from time to time get praised for work well done.	50 (22.1)	53 (23.6)	50 (22.2)	63 (28.0)	9 (4.0)
I have a firm assurance of job security from the hospital	34 (15.2)	57 (25.5)	48 (21.4)	65 (29.0)	20 (8.9)
I get motivated from the extent to which I have adequate training for what I do.	49 (21.4)	56 (24.6)	50 (21.9)	63 (27.6)	10 (4.4)
I receive support and guidance from my colleagues, supervisor and management as a	24 (10.6)	50 (22.0)	48 (21.2)	96 (42.3)	9 (4.0)

motivation.

I get motivated in getting solutions to a challenging health care delivery.	29 (12.8)	55 (24.3)	54 (23.9)	73 (32.3)	15 (6.6)
Working conditions for nurses at the Hospital motivate me to work to the best of my abilities.	74 (32.7)	62 (27.4)	35 (15.5)	44 (19.5)	11 (4.9)
There is recognition for work accomplishment at the Hospital.	56 (24.8)	62 (27.4)	53 (23.5)	47 (20.8)	8 (3.5)
<b>Assessment on Remuneration:</b>					
Your pay level compared to your work is reasonable.	111 (48.4)	43 (18.8)	38 (16.6)	21 (9.2)	16 (7.0)
Further studies in your field attract salary increase.	62 (27.1)	35 (15.3)	39 (17.0)	69 (30.1)	24 (10.5)
You are paid for additional duties.	76 (33.6)	32 (14.2)	37 (16.4)	55 (24.3)	26 (11.5)
Allowance package is reasonable compared with professions with similar qualification.	130 (56.8)	29 (12.7)	26 (11.4)	29 (12.7)	15 (6.6)
My employment welfare package is reasonable.	98 (43.2)	43 (18.9)	42 (18.5)	25 (11.0)	19 (8.4)
End of service package is adequate and motivates contemporary nursing.	98 (43.0)	51 (22.4)	39 (17.1)	35 (15.4)	5 (2.2)

#### **4.4.1. Relationship between nurses' job satisfaction and socio-demographic characteristics**

Table 4.4. presents the relationship between nurses' job satisfaction and the socio demographic characteristics. Overall, both the simple and the multiple linear regression model show statistically significant ( $P < 0.001$ ) relationship between job satisfaction and the socio demographic characteristics. The unadjusted analysis show low job satisfaction across both sexes although females seemed to have high job satisfaction compared to their male counterparts. This was not statistically significant (unadjusted  $k = 2.84$ ; 95 % CI = [-0.002, 0.39];  $P > 0.001$ ). There was a statistically significant (unadjusted  $k = 3.10$ ; 95 % CI = [3.01, 3.20];  $P < 0.001$ ) association between the age of respondents and job satisfaction.

Respondents in the age group (18-30) years have higher level of satisfaction compared to age groups (31-40) years and (41-50) years ( $P < 0.05$ ).

Additionally there was low but significant relationship between the respondents who were single compared to those who were married (unadjusted  $k = -0.15$ ; 95 % CI = [-0.30, -0.004];  $P = 0.044$ ) as well as the divorced and or the widowed (unadjusted  $k = -0.70$ ; 95 % CI = [-1.01, -0.39];  $P < 0.001$ ). Job satisfaction decreases with increasing years of experience (Table 7A). Currently apart from respondents who had (1-5) years and (6-10) years working experience, there was low job satisfaction among respondents who had more than 10 years of working experience. This was statistically significant (Unadjusted  $k = 3.13$ ; 95 % CI = [3.02, 3.23];  $P < 0.001$ ). Similar trend was observed for the relationship between respondents' job satisfaction and years of practice at the GARH.

Additionally, category of nurses or rank of nurses influence job satisfaction; nursing/midwifery officer, senior staff nurse/midwife, senior staff nursing / midwifery officer and principal nursing / midwifery officer were 25%, 49%, 30% and 41% less satisfied with their jobs respectively compared to the enrolled nurses (Table 4.4.1). These were statistically significant ( $P < 0.001$ ). Similarly respondents who earn 2,100 – 3, 000 GHS were 24% less satisfied compared to those who earn 1000 – 2000 GHS. This was statistically significant ( $P < 0.001$ ).

Low job satisfaction (adjusted  $k = 2.99$ ; 95 % CI = [2.73, 3.26];  $P < 0.001$ ) was observed in the adjusted multiple linear regression model. After adjusting for the confounding effect of sex, age, educational level, years of work and years of practice at the GARH, position, hours of work, and salary, job satisfaction was observed to decrease across marital status (from singles to married to divorced/widowed) as well as how heavy the ward was (slightly heavy < heavy ward < very heavy ward) . The married and divorced/widowed respondents were

3% and 53% respectively less satisfied with their job compared to the singles (Table 4.4.1).

Slightly heavy ward and heavy ward were 48% and 8% respectively more satisfied with their job compared to those working in a heavy ward.

**Table 4.4: Relationship between nurses' job satisfaction and socio-demographic characteristics**

Exposure variable	Crude analysis		Adjusted analysis	
	k (95% CI) value	p-value	k (95% CI)	p-
Sex				0.208
Male	Ref		Ref	
Female	0.19 (-0.002, 0.39)	0.052	0.13 (-0.07, 0.33)	
Reference	2.84 (2.67, 3.02)	0.000		
Age (years)				0.797
18-30	Ref		Ref	
31-40	-0.21 (-0.38, -0.04)	0.018*	-0.07 (-0.31, 0.16)	
41-50	-0.39 (-0.63, -0.14)	0.002*	-0.17 (-0.59, 0.25)	
51-60	-0.19 (-0.56, 0.17)	0.294	-0.02 (-0.54, 0.50)	
Reference	3.10 (3.01, 3.20)	0.000		
Educational level				0.646
Certificate	Ref		Ref	
Diploma	-0.11 (-0.29, 0.08)	0.261	-0.11 (-0.31, 0.10)	
Bachelor	-0.19 (-0.38, 0.002)	0.052	-0.03 (-0.27, 0.20)	
Masters	-0.06 (-0.46, 0.34)	0.758	0.09 (-0.36, 0.55)	
Reference	3.11 (2.96, 3.25)	0.000		
Marital status				0.015*
Single	Ref		Ref	
Married	-0.15 (-0.30, -0.004)	0.044*	-0.03(-0.22, 0.16)	
Divorced/widow	-0.70 (-1.01, -0.39)	<0.001*	-0.53 (-0.89, -0.16)	
Reference	3.11 (3.01, 3.21)	0.000		
Years of practice				0.624
1-5	Ref		Ref	
6-10	-0.15 (-0.32, 0.02)	0.082	0.18 (-0.06, 0.43)	
11-15	-0.27 (-0.57, 0.04)	0.089	0.05 (-0.34, 0.44)	
16-20	-0.34 (-0.60, -0.08)	0.010*	0.20 (-0.24, 0.65)	
above 20	-0.36 (-0.65, -0.08)	0.012*	0.26 (-0.30, 0.82)	
Reference	3.13 (3.02, 3.23)	0.000		
Years of practice at GARH				0.303
1-5	Ref		Ref	
6-10	-0.20 (-0.37, -0.04)	0.016*	-0.17 (-0.39, 0.06)	
11-15	-0.33 (-0.60, -0.06)	0.018*	-0.25 (-0.62, 0.13)	
16-20	-0.43 (-0.75, -0.12)	0.006*	-0.43 (-0.86, -0.001)	
above 20	-0.37 (-0.93, 0.19)	0.195	-0.37 (-1.17, 0.43)	
Reference	3.13 (3.03, 3.22)	0.000	2.99 (2.73, 3.26)	0.000

\*Statistically significant associations between nurses' job satisfaction and sociodemographic characteristics ( $p < 0.05$ ); GARH=Greater Accra Regional Hospital

**Table 4.4.1: Relationship between nurses' job satisfaction and socio-demographic characteristics Cont'd**

Exposure variable	Crude analysis		Adjusted analysis	
	k (95% CI)	p-value	k (95% CI)	p-value
Position / rank				0.206
Enrolled nurse	Ref		Ref	
Staff nurse/midwife	-0.04 (-0.25, 0.167)	0.686	0.03 (-0.002, 0.01)	
Nursing/midwifery officer	-0.25 (-0.49, -0.005)	0.046*	-0.12 (-0.42, 0.17)	
Senior staff nurse/midwife	-0.49 (-0.75, -0.23)	<0.001*	-0.30 (-0.61, 0.01)	
Senior nursing/midwifery officer	-0.30 (-0.55, -0.05)	0.019*	0.04 (-0.37, 0.45)	
Principal nursing/midwifery officer	-0.41 (-0.68, -0.14)	0.004*	0.05 (-0.46, 0.55)	
Reference	3.20 (3.04, 3.36)	0.000		
Hours of work per day				0.444
8 hours	Ref		Ref	
Above 8 hours	-0.13 (-0.29, 0.04)	0.124	0.07 (-0.11, 0.24)	
Reference	3.04 (2.95, 3.13)	0.000		
Nature of ward				0.001*
Very heavy ward	Ref		Ref	
Heavy ward	0.12 (-0.03, 0.27)	0.118	0.08 (-0.08, 0.25)	
Slightly heavy	0.60 (0.38, 0.82)	<0.001*	0.48 (0.24, 0.72)	
Reference	2.88 (2.78, 2.98)	0.000		
Salary				0.429
1000 – 2000 GHS	Ref			
2100- 3000GHS	-0.24 (-0.41, -0.07)	0.005*	-0.13 (-0.39, 0.13)	
3100GHS +	-0.14 (-0.80, 0.51)	0.664	-0.33 (-0.97, 1.62)	
Reference	3.07 (2.98, 3.15)	0.000	2.99 (2.73, 3.26)	0.000

\*Statistically significant associations between nurses' job satisfaction and sociodemographic characteristics ( $p < 0.05$ ); GARH=Greater Accra Regional Hospital

#### 4.4.5: Relationship between nurses' job satisfaction and facility factors

Table 4.5 shows the relationship between job satisfaction and facility factors. Overall, there was very low job satisfaction based on the respondents' assessment of facility factors. Both the adjusted and unadjusted regression shows significant relationships ( $P < 0.001$ ). Respondents experienced lower job satisfaction with promotion (adjusted  $k = 0.12$ ; 95 % CI = [0.12, 0.13];  $P < 0.001$ ) compared to policy (adjusted  $k = 0.21$ ; 95 % CI = [0.20, 0.21];  $P < 0.001$ ) or supervision (adjusted  $k = 0.21$ ; 95 % CI = [0.20, 0.21];  $P < 0.001$ ).

**Table 4.5: Relationship between nurses' job satisfaction and facility factors**

Exposure variable	Crude analysis		Adjusted analysis	
	k (95% CI)	p-value	k (95% CI)	p-value
<b>Policy</b>	<b>0.56 (0.62, 0.75)</b>	<b>&lt;0.001*</b>	<b>0.21 (0.20, 0.21)</b>	<b>&lt;0.001*</b>
<b>Reference</b>	<b>1.00 (0.80, 1.21)</b>	<b>0.000</b>		
<b>Supervision</b>	<b>0.54 (0.43, 0.66)</b>	<b>&lt;0.001*</b>	<b>0.21 (0.20, 0.21)</b>	<b>&lt;0.001*</b>
<b>Reference</b>	<b>1.05 (0.63, 1.47)</b>	<b>0.000</b>		
<b>Teamwork</b>	<b>0.59 (0.51, 0.66)</b>	<b>&lt;0.001*</b>	<b>0.17 (0.16, 0.17)</b>	<b>&lt;0.001*</b>
<b>Reference</b>	<b>1.05 (0.78, 1.31)</b>	<b>0.000</b>		
<b>Promotion</b>	<b>0.52 (0.47, 0.56)</b>	<b>&lt;0.001*</b>	<b>0.12 (0.12, 0.13)</b>	<b>&lt;0.001*</b>
<b>Reference</b>	<b>1.50 (1.44, 1.69)</b>	<b>0.000</b>		
<b>Motivation</b>	<b>0.61 (0.56, 0.65)</b>	<b>&lt;0.001*</b>	<b>0.14 (0.14, 0.15)</b>	<b>&lt;0.001*</b>
<b>Reference</b>	<b>1.32 (1.21, 1.44)</b>	<b>0.000</b>		
<b>Remuneration</b>	<b>0.44 (0.39, 0.49)</b>	<b>&lt;0.001*</b>	<b>0.15 (0.14, 0.15)</b>	<b>0.000</b>
<b>Reference</b>	<b>2.00 (1.88, 2.11)</b>	<b>0.000</b>	<b>-0.01 (-0.02, 0.001)</b>	

\*Statistically significant associations between nurses' job satisfaction and facility factors ( $p < 0.05$ )

#### **4.5.1. Chapter Summary**

This chapter analyzed statistically various levels of satisfaction on each factor (socio-demographic characteristics) and (institutional factors) that were identified in this study on job satisfaction as well as the associations between these factors and job satisfaction. There were clear evidence of associations between job satisfaction and those factors. The next chapter presents discussions and interpretations on the previous reviewed analysis.

## CHAPTER FIVE

### DISCUSSION

#### 5.0. Introduction

This chapter presents the findings of the study in reference to reviewed literature on the analysis topic. The findings area unit mentioned in accordance with the expressed objectives and analysis queries. The study sought-after to assess factors influencing job satisfaction among nurses at the larger Accra Regional Hospital and to consequently establish the connection between job satisfaction and individual (socio-demographic characteristics) factors and institutional factors. These area unit conferred as follows.

#### 5.1. Nurses' (socio-demographic characteristics) factors and job satisfaction

The results showed significant ( $p < 0.05$ ) relationship between job satisfaction and the socio-demographic characteristics (position/rank and level of salary). This is contrary to the findings earlier reported (Semachew, Belachew, Tesfaye, & Adinew, 2017). This difference may be due to the different contextual and individual characteristics in this current study compared with the previous study. Moreover, there was an association between the age of respondents and job satisfaction where age group (18-30 years) had the higher level of satisfaction compared with age groups (31-40 years) and (41-50 years)  $p < 0.002$ ). This was however, contrary to the findings in the literature (Xu, 2015). Additionally, there was a significant ( $p < 0.05$ ) relationship between marital status and job satisfaction. This agrees with the findings obtained in another study (Rashid, 2013).

In this current study, singles were more satisfied compared with the married or divorced ( $p = 0.044$ ). Similarly, the findings of this study show that job satisfaction decreases with increasing years of experience and the nature of the ward/work ( $p < 0.05$ ). No significant differences in job satisfaction were found between gender and level of education categories in

this current study, which is consistent with the findings of an earlier study (Rashid, 2013). However, the current study showed that enrolled nurses who were the most juniors were more satisfied ( $p < 0.05$ ). However, healthcare staff members with the highest educational background were more satisfied in an earlier study (Al-Takroni *et al.*, 2018).

## **5.2. Institutional factors influencing job satisfaction**

The results showed that overall, there was low satisfaction with regards to institutional factors 2.9 (SD=0.6). The current finding is consistent with several studies on job satisfaction among nurses (Al-Takroni, Al-Hindi, Joshva, & Al-Harbi, 2018; Blaauw *et al.*, 2013; Reddy, Rao, & Satyanarayana, 2015; Ramasodi, 2010; Semachew, Belachew, Tesfaye, & Adinew, 2017). For instance, a cross-sectional study to determine the predictors of job satisfaction among nurses operating in Ethiopian public hospitals, found that solely forty second of nurses were happy with their jobs (Semachew *et al.*, 2017). Moreover, a study conducted at South Rand Hospital within the south of urban center, Gauteng, African country to see the factors influencing job satisfaction among health care professionals showed that almost 80% of the participants were not satisfied (Ramasodi, 2010). The low job satisfaction identified in this current study and previous studies could be attributed to so many factors. Discussed below are some of these factors in relation to the above objective of the study.

### **5.2.1. Policy**

There was low satisfaction with regards to the policies concerning nurses 2.9 (SD=0.7). It was known that participants weren't glad with the extent of their involvement in dogmas and implementation choices. This finding is in agreement with a study conducted in geographical region, wherever it absolutely was found that participants were discontent with the degree of private autonomy in clinical decision-making (Jovic-Vranes *et al.* 2007). Additionally, there

exist no medical insurance for the nursing staff, inadequate number of nurses and lack of occupational health and safety plan for nurses to avoid work-related diseases and occupational hazards. The findings are consistent with a study, which assessed the factors influencing the job satisfaction of health system employees in Tabriz, Iran. The challenges in relation to policy identified in this current study may be as a result of structural and managerial and or lack of good health system's leadership qualities among the governing body of the facility, which is generally a problem in developing countries. However, some researchers argue that policy is a backbone of any organization (Cummings & Worley, 2013). Further, this finding is consistent with the findings reported in an earlier study (Helbing, 2017).

### **5.2.2. Teamwork**

Teamwork has been associated with a higher level of job satisfaction in some studies (Chang, Ma, Chiu, Lin, & Lee, 2009). In this current study, the assessment based on teamwork showed that there was a high level of job satisfaction among the nurses 3.3 (SD=0.7). There was good interpersonal relationship among the nurses and other health professionals 62% of the respondents agreed to this. This confirmed the assertion that nursing work is about coordinating activities among other team members (Temkin-Greener, Cai, Zheng, Zhao, & Mukamel, 2012). Moreover, teamwork has been associated with a higher level of job satisfaction in another study (Chang et al., 2009). In this current study, majority of the respondents 67.7% agreed that they had trust and confidence in their colleague nurses for quality health care delivery. However, there existed no ineffective communication and coordination among nurses at the hospital. This indicates a gap, which needs to be worked on.

### **5.2.3. Supervision**

It is documented that supervision is vital to job satisfaction (Perchal, Odingo, & Pavin, 2011). The study showed that there was high satisfaction with the level of supervision 3.6 (0.5). It was shown that supervisors acknowledged and recognised the role of the nurses in working as a team. Moreover, the nurses were told when their work needed improvement 74.2%. Similarly, the nurses were encouraged to attend workshops and seminars and supervisors helped them to solve personal problems as a motivation for productive work 63%. These make sure the findings of Associate in Nursing earlier study, that showed that sensible direction was related to job satisfaction, commitment to the organization and retention (Carpenter, Webb, Bostock, & Coomber, 2012).

### **5.2.4. Promotion**

The study found that there was low satisfaction with regards to promotion 2.8 (SD=0.9). However, promotion has been proven to be related to job satisfaction in earlier studies (Mayhew, 2015). The current study showed a lack of fair promotional system in place for nurses 42,1%. Moreover, it was noted that promotion did not come with benefits when people who received recent promotion were assessed 40%. However, it has been noted that naturally, when employees are promoted in an organization, it creates loyalty and enthusiasm (Mangset, Maxwell, & van Zanten, 2017), and thereby resulting in job satisfaction (Mayhew, 2015). Additionally, another study has shown that employees value promotion and even the expectation that one would be getting promotion in the next couple of years would encourage them not to quit a job (Kosteas, 2009). However, results of the current study confirmed earlier study where there was lack of job satisfaction as a result of delayed promotion (Asegid, Belachew, & Yimam, 2014).

### **5.2.5. Motivation**

There was a low satisfaction with regards to motivation 2.7 (SD=0.9). Overall, nurses disagreed that hospital management acknowledges their role in the healthcare delivery periodically. A similar study indicated that there was a low satisfaction with regards to motivation and the level of job satisfaction among nurses at the Bolgatanga Regional Hospital in the Upper East Region of Ghana (Abubakari, 2013). However, it has been documented that when employees are unmotivated and dissatisfied, they tend not to pursue additional task and not show any commitment, which tend to hinder the growth of an organization (Salman, Mahmood, Aftab, & Mahmood, 2016). This in the long term will affect the quality of care. Motivation sometimes, can be word of appreciation, praises or just something small (Lin, Ramakrishnan, Chang, Spraragen, & Zhu, 2013).

### **5.2.6. Remuneration**

The findings of the study revealed that there was low satisfaction with regards to remuneration 2.3 (SD=0.8). This was the most affected dimension of satisfaction in this study. The results showed that majority of the nurses disagreed that their pay level compared with their work was reasonable. Moreover, they were not paid for additional duties nor did get any allowance package reasonably compared with professionals with similar qualification. Similar findings were obtained in previous studies (Ayivi-Guédéhoussou, 2016; Kaddourah & Khalidi, 2014; Abubakari, 2013, Jovic-Vranes et al., 2007). For instance, in Serbia, it had been found that participants were discontent with their salaries (Jovic-Vranes et al., (2007). However, studies have shown that the a lot of happy workers area unit with their job duties and level of compensation, the a lot of probably they might stay with their employment (Parvin & Karbin, 2011; Bakotić, 2016).

Generally, the findings of this study showed that the institutional (facility related) factors (policy, supervision, teamwork, motivation, promotion and remuneration), which were considered for this study were all significantly related to job satisfaction among nurses 2.9 (SD=0.6). These findings confirm the findings of a previous study, which stated that policies were linked to job satisfaction (Maicibi, 2013). Further, it has been shown that a well written and sound human resource policies result in job satisfaction (Kwenin, Muathe, & Nzulwa, 2013). This will lead to organizational efficiency and effectiveness, which will result in good quality care (Kwenin et al., 2013).

Additionally, studies that assessed the relationship between staff characteristics and teamwork and job satisfaction in the USA showed that team work was highly correlated with job satisfaction (Kalisch *et al.*, 2010; Sørensen *et al.*, 2013). This is because increased teamwork would lead to safer and high quality of care. However, dissatisfaction with promotion and training opportunity was found to have had a stronger impact than workload or pay in another study (Shields & Ward, 2001). Moreover, a previous study also established a significant relationship between motivation and job satisfaction. This is because employees' commitment is enhanced when they are motivated (Mooney, Harris, & Ryan, 2016).

### **5.3. Chapter summary**

The Chapter discussed how the results /findings of the study in relation to literature and the objective set out to meet in the study. Consequently it was established that there is a relationship between job satisfaction and individual (sociodemographic characteristics) factors and institutional factors. The next Chapter to be discussed forms the summary, conclusions and recommendations of the study.

## CHAPTER SIX

### SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

#### 6.0. Introduction

This chapter presents the summary, conclusions and recommendations of the study. It is divided in four sections. Section one presents the summary of the study. Section two presents the conclusions of the study. Section three presents the contribution to knowledge/recommendations of the study. Section four presents the limitations to the study. Section five presents directions for future research.

#### 6.1. Summary of the study

This section presents the outline of the study supported the final objective of the study. The study was set to work out the factors that influence job satisfaction among nurses at the bigger national capital Regional Hospital so as to consequently, establish the link between the duty satisfaction and therefore the socio-demographic characteristics and institutional (facility related) factors. This was achieved by exploitation quantitative analysis methodology to gather information. The findings of this study showed that the institutional (facility related) factors (policy, direction, teamwork, motivation, promotion and remuneration), were all considerably associated with job satisfaction among nurses; and therefore there was vital relationship between job satisfaction and the socio-demographic characteristics of the nurses. The key conclusions area unit given supported the precise objectives of the study.

#### 6.2. Conclusions

This section presents the key conclusions in relation to the specific objectives of the study which are the main factors as below.

### **6.2.1. Nurses' (socio-demographic characteristics) factors influencing job satisfaction.**

The study concludes that the nurses' (socio-demographic characteristics) factors had a statistically very important association with job satisfaction. Thus, the evidences showed that age, status, years of experience, years of apply at GARH, position/rank, and thus the character of the ward were significantly connected with job satisfaction among the nurses. What is more there was a high level of satisfaction with direction and cooperation (Chang, Ma, Chiu, Lin, & Lee, 2009).

### **6.2.2. Institutional (facility related) factors influencing job satisfaction**

The study revealed that overall; there was low job satisfaction with respect to institutional factors among nurses at the Greater Accra Regional hospital. Nurses were not satisfied with the level of policies regarding their promotion, motivation and remuneration. Remuneration was the most affected dimension of satisfaction in this study 2.3 (SD=0.8). Similar findings were obtained in previous studies (Ayivi-Guédéhossou, 2016; Kaddourah & Khalidi, 2014; Abubakari, 2013, Jovic-Vranes *et al.*, 2007)

## **6.3. Contributions to Knowledge**

These findings of the study contributes to policy and practice, management of healthcare institutions and methodology. These have been explained below.

### **6.3.1. Contribution to policy and practice**

The results of this study indicate that job satisfaction is crucial to organizational outcome especially the health sector. Therefore, policy makers should put in place appropriate measures for employers and employees negotiating system in order to build their confidence level for quality delivery of care. There should be a relook at the policies regarding nurses at the hospital including Promotion, motivation and remuneration. The processes and benefits of promotion should be made transparent. There should be more involvement of nurses in the

decision-making process of issues concerning them taking into account their welfare and professional.

### **6.3.2. Contributions to Theory**

Job satisfaction theory was formally originated from Herzberg's motivational theory and Maslow's hierarchy of needs mentioned in chapter two. There are other several theories associated with job satisfaction. This work adds to knowledge theoretically how qualitative method will be used on this subject to explore an in-depth to this study since several concepts have dwelt on the quantitative method in the literature review. Many concepts have been used to explain the findings of the study and have shown that there are other perspectives that can be used as well. However no particular theoretical framework is the only acceptable way for the concept. But future qualitative study could use a particular theory to draw the conclusions leading to generalization of the subject.

### **6.3.3. Contribution to Management of healthcare institutions**

Hospital management should work towards improving employee job satisfaction as far as it is related to patient satisfaction and quality of care. They should implement policies such as packaging of giving awards, financial support and recognitions like letter of compliments that will motivate staff to give out their best. Management should work in hand with the policy makers to achieve successful implementation of policies in order to make subsequent reviews.

### **6.3.4. Contribution to methodology**

The method used in collecting the data was acceptable to the respondents therefore minimized the rate of non-recovery response. The modified questionnaire on job satisfaction was able to help to achieve the objective of the study therefore this method can always be

applied to achieve specific objectives of a study in any context. Therefore questionnaire should be structured to answer specific problems in research.

#### **6.4. Recommendations**

Based on the findings from this research, the recommendations made were:

1. To train healthcare managers to take bold decisions to implement policies that will motivate staff to give out their best to improve patients care.
2. There should be frequent reviews on employees' condition of service such as promotions salaries and other factors that influence staff satisfaction.
3. Hospital management should work in hand with the staff in other to identify institutional problems that dissatisfy other employees.

#### **6.5. Limitations to the study**

This study has some limitations. Firstly, since the focus of this study was on nurses at the GARH, the conclusions drawn from this study cannot be generalized to other unrelated populations. However, it can be extended to nurses of health facilities that share similar characteristics. Secondly, it is a fact that the data might be subject to bias by how the questionnaire was structured and the sincerity of respondents' answers. The study was limited to the GARH and as such the limited sample size. The study did not also include other health professionals at the facility so as to establish differences based on professional backgrounds. In spite of all these limitations, the internal and external validity of the study was not adversely affected.

#### **6.6. Future research**

It is recommended that further studies should seek to determine the quality of care at the Greater Accra Regional Hospital since nurses' job satisfaction is linked to the quality of care they render. Additionally, further studies on job satisfaction is recommended in other

regional health facilities in Ghana. There will be the need to increase the sample size by including more nurses or other professionals to establish differences based on professional backgrounds. Another study is recommended to determine the level of satisfaction of other health professionals working at the Greater Accra Regional Hospital.

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**APPENDICES**  
**SCHOOL OF PUBLIC HEALTH**  
**COLLEGE OF HEALTH SCIENCES**  
**UNIVERSITY OF GHANA**

**APPENDIX A: Participant Informed Consent form**

**Introduction**

I am a student in the School of Public Health, University of Ghana and I am conducting a research on the topic Job Satisfaction among Nurses at Greater Accra Regional Hospital.

This research is in partial fulfillment of the requirement for the award of Master of Public Health Degree. The research seeks to assess factors influencing job satisfaction among nurses at the Greater Accra Regional Hospital. The population of interest involves all full time employed categories of professional nurses at the Greater Accra Regional Hospital who have worked continuously for more than two (2) years and above. The rationale behind is to get responses from experienced nurses as well as from all levels who are well informed about their work and the place.

**Procedure**

This study will be using a cross-sectional design and a quantitative method to collect data from the nurses on their socio-demographic characteristics and the institutional factors that determine their job satisfaction. Questionnaire administration will last for not more than 15 minutes per participant. The period for the entire research will last for three months starting from May 2018.

### **Benefits of the Study**

You will have no direct benefit from participating in the study. You will not receive payment for participating. However, the results of this study will be an added value for all stakeholders to revise their strategies on Job Satisfaction among Nurses at Greater Accra regional hospital and Ghana in general.

### **Risk of the Study**

There are no direct risks associated with this study except that, participants may share some personal or confidential information or they may feel uncomfortable talking about some of the issues outlined.

### **Confidentiality**

All information provided in this study will be secured and stored at the School of Public Health, University of Ghana. Other researchers may find and use the data; however, participant's name or any other identifying information will be removed from the data to keep confidentiality.

### **Compensation**

There will be no compensation packages for respondents or participants, except the benefits to be derived as stated above.

### **Withdrawal from the Study**

- Participation in this study is voluntary and participants may withdraw at any time without any penalty.
- Participants can decide not to participate or to respond to any individual question or all the questions.

- Participants will be reliably informed, or their legal representatives would be informed in a timely manner on any available information provided when needs be for their continuation or withdrawal.
- Participant's participation may be terminated if they feel too uncomfortable talking about the subject, become tired, or find the study too intrusive.

### **Section C: Volunteer Agreement**

I have read or have had someone read all the above, asked questions, received answers regarding participation in this study, and I am willing to give my consent to participate in this study. I will not have waived any of my rights by signing this consent form. Upon signing this consent form, I have agreed to be a participant.

\_\_\_\_\_

Name of Volunteer

\_\_\_\_\_

\_\_\_\_\_

**Signature or mark of volunteer**

**Date**

If volunteers cannot read the form themselves, a witness must sign here:

I was present while the benefits, risks and procedures were read to the volunteer. All questions were answered and the volunteer has agreed to take part in the research.

\_\_\_\_\_

Name of witness

\_\_\_\_\_

Signature of witness

\_\_\_\_\_

Date

I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in this research have been explained to the above individual.

\_\_\_\_\_

Name of Person Who Obtained Consent

\_\_\_\_\_

\_\_\_\_\_

Signature of Person Who Obtained Consent

Date

**Contact for Additional Information**

If you have any additional questions or complaints please contact:

Constance Acquah

Department of Health Policy, Planning and Management

School of Public Health, College of Health Sciences, University of Ghana

P. O. Box LG 13

Legon – Accra.

Mobile Number: 0246777521

Email Address: [cacquah010@st.ug.edu.gh](mailto:cacquah010@st.ug.edu.gh)

In case of any concern, you can contact the Ethics Administrator, Miss Hannah Frimpong,

GHS/ERC on 0243235225/0507041223.

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**APPENDIX B: Questionnaire**

The purpose of this questionnaire is to collect information on factors that influence job satisfaction among nurses. Your candid opinion about what you feel about your work will be of paramount importance to the results of this study. Any information collected from this study will be confidential and only used to the benefit of our health system and improve nurses' practice in general and your name or identity will not be attached to the results to be generated from the interview.

**Section A: Nurses' Factors / Socio-demographic Characteristics**

Please select one response by ticking the box (✓) or fill in the blank space that best describes you as a professional nurse for the questions that follows.

**Age**

20-25 years (1) [ ] 26-30 years (2) [ ] 31-35 years (3) [ ] 36-40years (4) [ ]

41-45 years (5) [ ] 46-50 years (6) [ ] 51- 55years (7) [ ] 56-60years (8) [ ]

**Sex**

Male (1) [ ] Female (2) [ ]

**Marital Status**

Single (1) [ ] Married (2) [ ] Separated (3) [ ] Divorced (4) [ ] Widowed (5) [ ]

**What is your highest educational qualification?**

Certificate (1) [ ] Diploma (2) [ ] Bachelors (3) [ ] Master of nursing/midwifery (4) [ ]

Others (specify).....

**How long have you been practicing as a nurse?**

1-5 years (1) [ ] 6-10 years (2) [ ] 11-15 years (3) [ ] 16-20 years (4) [ ] 21-25 years (5) [ ]

26-30 years (6) [ ] 31-35 years (7) [ ] 36-40 years (8) [ ]

**How long have you been working in this hospital?**

1-5 years (1) [ ] 6-10 years (2) [ ] 11-15 years (3) [ ] 16-20 years (4) [ ] 21-25 years (5) [ ]

26-30 years (6) [ ]

**Department / Unit Assigned (Tick one unit where you work):**

Main OPD (1)[ ] Emergency ward (2) [ ] Maternity / Obstetric ward (3)[ ] Medical

ward (4)[ ] Surgical ward (5)[ ] Antenatal (6)[ ] Postnatal (7)[ ] Paediatric Ward (8)[ ]

Theater (9)[ ] Special ward (10)[ ] NICU (11)[ ]

Public health unit [ ] Others specify.....

**Position / Rank**

1.Enrolled nurse [ ] 2. Staff nurse / midwife [ ] 3. Nursing/ Midwifery officer [ ]

4. Senior staff nurse/ midwife [ ] 5. Senior nursing/ midwifery officer [ ]

6 . Principal nursing officer/Principal midwifery officer [ ]

**How many hours do you work in a day?**

8 Hours [ ] 2. 12 Hours [ ] others (specify).....

**How heavy is your ward?**

Very heavy [ ] 2. Heavy [ ] 3. Slightly heavy [ ] 4. Not heavy [ ]

**What is the range of your salary?**

Gh¢ 1,100-1,500 [ ] 2. Gh¢ 1,600 -2,000 [ ] 3. Gh¢ 2,100 - Gh¢ 2,500 [ ]

4. Gh¢ 2,600-Gh3, 000 [ ] 5.Gh 3,500 [ ] 6.Gh 3,600-4,000 [ ] Gh 4,100-4,500 [ ]

**Section B: Scale of Institutional factors Assessment of Nursing Work Index**

<b>Assessment on Policy:</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agreed</b>	<b>Strongly Agreed</b>
1. Nurses get the opportunities to participate in policy making and implementation decisions at the hospital.					
2. The hospital management listens and responds to nurses' concerns.					
3. There is active quality assurance program for nurses at the hospital.					
4. The hospital has free medical services for nurses at the various units.					
5. There are opportunities available for nurses to develop their career.					
6. The hospital grants study leave to nurses					
7. The hospital has readily available working resources					
8. The hospital grants nurses the opportunity to attend short courses and seminars related to their field.					
9. There is adequate number of nurses to provide quality care.					
10. The hospital has occupational safety plan for nurses to avoid work-related diseases and occupational hazards.					

Assessment on Supervision:					
1. My Supervisor usually gives orientation in the ward on first arrival.					
2. S/he acknowledges and recognizes my role in working as a team.					
3. My supervisor tells me when my work needs improvement.					
4. My supervisor encourages me to attend workshops and seminars when necessary.					
5. My supervisor helps me to solve personal problems as a motivation for productive work.					
6. My supervisor is interested in my personal feelings, especially if it would affect my work.					
7. My supervisor often coaches me on the job.					
8. My supervisor interferes in my work most of the time.					
9. I find no difficulty in getting my supervisor approving my appraisal.					
My supervisor always delegates activities that require my knowledge and skills for improved service.					
Assessment on Team work:					
1. There is good interpersonal relationship among nurses and other health professionals					
2. Effective communication is not a problem among nurses in the hospital.					
3. There is effective coordination of activities in the various wards.					
4. I have trust and confidence in my colleague nurses for quality health care delivery.					
5. Other health professionals collaborate effectively for timely and quality health					

care delivery.					
6. There is adequate time and opportunity to discuss about patients with other colleagues.					
7. I have no difficulty in getting contacts of my colleagues for a coordinated health care delivery.					
8. There is mutual respect between nurses and other health professionals.					
There is no interference of nurses' role in health care delivery.					
Assessment on Promotion:					
1. There is a fair promotion system in place for nurses working at the hospital.					
2. Promotion of nurses comes with benefits.					
3. You were satisfied with your latest promotion.					
4. Nurses promotion is a basis for hardworking and job satisfaction.					
5. You are working just to be promoted for higher position in order to receive better salary.					
6. Appraisal system for promotion is transparent and fair.					
Assessment of Motivation:					
1. Hospital management acknowledges the role of nurses in health care delivery periodically.					
2. Nurses from time to time get praised for work well done.					
3. I have a firm assurance of job security from the hospital					
4. I get motivated from the extent to which I have adequate training for what I do.					
5. I receive support and guidance from my colleagues, supervisor and management as a motivation.					

6. I get motivated in getting solutions to a challenging health care delivery.					
7. Working conditions for nurses at the Hospital motivate me to work to the best of my abilities.					
8. There is recognition for work accomplishment at the Hospital.					
Assessment on Remuneration:					
1. My pay level compared to my work is reasonable.					
2. Further studies in your field attract salary increase.					
3. A refund salary advance plan and loan from the hospital's internally generated fund will be a source of motivation for higher productivity.					
4. You are paid for additional duties.					
5. Allowance package is reasonable compared with professions with similar qualification.					
6. My employment welfare package is reasonable.					
7. End of service package is adequate and motivates contemporary nursing.					
OVERALL Satisfaction assessment:	Satisfied			Not satisfied	
Your overall level of satisfaction as a nurse at the hospital					

## **APPENDIX C: Participant Information Sheet**

**STUDY TITLE:** JOB SATISFACTION AMONG NURSES AT THE GREATER ACCRA REGIONAL HOSPITAL.

### **Introduction**

My name is Constance Acquah of Greater Accra Regional Hospital pursuing Master of Public Health weekend program at the Department of Health Policy, Planning and management, School of Public Health, College of Health Sciences, University of Ghana. My contact detail is care of Greater Accra Regional Hospital, P.O. Box 473, Accra. My cell phone contact is 0246777521 and email contact is acquahay@yahoo.com

### **Purpose of research**

In response to the challenges Nurses face in respect to their condition of service, frequent agitations of strike in the health service delivery, patients multiple complains about their dissatisfaction of the nursing care. This study seeks to assess factors that influence Job Satisfaction among the Nurses at the Greater Accra Regional Hospital which serves as a reflection of Hospitals in Ghana. The study was descriptive in nature and would involve participants responding to structured questionnaires.

### **Participant Involvement**

**Duration/Time Involved** Practically, the study lasted for four months beginning from March 2018 to July 2018. Participants' involvement was scheduled in May, 2018, and they were required to answer questions in the structured questionnaires. A minimum of 15 minutes was required from each participant to answer the questions.

**Potential Risks** The study did not possess any clinical risks to participants except that projected psychological and emotional discomfort might have occurred due to the structured

and nature of the questionnaire, however, the investigator ensured adequate explanation of the questionnaires to participants to the extent that the projected discomfort was averted.

**Benefits** Participants did not received any form of direct benefits either in monetary terms or certificate. However, findings from this study would be a meaningful contribution to be used by interested Policy makers in Strategic Planning to improve Nursing Profession and quality care.

**Costs** The study did not attract any financial cost to participants as it was solely funded by the investigator.

**Compensation** There were no any remuneration or compensation to participants. Participants were at liberty to participate or otherwise.

**Confidentiality** All information provided in this study would be secured and stored at the School of Public Health, University of Ghana. Other researchers may find and use the data; however, participant's name or any other identifying information will be removed from the data to keep confidentiality.

**Voluntary participation/withdrawal** Participation in this study was voluntary and participants could withdraw at any time without any penalty. Participants could choose not to participate or to answer any individual question or all the questions. Participant's participation could have been terminated if they felt too uncomfortable answering about the subject, become tired, or find the study too intrusive.

**Feedback** The study findings although for academic, would be shared with the Hospital Management.

**Funding information** The investigator had a sole financial responsibility for this study. The investigator had no funding option outside her individual strength.

### **Contacts for Further Clarifications**

Further clarifications on this study would be communicated on a request to either the investigator, Constance Acquah on a phone contact 0246777521 or Madam Hannah Frimpong, the administrator, Ghana Health Service – Ethics Review Committee of the Research and Development Division on a phone contact 0507041223.