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FACTORS INFLUENCING JOB SATISFACTION AMONG MIDWIVES IN ACCRA

METROPOLIS

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**DECLARATION**

I, Dorothy Akua Aikins declare that except for references to other people's work which have been duly acknowledged, this thesis resulted from my original research, no material in this writes up has been presented either in whole or in part to any institution for the award of any other degree or certificate.

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## **DEDICATION**

I dedicate this research to my husband, Mr John Aikins for your unflinching support and motivation throughout my work, to my children Michael, Marian And Mabel Aikins the love and concern you have shown and finally to my mother, Madam Mary Ama Mensah for your prayers and encouragement. God bless you all.



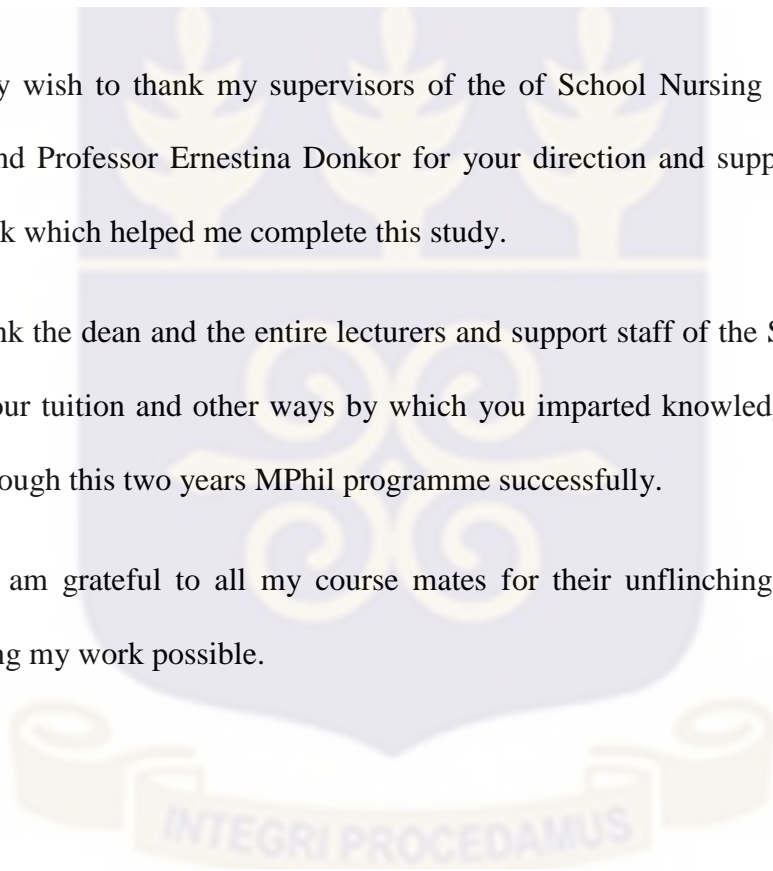
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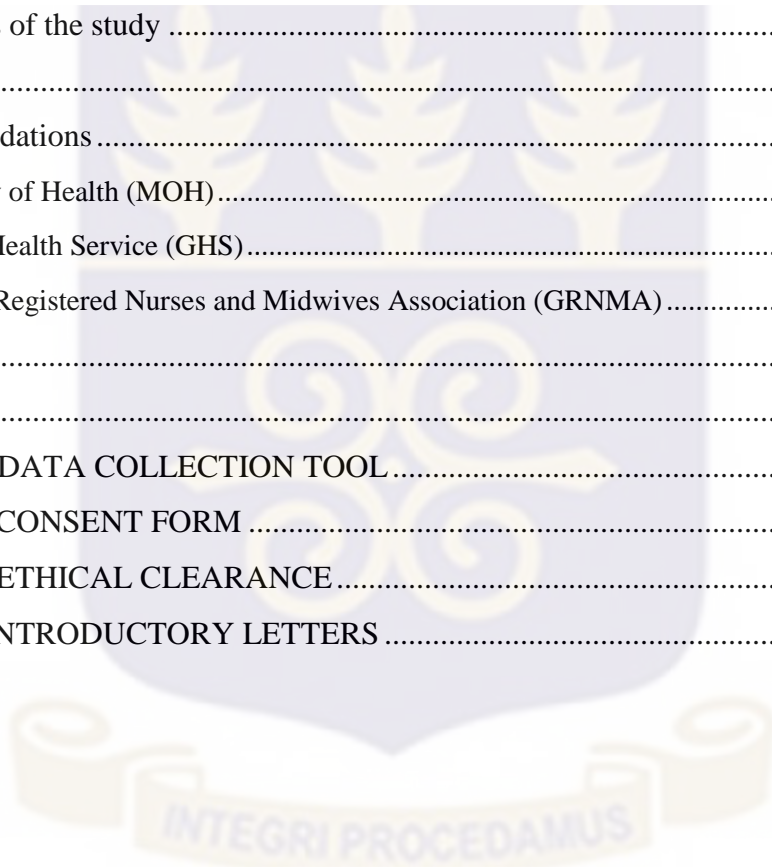


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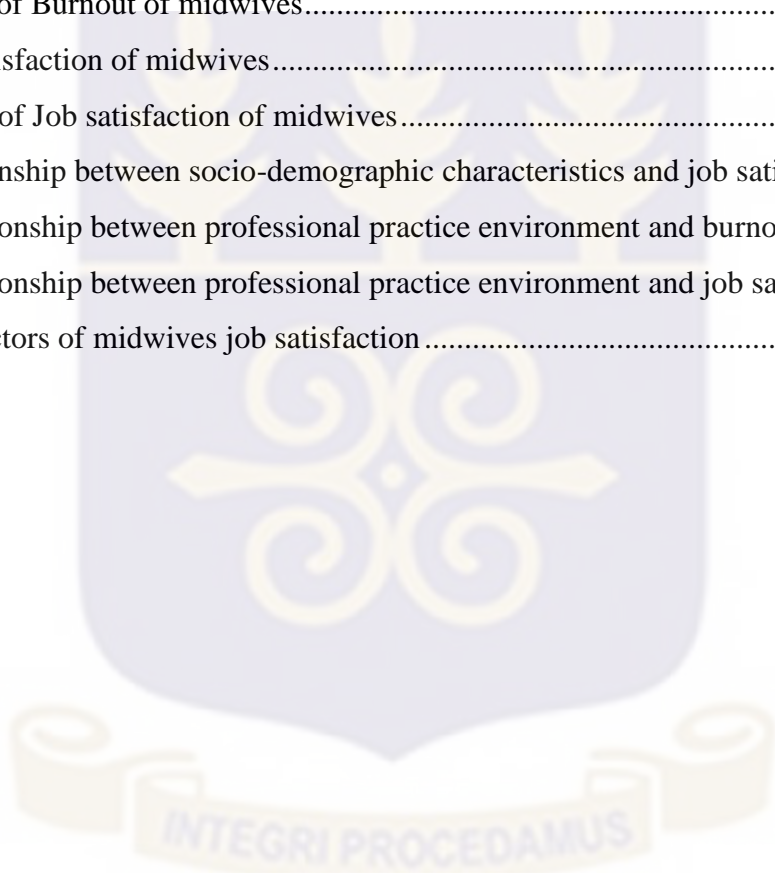
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**LIST OF ABBREVIATIONS**

DP	Depersonalisation
EE	Emotional Exhaustion
GHS	Ghana Health Service
GRNMA	Ghana Registered Nurses and Midwives Association
ICM	International Confederation of midwives
IRB	Institutional Review Board
MBI	Maslach Burnout Inventory
MDGs	Millennium Development Goals
MJS	Measure of Job Satisfaction scale
MMR	Maternal Mortality Ratio
MOH	Ministry of Health
NMIMR	Nugochi Memorial Institute of Medical research
PA	Personal Accomplishment
PES-NWI	Professional Environment Scale of Nursing work Index
PPE	Professional Practice Environment
SDGS	Sustainable Development Goal
SoWmy	State of the World Midwifery
SPSS	Statistical Package for Social Sciences
UNDP	United Nation Development Programme
UNPFA	United Nation Population Fund
WHO	World Health Organisation
WIFA	Women in Fertility Age

## **ABSTRACT**

The success or failure of an establishment depends largely on the workers' job satisfaction. Job satisfaction is that innate desire of the worker to do more or to desire to leave the work because she is not happy with work and does not achieve what she wants. Midwives job satisfaction or dissatisfaction could affect not only their employers but others such as their clients. Midwives are considered the largest skilled professionals for achieving the Sustainable Development Goal 3. Yet, very little is known about their job satisfaction in Ghana. It is in this regard that this study assessed the factors that influenced job satisfaction among midwives in the Accra Metropolis. The causal model of professional practice environment and job outcomes was used to organise the study. Cross sectional quantitative approach was employed to recruit midwives from public and quasi- government hospitals in Accra Metropolis. Data were collected using a standardised questionnaire. Descriptive, correlation and regression analyses were employed to analyse the data. The findings of the study indicated that midwives have positive practice environment, generally satisfied with their job but experience moderate to severe emotional exhaustion, staff and resource inadequacy and dissatisfaction with salaries. The findings also suggested that factors influencing job satisfaction among these midwives were years of work as a registered midwife, years of work in a current hospital, nurse manager leadership, ability and support, staffing and resource adequacy, the nursing foundation for quality of care and emotional exhaustion. These findings have implication for midwifery practice, midwifery research and policy development.

## **CHAPTER ONE**

### **INTRODUCTION**

This chapter presents the background to the study, the problem statement, the purpose of the study and the objectives. The other areas are the research questions, the significance of the study and operational definition of terms.

#### **1.1 Background**

An organisation with a strong and sustainable workforce is likely to achieve quality healthcare services. A strong and healthy workforce is a great tool for effective health service delivery and achieving excellent health outcomes (Adegoke, Atiyaye, Abubakar, Auta, & Aboda, 2015). As a result, health organisations consider human resources as vital asset in the healthcare systems without which knowledge cannot be imparted and care cannot also be effected (Rouleau, Fournier, Philibert, Mbengue, & Dumont, 2012). As indicated by Fu and Deshpande, (2014) in the area of service delivery, employee behaviour can tarnish the image or bring success and quality service to the organisation. Therefore employees are viewed as the most important asset to enhance the creation of wealth if only they are pleased with their job and remain faithful to it (Waqas *et al.*, 2014).

A working individual spends at least six hours of his time at work and therefore must get some satisfaction from it which will, in turn, impact productivity. Since one's job and the work environment becomes part of the individual, it behooves on both the employer and the employee to assess their satisfaction level for better job outcomes. According to Shaukat, Senin, and Ahmed, (2012) there is a direct effect on the success of an organization when employees are satisfied with their jobs. This is because satisfied workforce will put in additional effort to meet

goals set by the organization so that the more satisfied employees are, the more effort they put in their work to achieve the organizational goal (Blakely, Andrews, & Fuller, 2003).

Job satisfaction in an organisation is regarded as an important measure of high productivity and improved work. There is a relationship between staff turnover, non-attendance of employees, and work place accidents and job satisfaction (Papoutsis, Labiris, & Niakas, 2014). Job satisfaction is an extremely vital phenomenon of study because globally, it is known to determine quality patient care and safety (Aiken, Sloane, Bruyneel, Van den Heede, & Sermeus, 2012; Choi, Cheung, & Pang, 2013). Locke, (1969: p 317) defines job satisfaction as “pleasurable emotional state of the appraisal of one’s job, as achieving or facilitating one’s job’s value”. According to Specter (1997), job satisfaction is the emotional feeling people attach to their jobs and how much people like or dislike their jobs, cited in (Papoutsis *et al.*, 2014). In effect, one who likes his or her work may be considered as having job satisfaction and job dissatisfaction is when the individual does not enjoy his or her work.

A Global shortage of healthcare workers, including nurses and midwives, has been a worrying phenomenon over the years. According to World Health Statistics on health workforce, it is predicted that the world would have a shortage of over 14million healthcare workers by 2030 if current development does not change. Currently, there is an expected shortage of about 2.6 million doctors and over 9 million nurses and midwives. Most affected regions would be South East Asia and Africa (WHO, 2016). Shortage of healthcare workers in sub-Saharan Africa is alarming. The doctor to patient ratio is 2 doctors per 10,000 population and 11 nurses or midwives per 10,000 population, compared with 19 doctors and 49 nurses or midwives per 10,000 for the Americas, and 32 doctors and 78 nurses or midwives per 10,000 for Europe (Naicker, Eastwood, Plange-Rhule, & Tutt, 2010). It is estimated that by 2035, the world would have

recorded 12.7million shortage of health workforce (Truth, 2013). Moreover, the 2014 global midwifery report showed that the number of midwives to support the health of women and new born is woefully inadequate with 73 countries in the world confronted with critical shortages in the midwifery workforce that can result in avoidable maternal and new born mortality (UNPFA *et al.*, 2014). The shortage of nurses is the most important among the health workforce shortage in Africa (Bell, Rominski, Bam, Donkor, & Lori, 2013) because they form the chunk of the workforce. This shortage is defeating the aims of healthcare systems worldwide making it difficult for nurses to meet health needs of their people (Oulton, 2006). Furthermore, the greatest impact is felt by the health care systems in low resource countries (Gresh *et al.*, 2015).

It is indicated that workload and work environment are contributory factors to the nursing shortage (Duffield & O'Brien-Pallas, 2003). Oulton, (2006) states that dissatisfied work conditions in the environment is one of the causes of the nurses' shortage. Littlejohn, Campbell, and Collins-McNeil, (2012) also added that aging workforce and unfavourable environment plays a role to the nursing shortage.

In Ghana, doctor to population ratio has improved from 1:10,000 in 2013 to 1:9043 in 2014 and Midwife to Women in fertility Age (WIFA) ratio also improved from 1:1,400 in 2013 to 1: 1,374 in 2014 (GHS Report, 2015). These ratios are not good indicators for a country that had maternal mortality ratio (MMR) reduced from 760 to 380 per 100,000 live births between 1990 and 2013 and hope to have it reduced further or sustain it as indicated in the Sustainable Development Goal (SDG 3). It was reported that the non-achievement of the then Millennium Development Goal (MDG) 5 was partly due to poor coverage by skilled attendance at birth. It has been suggested that when women are managed during child birth by a skilled birth attendant (SBA) the risk of complications are reduced significantly, which in turn reduces maternal death

(UNDP-Ghana Report, 2015). A skilled birth attendant has been defined by the World Health Organisation (WHO) as a qualified health professional such as a midwife, nurse or doctor who has skills in midwifery. Consequently, midwives have been identified as the main group of professionals with the skills to reduce maternal mortality throughout the world (Adegoke, Abubakar, Auta, & Aboda, 2015). This makes midwives the lead providers of health care services to babies and their mothers and are open to all kinds of stressful situations yet their performance tells the quality of healthcare. Therefore, assessment of their job performance and satisfaction is of paramount importance (Talasaz, Saadoldin, & Shakeri, 2014). However, not much attention has been given to their emotional aspects of their job as if they are expected to cope well with their emotions (Hildingsson, Westlund, & Wiklund, 2013).

In terms of regional and economic disparities in reproductive and maternal health indicators to sustain the Millennium goals, Greater Accra region of Ghana is endowed with skilled attendants as an urban center. Studies reported that 81% of deliveries are more likely to be attended to by SBA in urban Accra as compared to 18% percent in rural Northern Region. Total fertility rate is high (5.6 births) in rural areas than in urban areas (3.1 births); 98% pregnant women receive antenatal care from a trained health professional in urban Accra as compared to 89% in the rural north (Prosser, Sonneveldt, Hamilton, Menotti, & Davis, 2006). A global decade report also indicated that 84.3% of women in Greater Accra Region receive delivery from SBA (Bhutta *et al.*, 2010) as compared to 59% nationwide (Ghana Statistical Services, 2009). Therefore, it is expected that Greater Accra would record less maternal health problems compared to the rural areas.

According to the WHO health policy document, the work environment is a very influential element in the recruitment and retention of health workers. The work environment and its features

can influence the quality of care (Wiskow, Albrecht, & Pietro, 2010). Most research work on job satisfaction is associated with variables such as reward and motivation, work setting, staff turnover intention, autonomy, devotion to work, work output of employees, stress in the work and individual features cited in (Waqas *et al.*, 2014). The practice environment of midwives is a factor to be considered when it comes to their job satisfaction. Wiskow *et al.* (2010) explained that the surroundings in which nurses and other health care providers interact and take sometimes difficult decisions as individuals or as a group with the client is referred to as the professional practice environment (PPE). They further explained that, an institution that enhances or restraints professional characteristics of nursing practice is referred to as nursing practice environment. The work environment is said to include not only the physical structures we see but the psychological features, organizational policies and the behavior of staff. Some environments are a source of encouragement to staff whereas others cause dissatisfaction (Klopper, Coetzee, Pretorius, & Bester, 2012). In this study, PPE will also be referred to as nursing practice environment, practice environment or work environment.

Healthcare professionals' are bound to experience burnout in their work environment as their emotional reserves run low. Burnout is said to be a psychological disorder experienced by workers who work among people (Maslach, Jackson, & Leiter, 1997) with features such as emotional exhaustion (EE), depersonalisation (DP) and low personal accomplishment (PA) (Yoshida & Sandall, 2013). Midwives' tend to show symptoms of burnout when they are over stressed. In midwifery practice, the consequences of burnout are poor patient care and increased staff turnover (Pezaro, Clyne, Turner, Fulton, & Gerada, 2015). It is reported that, 60–70% of healthcare professionals' acknowledge that they become ineffective in their work when they are over stressed and therefore are at risk of making avoidable medical errors (Boorman,

2010;Wilkinson, 2015). If authorities show a little concern for the well-being of midwives' it will considerably stop work- related stress (Jepsen, Juul, Foureur, Sørensen, & Nøhr, 2017). These disclosures illuminate a situation which is clearly incompatible with safe and effective clinical care. As emotional stores run low, midwives may also exhaust their ability to care compassionately. Compassion fatigue affects only those in the caring professions and makes the midwife ineffective to care (Wallbank & Robertson, 2013). Again midwives' may experience emotional exhaustion yet they must continue to deliver emotional interactions to ensure a healthy emotional journey for the families they care for (Wilkinson, 2015). As a result it is crucial to support midwives to remain sound emotionally and clinically effective so that they could render quality services to their clients. However, less attention has been given to midwives job satisfaction despite the stress and burnout they go through from work overload (Muhammadani, 2015).

The Causal model for PPE on nursing job outcome was used to organize this study. The model has variables that are exogenous (autonomy, control over work environment, nurse-physician relationships) and endogenous (emotional exhaustion, depersonalization, personal accomplishment, job satisfaction, perception of quality of care, and intention to leave their job), which helped the researcher to find the factors influencing the midwives satisfaction on their job.

## **1.2 Problem Statement**

Midwives have been known to work under stressful conditions mainly due to a shortage of staff and inadequate logistics to work with. It is assumed that inadequate skilled workforce was one of the contributing factors to the non-achievement of the then MDG 5. In addition, there have been a number of complaints about midwives' negative attitude towards work and their poor interpersonal relationships with their clients and families. It is suggested that a satisfied worker is

bound to give out his or her best at the work place. However, midwives work in a very challenging work environments which include: a shortage of staff leading to work over load, inadequate logistics coupled with the poor interpersonal relationship between midwives and labouring mothers (d'Ambruoso, Abbey, & Hussein, 2005). In addition to this, inadequate training capacity, ineffective management structures in place and poor working conditions coupled with limited financial and none – financial motivation contribute to the increased attrition and poor morale and performance (Jimba *et al.*, 2010). Yet midwives have been identified as the bigger workforce to help sustain the SDG 3 target 1 which states that Global MMR should be below 70 per 100,000 live births by 2030.

Greater Accra region of Ghana is equally faced with problems of reproductive health services and high MMR. Accra Metro Health Directorate reports indicated that maternal death has still been high despite all attempts to reduce it. In the year 2014, the metropolis recorded 138 maternal death; 2015 was 119 and 2016 had further reduced to 116 (Human Resource and Nursing Administration records, 2014-2016). In spite of all the challenges, Ghanaian midwives continue to work hard to save mothers and their babies but little is known about their job satisfaction. It was for this reason that the study sought to determine the factors that influence job satisfaction among midwives in the Accra Metropolis.

Accra metropolis was chosen as the setting because of the concentration of health facilities and the number of midwives.

**Table 1.2 Maternal and Neonatal mortality in the Accra Metropolis over three years period**

<b>Item</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Maternal death	138	119	116
Macerated still birth	694	593	643
Fresh still birth	551	453	369

Source: Nursing Administration records, Accra Metro Health Directorate (2017).

### **1.3 Purpose of the Study**

The purpose of this study was to determine factors that influence job satisfaction among midwives in the Accra metropolis.

### **1.4 Objectives**

The specific objectives of the study were to:

1. Describe the Professional Practice Environment of midwives
2. Assess the level of Burnout among midwives
3. Assess the level of Job Satisfaction among midwives
4. Establish the relationship between socio-demographic characteristics and job satisfaction
5. Establish the relationship between Professional Practice Environment and Burnout
6. Examine the relationship between Professional Practice Environment and Job Satisfaction
7. Determine the Predictors of Job Satisfaction among midwives

### **1.5 Research Questions**

1. What are the opinions of the midwife on professional practice environment?
2. What is the level of burnout in midwives?
3. How satisfied are midwives in their jobs?

4. Is there a relationship between socio-demographic data and job satisfaction?
5. Is there a relationship between Professional practice environment and burnout?
6. How does professional practice environment relate to job satisfaction?
7. What are the predictors of job satisfaction?

### **1.6 Significance of the study**

The findings of this study will add to nursing and midwifery knowledge. Moreover, from the UNDP - Ghana MDGs 2015 report, one of the challenges faced with the success of achieving the goals was the limited deployment of skilled health workers. The findings therefore, may be useful to the Ministry of Health (MOH) and Ghana health service (GHS) to draw policies that will improve recruitment and other human resource activities. The records also indicated that little research has been done in the area of job satisfaction of midwives in Ghana. Hence, the study results will encourage research into this and other areas of midwifery for instance evaluation of the whole diploma in midwifery programme considering the factors that brought it into being.

### **1.7 Operational Definitions**

- Job satisfaction – they are all the things in the practice environment of midwives that make them happy and enjoy their work.
- Work environment – the physical and psychological things in the environment that aid midwives to perform their job.

## CHAPTER TWO

### THEORETICAL FRAMEWORK AND LITERATURE REVIEW

This chapter presents a description of the theoretical framework for the study and the review of related empirical literature on the Job satisfaction of midwives. The theoretical framework is described first followed by the literature review.

#### 2.1 Theoretical Framework: Causal Model/Structural Model

A causal model is an abstract model that describes the causal mechanisms of a system. The causal model states more than correlation as correlation does not denote causation( Pearl, 2000). It can also be called Structural model and has been defined as a systematic triple set of exogenous variables, endogenous variables and structural equations (Pearl, 2000). Exogenous variables are explained as variables whose values are determined by factors outside the model. A set of endogenous variables on the other hand are values that are determined by factors within the model; while a set of structural equations modeling (SEM) express the value of each endogenous variable as a function of the values of the other exogenous and endogenous variables. It has been the standard in using structural equations as model for causal relationships in the social sciences, and this has been linked to Sewall Wright's work in the 1920s but prominence was given to it by Judea Pearl through the structural model (Halpern & Pearl, 2005).

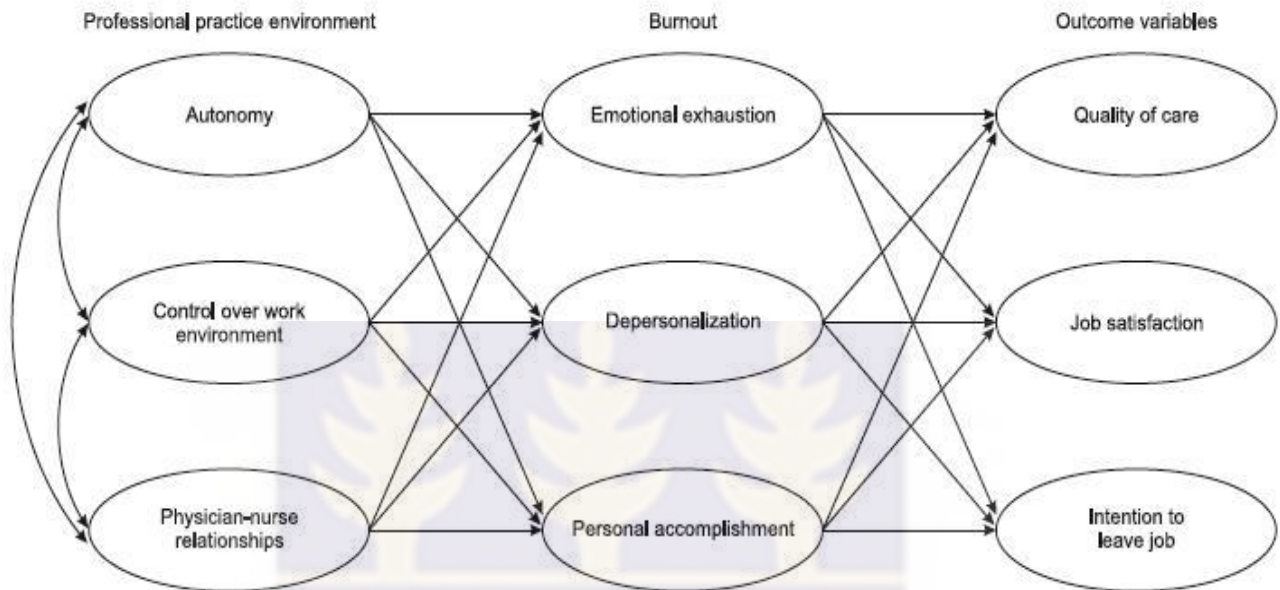
The basic assumption of the model is that, when random variables (example X and Y and Z), are selected, there may be a causal influence of one random variable on the other variables. A set of structural equations may have influenced the model. Everyone equation signifies a distinctive phenomenon globally and is altered without modifying the other variables. In the real

world situation, it becomes beneficial to separate the random variables into two sets, the exogenous variable, which is characterised by external factors and exogenous variables which are determined by the endogenous variables. Nonetheless, the structural equation describes the endogenous variables. Such equations can be assumed as signifying practices by which values are assigned to variables (Halpern & Pearl, 2005).

Though, it looks bizarre trying to apprehend causality using causal models, which under normal circumstances convert causal relationships; the objective is not to decrease causation to non-causal theories but to deduce questions about basics of specific actions on the grounds of universal causal information. The causal models convert contextual knowledge about the propensity of specific occurrence to cause other event types. The model is used to determine the causes of distinct events, given assumptions about that particular event. It is imperative to state that when using the structural model, a lot of significant choices are to be made. Importantly, the set of variables to be used must be considered. Again, the causes and effects are stated in terms of these variables, as are all the intermediate events. Decisions are therefore made of which of the variables are exogenous and endogenous. The exogenous variables to some degree converts the contextual circumstances with other inherent related assumptions encoded in the structural equations themselves ( Pearl, 2000). In addition to converting some of the implied principles, the structural equations can be seen as converting the causal devices at work. Altering the fundamental causal devices can disturb the nature of the cause. Bollen and Pearl (2013) asserts that the continuous use of structural equation modeling and the role they play in causal analysis has demystified the myths surrounding it. They continue to state that the ability of SEM to implement causal inference is irresistible.

## 2.2 Conceptual Framework

Based on the Structural model this study is guided by the conceptual framework below.



**Figure 2.1 – Causal model of the Professional Nursing Practice Environment and Outcome variables**

Literature has identified the Causal model of PPE and Outcome variables as the effective approach to nursing practice environment (Panunto & Guirardello, 2013), providing a clear context of understanding the influence of PPE on burnout, job satisfaction and intention to leave the job (Laschinger & Leiter, 2006). According to Hair *et al.* (2005) the assumption of the model is that the nature of the practice environment of the nurse, taking into consideration the various facets, impact the quality of patients' care, job satisfaction, and intention to leave a job, when mediated by burnout, cited in (Ramos & Mesquita, 2013)

It seeks to identify and evaluate the facets involved in the work environment and ways to improve and promote changes in hospital environments. The model determines the characteristics

of the PPE and its relationship with nurses' experience of burnout, job satisfaction, the perception of quality care, and intention to leave the job.

Broadly, the model is in three sections: professional practice environment, burnout and outcome variables based on the interaction between the two former variables. The model is composed of exogenous variables PPE (autonomy, control over work environment, nurse-physician relationships) and endogenous variables (emotional exhaustion, depersonalization, personal accomplishment, job satisfaction, quality of patient care, and intention to leave their job). The study, therefore, assessed how the professional practice environments are indeed related to the hypothesized burnout and nursing job outcomes (job satisfaction and intention to leave the job). However, the study did not examine the impacts of professional practice environment on quality of patient care and intention to leave as identified in the model because the researcher's focus was on job satisfaction of midwives.

Several research studies have also associated PPE with nursing job outcomes. Hospitals with positive practice environment give fulfillment to workers, easily attract and retain nurses, reduce burnout and subsequently, improve quality care to patients (Laschinger, Nosko, Wilk, & Finegan, 2014; Ansah Ofei, Sakyi, Buabeng, Mwini-Nyaladzigbor, & Atindanbila, 2014; Atefi, Abdullah, Wong, & Mazlom, 2014; Munyewende, Rispel, & Chirwa, 2014)

Furthermore, burnout tends to cause nurse dissatisfaction and higher intention of leaving the job (Klopper, Coetzee, Pretorius, & Bester, 2012; Dall'Ora, Griffiths, Ball, Simon, & Aiken, 2015; Panunto & Guirardello, 2013; Aydogdu & Asikgil, 2011; Van Bogaert, Clarke, Roelant, Meulemans, & Van de Heyning, 2010).

## **2.3 Literature Review**

The literature review was organised based on the constructs in the causal model framework and the objectives of the study. Some databases that were searched using key words via the electronic search engine included Emerald, EBSCOhost, CINAHL, Google Scholar, Science direct, Wiley- Blackwell, JSTOR, and Medline. The search words that were used include: job satisfaction, influence, midwives, nurses, professional practice environment, intention to leave and quality of care.

### **2.3.1 Professional practice environment (PPE) of midwives'**

International Confederation of Midwives (ICM) defines the midwife as, a person who has had a requisite training in midwifery education and is qualified and licensed in the country of training to practice as a midwife (ICM, 2011) This definition gives midwives the core mandate to provide effective reproductive health care to mothers and their babies. Midwives can do this work if only their environment is safe and conducive to work. Studies have revealed that nurses and midwives find their work more fulfilling and satisfying when they have an amount of autonomy in what they do. Absolute control over their work enhances individualised care and good interactions with their clients, which increases their morale (McDonald, Jackson, Vickers, & Wilkes, 2016)

A healthy practice environment is a work place where rules and regulation guiding the profession assists the employees to achieve the goals of the organisation and brings personal satisfaction at work (Klopper *et al.*, 2012). The practice environment is empowered with leadership skills, control over practice, autonomy , interpersonal relationships, team work, communication skills, conflicts resolutions ability, rewards and cultural readiness (Erickson, Duffy, Ditomassi, & Jones, 2009) According to Kvist, Mäntynen, and Vehviläinen-Julkunen, (2013), there are remarkable results about nurses job satisfaction when nursing leaders have good

leadership styles and are able to strengthen human resources. Professional practice environment is an important factor to be considered in job satisfaction (Papastavrou *et al.*, 2012) of Midwives. Numminen *et al.*, (2016) study of 318 Finnish newly qualified nurses reported that they had a positive practice environment characterised by good team work, managerial support and opportunity to take decisions and also develop themselves but they had resource inadequacy.

Autonomy refers to an individual's authority to make decisions within his profession and to work towards achieving it (Papathanassoglou *et al.*, 2012). Research findings indicates that increased levels of job satisfaction brings about autonomy and a change in the attitude of midwives towards their professional responsibility (Collins, Fereday, Pincombe, Oster, & Turnbull, 2010). Research findings indicate that there are other characteristics associated with job satisfaction such as work stress, nurse-physician collaboration, and professional autonomy (Best & Thurston, 2004; Wells, Roberts, & Medlin, 2002). A study conducted in 2007 showed a negative correlation between job satisfaction and stress, while there was a positive correlation in the relationship between nurse-doctor and professional autonomy (Zangaro & Soeken, 2007). In a survey conducted by Scott, Witt, Duffield, & Kalb, (2015), nurses and midwives were ready to forgo between 16 and 19 percent of the annual income just to have autonomy at work. This explains how important autonomy is to nurses and midwives.

The investigation into the level of satisfaction in the jobs of nurses in Lebanon revealed that about 50% of nurses did not have autonomy and were not satisfied with regards to decision-making tasks (AbuAlRub, El-Jardali, Jamal, & Abu Al-Rub, 2016). Nemcek and James, (2007) also found out that organisational structures such as Magnet hospitals empowers nurses with increased authority, autonomy and control over their nursing practice and thereby improves job satisfaction.

Interpersonal relationships between nurses and physicians are bound to occur due to the nature of their work. These interactions may be very stressful encounters for nurses which may influence their job satisfaction according to several research works done in this area. When there is no respect and trust in this relationship it ends up in poor working environment eventually affecting patient care. Both nurses and physicians must work at it to establish peaceful coexistence for better job outcomes (Asegid *et al.*, 2014). A survey conducted in Texas of more than 10,000 nurses shows 82% of staff nurse and 77% of nursing directors had experienced verbal abuse in their practice and verbal abuse was responsible for 16–18% of the turnover rate of staff nurse and 18–42% of the turnover rate for directors of nursing ( Asegid *et al.*, 2014).

Findings from research show that relationships between nursing colleagues and medical staff, and autonomy affect nurse's job satisfaction positively (Hayes, Douglas, & Bonner, 2015; McDonald *et al.*, 2016) Most research work has shown that when staff work as a team many benefits are derived from it. Job stress is less, people are happy, output increases and intentions to leave are minimal. Hence, teamwork is the key to success in organizational development. Such environment brings satisfaction to workers and improves production. Other studies have also shown that there is a relationship between the practice of teamwork and improvements in staff unity. It ensures team work, improves work, gives safe and secure environment, generates effective communication, builds trust and aims at job satisfaction and improves care (Khuwaja, 2004; Simoens, 2002; Manojlovich, 2005; Ajeigbe, McNeese-Smith, Phillips, & Leach, 2014). A study conducted in Ireland by Curtis (2007) revealed moderate levels of job satisfaction and factors that contributed most to nurses' job satisfaction were professional status, interaction and autonomy. In an earlier study in England by Lavender and Chapple (2004) autonomy was also highlighted to promote job satisfaction of midwives' working in maternity services. A meta-

analysis of 31 studies on nurses' job satisfaction in the United States by Zangaro and Soeken (2007) identified three sets of main predictors: job stress, nurse–physician collaboration and levels of autonomy

Some hospitals have been described as ‘magnet’ because they could attract and retain professional nurses. These nurses have autonomy, basis for quality care, ability to manage and lead, have numbers and resources to work with and have established interpersonal relationships with their physicians (Wang, 2015). Studies have shown that when more efforts are made to improve the practice environment, job satisfaction and nurse retention also improves (Klopper *et al.*, 2012). A study in Pennsylvania, USA, showed that hospitals that exhibit even two of the characteristics of a magnet hospital have a better job and patient outcomes in their own small way. And greater achievements are made if all characteristics are employed (Aiken, Clarke, Sloane, Lake, & Cheney, 2008).

There is development in the work of the nurse when nurses have better relations with leadership and practice environment. In other words, Nurses perceive increase competency in environments when their perceptions of the quality of care, manager ability and support, and their participation in hospital affairs were positive and this leads to job satisfaction (Numminen *et al.*, 2016). Pallant, Dixon, Sidebotham, and Fenwick, (2015) research on New Zealand midwives showed that they had supportive practice environment with the exception of staff and resource adequacy which they disagreed to. The highest subscale they recorded was midwife physician relationship.

Consequently, midwives can work efficiently when their work environment is characterised by autonomy which give power to be involved in hospital affairs, adequate resources, good interpersonal relationship with physicians and colleagues and effective

managerial support coupled with knowledge about midwifery foundations. When all these are in place the midwives enjoys their work.

### **2.3.2 Factors contributing to Burnout among midwives**

Studies done on Job satisfaction of midwives have focused more on areas such as the burnout syndrome (Rouleau *et al.*, 2012); work-related stress and overload (Skinner *et al.*, 2012) job requirements and working conditions (Hampton & Peterson 2012). Midwives are challenged with a lot of workplace pressures demanding long working hours which solution readily available. Increased population growth, midwife shortages, increasing birth rate coupled with countless numbers of complex births have become part of the modern realities of midwifery (Oulton, 2006; Wilkinson, 2015). Work place stress include emotional exhaustion, lack of control, unsupportive staff, undefined work roles and schedules, workload and responsibilities, conflicts, lack of reward and job insecurity (Xiang, Coleman, Johannsson, & Bates, 2014).

Burnout is said to be a negative psychological syndrome, developed in response to chronic stressors at work. It has been widely studied across different groups and countries (Rouleau, Fournier *et al.*, 2012). Burnout expresses itself in emotional exhaustion, depersonalization and negative thinking towards others (Yoshida, 2013). Studies have shown that when emotional exhaustion is increased, low self-rated performance and increased desire to quit work are to be expected and as a result of decreased job satisfaction (Ghoreishi *et al.*, 2014). It is recorded that, 60–70% of healthcare professionals' acknowledge that they become ineffective in their work when they are over stressed and therefore are at risk of making avoidable medical errors (Boorman, 2010; Wilkinson, 2015). This is not good enough for effective clinical practice. When they become stressed up, they are unable to care with passion and apathy sets in (Wallback, *et al.*,

2013). There is the need for them to receive support from their superiors to remain emotionally responsive and clinically effective to provide quality care (Pezaro *et al.*, 2015). Rouleau et al reported high levels (80.0%) of emotional exhaustion and depersonalization (57.8%), while levels of personal accomplishment were low (12.4%). Burnout was identified in more than half of the sample (Rouleau *et al.*, 2012). Mollart *et al.* (2013) reported that almost two thirds (60.7%) of midwives in their study experienced moderate to high levels of emotional exhaustion, a third (30.3%) scored low personal accomplishment and a third (30.3%) experienced depersonalization related to burnout. However, the unit where one worked did not have any significant influence despite the variations in professional autonomy and workplace boundaries (Mollart, Skinner, Newing, & Foureur, 2013).

According to research reports, nurses and midwives value qualities such as social support, work experience, ways of adjusting and age which shape their attitude towards their work. It has been found that age has an influence on burnout and the younger the individual the more likely he or she would experience stress and burnout. This is because experience comes with aging when the individual can handle stress (Mollart *et al.*, 2013).

As a result of the above reviewed literature, it is important for midwives to have managerial support, less friction from their interaction coworkers and physicians, have adequate staff to reduce workload which will intern reduce emotional exhaustion and burnout so that midwives can have satisfaction in the work they do.

### **2.3.3 Job satisfaction among midwives**

Job satisfaction is an emotional feeling one attaches to her work. Spector, (1985:693) defines job satisfaction as “employee attitudes, including pay, promotion, supervision, fringe

benefits, contingent rewards, operating procedures, co-workers, nature of work, and communication". Job satisfaction, in other words, measures the attitude of people towards their work (Rouleau *et al.*, 2012) and comes with individual's positive view of the work through work experiences (Spence Laschinger, Zhu, & Read, 2016). Job satisfaction is said to be multifaceted according to the nature of work and what the nurse expects (Biegger, De Geest, Schubert, & Ausserhofer, 2016). According to Lu, Barriball, Zhang, and While, (2012), job satisfaction mirror's ones emotional sentiments about the work they do.

Globally, it is recognised that one who enjoys his work produces more and he is satisfied with everything associated with his work (Gesinde & Adejumo, 2012). Work satisfaction is comprised of exogenous and endogenous variables. Endogenous variables are those internally derived and include personal achievement, sense of accomplishment, and respect. Exogenous variables are those derived from factors in the practice environment and include pay and benefits, working conditions, and resources (Asegid *et al.*, 2014). Moreover, Job Satisfaction can be affected by both external and internal factors (Breku *et al.*, 2017). Among health professionals Job satisfaction comes from factors that are interrelated and the outcome may affect healthcare services (Celik, 2011).

According to Yilmazel, (2013) job satisfaction is influenced by job related factors such as interpersonal relationship among co-workers, conditions of work, recognition and rewards as well as pay. Unruh and Zhang (2014) found that socio-demographic characteristics such as expectations of work, and work characteristics influenced their job satisfaction, commitment and intention to stay or leave the job. Also, Atefi *et al.* (2014) reported that helping and involvement in patient care contributes to nurses' job satisfaction. They stated further that other features in the work environment such as, team cohesion, benefit and rewards, working conditions, lack of

medical resources, unclear nurses' responsibilities, patient and doctor perceptions, poor leadership skills and discrimination at work played an important role in nurses' job dissatisfaction. Again, they indicated that motivation factors, task requirement, professional development and lack of clinical autonomy contributed to nurses' job satisfaction.

#### **2.3.4 Relationship between PPE and burnout factors**

Job satisfaction is a multifaceted construct which has both intrinsic and extrinsic factors. Those issues of work that can be touched and felt, like salary and bonuses are regarded as extrinsic factors whereas factors such as personal professional accomplishments and recognition in life are considered as intrinsic (Klopper *et al.*, 2012). Several factors like autonomy and workload may be associated with job satisfaction (Myhren *et al.*, 2013).

Rouleau *et al.* (2012) states that the common healthcare workers studied have been nurses in the area of working conditions, interactions with others, the nature of the work itself, remuneration, promotions and professional development, recognition, control or responsibility, job security and administration. They indicated that cultural, economic and political factors may influence individual's attitude towards their work. The results of a study on critical care nurses in South Africa also showed that practice environment, job satisfaction and burnout have a link. There is job satisfaction of the nurse when practice environments improve and levels of burnout lowers (Klopper *et al.*, 2012). A research study of Senegalese midwives showed that they were dissatisfied with their working conditions and remuneration. The Senegalese midwives had high levels of emotional exhaustion and depersonalisation, which are likely to be related to the long

working hours, heavy workloads and challenging working conditions in which they practice midwifery (Rouleau *et al.*, 2012).

Panunto and Guirardello (2013) reports that, nurses with limited autonomy, inadequate control over their practice, and with poor relationships with physicians, experience a greater level of emotional exhaustion, which may negatively influence their perception of quality of care, job satisfaction and intention to leave their jobs. Therefore midwives need an environment devoid of all these negative influence to work efficiently and effectively for better job outcomes.

### **2.3.5 Relationship between PPE and job satisfaction**

Research findings indicate that among nurses, staffing and resource adequacy, management support, good interpersonal relationships and perceived advancement correlated positively with job satisfaction (Hinno, 2012)

Workers, who have good and quality relationship with their bosses, are more likely to be happy with their job. (Han & Jekel, 2011). Studies have shown that there is a strong correlation between job satisfaction and supportive work environment (AbuAlRub *et al.*, 2016). Such results were also corresponding to the results of other international studies, which also found that work environment is strongly and positively related to job satisfaction (Kaddourah, Khalidi, Abu-Shaheen, & Al-Tannir, 2013). According to research findings, work environment is one of the factors that influence job satisfaction and leads to delivery of quality patient care (Pallant *et al.*, 2016). Contemporary management believes that the satisfaction of nurses from their work is the result of rational management and has a strong link with proper leadership and motivation to healthcare organizations (Giallonardo, Wong, Iwasiw, 2010).

### **2.3.6 Summary of Literature Review**

The literature indicates that midwives' PPE is very important determinant of their job satisfaction. The literature suggests that healthy positive PPE with features such as autonomy, support from managers and positive relationship between physicians and colleagues enhance job satisfaction.

Moreover, the literature shows that midwives are prone to burnout for lack of adequate staff and resources, unsupportive staff, lack of reward and lack of control. These make midwives' have episodes of depersonalisation and become emotionally exhausted to care. Many more have lost interest in the job because they are dissatisfied. Again, the literature shows that older midwives are able to manage stress better than younger midwives because of their experience.

Furthermore, studies reveal that job satisfaction of midwives is not only in monetary gain but a positive PPE where there is respect, security, involvement in policy decision making, advancement, adequate human and material resources and recognition are also desired. Therefore, the literature shows that there is a relationship between job satisfaction and PPE mediated by burnout such that when midwives work in positive PPE with low burnout, they enjoy high level satisfaction.

According to the literature, factors such as number of years of practice as midwives, number of years working in a hospital, emotional exhaustion, and resource inadequacy are all factors that may influence job satisfaction of midwives.

Reviewing the literature shows that globally, there have been many studies done on nurses and midwives job satisfaction. However, only a few works have been done in Africa on midwives job satisfaction and also very little studies published in Ghana.

According to the literature, midwives need autonomy by the nature of the work of supervising women to have safe delivery of their babies. This coupled with support from managers and positive relationship between physicians and colleagues gives them a positive environment to work. If this is achieved she gets job satisfaction.

Moreover, the literature shows that midwives are prone to burnout for lack of adequate staff and resources to work with and other stressors. These make midwives' have episodes of depersonalisation and become emotionally exhausted to care. Also, these have resulted in medical errors and have affected quality of care. Many midwives have lost interest in the job because they are dissatisfied.

The literature revealed that satisfaction of the midwife is not the monetary gains alone but a positive environment where there is respect, security, involvement in policy decision making, advancement, adequate human and material resources and recognition are also desired. Health facilities that have all these are considered as 'magnet' because they are able to attract and keep staff.

Therefore, the literature reported that for the midwife to be satisfied to work she needs a positive PPE that has less burnout.

## **CHAPTER THREE**

### **METHODOLOGY**

This chapter describes the methodology used for the study. It covers important areas such as research design, research setting, research population, sample size and technique, data collection tool used and the procedure. Other areas described are the method of data analysis used, validity and reliability of the tool used and ethical consideration.

#### **3.1 Research Design**

A cross sectional quantitative research design was employed in this research work. The quantitative design is gathering numeric information that is subsequently analysed through statistical procedures (Profetto-McGrath, Polit, & Beck, 2010). This design was considered appropriate because it allowed the collection of quantifiable data from a large number of respondents in an independent and unbiased manner. Furthermore, it enables findings to be used for future studies, it is not costly and not time-consuming to use.

#### **3.2 Research Setting**

The setting of this research was selected hospitals within Accra metropolis. The choice of Accra metropolis was partly due to the number of health facilities located within it which made it easy to reach some midwives and partly due to proximity to the researcher.

Accra Metropolis is an urban area within Greater Accra region of Ghana. The Region is situated in the south-eastern part of Ghana along the Gulf of Guinea. It shares common borders with the Central Region on the west, Volta Region on the east, Eastern Region on the north and Gulf of Guinea on the south. It is mainly coastal savannah but has a little forest zone inland towards the Eastern Region of the Ga district with a larger part of its rural area stretching along

the coastline. Greater Accra Region is said to be the least of all the regions regarding the land size of 3, 245square kilometres. The region has a population of 4,010,054 and a population density of 1,235.8 people per square kilometre (Ghana Statistical Service, 2010). Accra has a population growth of 2.5% from the 2010 population census which states that population in Accra has increased from 2,905,726 to 4, 010,054. It is estimated that by 2040 population of Accra would have increased to 5.9 million.

The majority of Accra population is females 59.1% and the remaining are males 48.3%. A great majority 62.5% of the population is aged between 15 and 64 and only 3.5% forms age 65 and above with age below 15years forming 31.3% (Ghana Statistical Service, 2010). Akans form the main ethnic group (39.8%), followed by Ga-Dangme (29.7%) and Ewe (18%). The Gas, however, forms the largest single sub-ethnic grouping, accounting for 18.9 percent. Regarding religion, Christians are the largest religious group (83.0%), followed by Moslems (10.2%), people who profess no religion (4.6%) and advocates of traditional religion (1.4%).

The region has been divided into sixteen administrative districts. These districts are: Accra Metropolitan Area (AMA), Tema Metropolitan Area, Ga East District, Ga West District, Ga South, Ga Central, Dangme West District, Dangme East District, Adenta Municipal, Ashiaman Municipal, La Deda Kotopon, La Nkwantanang, Kpone Katamanso, Ningo Prampram, Ada East and Ada West. Each District, Municipal or Metropolitan Area, is administered by a Chief Executive, representing central government but deriving authority from an Assembly headed by a presiding member elected from among the members themselves.

The Accra Metropolis District is one of the sixteen districts in the Greater Accra Region of Ghana. The district is referred to as Accra's city proper. It has a population of 1,848,614 from

2010 census (Ghana Statistical Service, 2010). It is the most densely populated part of Greater Accra Region. The metro shares common boundaries with La-Dade kotokpon municipal from the east and Ga west municipal, Ga central municipal and Ga south municipal assembly from the west.

Accra Metropolis was initially divided into six sub-metros namely: Ablekuma, Ashiedu-Keteke, Ayawaso, Kpeshie, Okaikoi and Osu-Clotvey. In 2004, by a Legislative instrument, the six sub-metros were further divided to obtain thirteen sub-metros. However, the Ghana Health Service has continued to use the six sub-metros for their administrative activities due to inadequate human resource and infrastructure in place to operate thirteen sub-metro administrations.

Administratively, each of the six sub-metros operates independently due to the size of their population and the difficult nature of managing sub-metro health system. There were four bigger public hospitals in the Metropolis namely: Princess Marie Louise Children's Hospital, Ridge hospital, Achimota hospital and La General Hospital. Osu Maternity home and Dansoman Polyclinic are also there including those facilities used in the study listed below. In addition to these, there are small public hospitals and clinics as well as five quasi - government hospitals which are: Police Hospital, Military Hospital, Trust Hospital, University Hospital, Legon and Cocoa Clinic.

Out of the above Hospitals, seven public hospitals and three quasi-government hospitals were selected namely: Achimota Hospital, Ridge Hospital and other health facilities include Adabraka polyclinic, Ussher Polyclinic, Maamobi General Hospital, Kaneshie Polyclinic, Mamprobi Polyclinic.

Achimota hospital is situated within the Achimota Senior high school premises. Originally, it was to cater for the students only but now has been expanded to serve other the entire community. Maamobi General Hospital is situated within Maamobi and Nima and serves the people within these communities. Kaneshie Polyclinic is situated within the Kaneshie Estate and serves the people within Kaneshie, Bubuashie, Abeka Lapaz, Tesano, North Kaneshie and its environs. Mamprobi caters for the people within Mamprobi, Chokor, Laterbiokorshie, Dansoman and the environs. Ussher polyclinic serves the people of James Town, Accra central, Arena, and the rest. Adabraka polyclinic caters for Asylum Down, Kanda, Adabraka itself and its environs. Ridge hospital is now Greater Accra regional hospital and caters for all referrals from the entire region. Administratively, Ridge reports to Accra Regional Health Directorate. However, it feeds the metro with statistics and data from maternal and child health. Police hospital is situated at Cantonments and serves Police officers and their family, but it also serves the general community and its environs such as Osu and La. The Trust hospital initially was to serve their employees and their family, but it is also open to serve the other members of the community. University hospital is situated within the university hospital and was to serve the students and staff and their families. It is also opened to the general public.

### **3.3 Research Population**

Research population from which the sample was taken was midwives working at the public and quasi-government hospitals in Accra Metropolis. The entire practicing midwives in Greater Accra numbers 870 of which 263 (30.2%) were in Accra Metropolis (Accra Regional Health Directorate, Nursing Administration Report, 2015).

### 3.4 Sampling Technique and Sample Size

The simple random and the convenience sampling techniques were employed to select respondents. The technique used to select seven public health facilities from a known sample frame was simple random. The following facilities were selected: Ridge Hospital, Adabraka Polyclinic, Ussher Polyclinic, Mamprobi Polyclinic, Kaneshie Polyclinic, Achimota Hospital and Maamobi General Hospital. The same simple random sampling was also used to collect data from three of the five quasi-government hospitals in the Metropolis namely: Trust Hospital, Police Hospital and University Hospital, Legon. Convenience sampling technique was used to select 148 midwives from public health facilities and 35 from quasi – government Hospitals. This decision was taken because public health facilities have more midwives than quasi-government health facilities. At the facilities any midwife the researcher met both day and night shift who qualified for the inclusion criteria was given a questionnaire to answer when she had agreed to participate and had signed the consent form. Some respondents answered and gave it back within 30minutes. However, the majority had to keep the questionnaire and the researcher went for it later because of lack of time on the part of the respondents. Respondents' phone numbers were taken and were called to remind them to answer the questionnaire and also asked for the date to go for them. In all, 220 questionnaires were administered and 183 were retrieved, giving a response rate of 83.2%.

The sample size for this research was calculated using the formula for Taro Yamane (1973) at a confidence level of 95 percent. The population of practising midwives in the Accra Metropolis is 263 (Regional Health Directorate, Nursing Administration report, 2015).

Calculating formula is:  $n = \frac{N}{1 + N(e)^2}$

$$1 + N(e)^2$$

Where:  $n$  = sample size required

$N$  = number of people in the population

$e$  = allowable or acceptable margin of error (%)

$1$  = constant

Calculation:  $n = \frac{263}{1 + 263 (0.05)^2}$

$$1 + 263 (0.05)^2$$

Therefore  $n = 159$  app.

Then 15 percent of 159 was calculated and added to the sample size to offset any eventualities on the field. Therefore, final sample size anticipated was 183 participants.

### **3.5 Inclusion Criteria**

All midwives who were working in Antenatal clinics, Labour wards, Postnatal wards, obstetrics and gynaecology wards, family planning units, obstetric emergency units, obstetric theatres and recovery wards and obstetric OPD for not less than one year were included in the study. Midwives who have worked for a year and above were included because they had gained some working experience and could tell whether they were satisfied with their job or not.

### **3.6 Exclusion Criteria**

All Rotation or National Service students and student midwives were not included in the study for lack of experience to be able to tell whether they were satisfied with their jobs or not.

### **3.7 Tools for Data Collection**

The tool for data collection was self-administered questionnaire with closed and open ended questions on sociodemographic and job-related issues. In quantitative research high-quality

data are collected using measuring instruments that have been severely proved to be accurate and valid (Polit & Beck, 2004). The structured questionnaire was adapted from well-known measurement scales and was a mixture of questionnaires to measure the various variables and in five sections. The first section was for socio-demographic data which had nine questions (age, work, sex, education and marital status) and the other four sections for the other variables such as the practice environment, burnout, satisfaction of midwives and midwives intention to leave.

### **Practice Environment Scale of Nursing Work Index (PES-NWI).**

Midwives' PPE was measured using PES-NWI with thirty – two questions. This tool was developed by Lake in 2002 when he needed a tool to measure nurses' perception of their work environment. It is made up of thirty-two items under five subscales. The subscales and the number of items are: Nurse Manager Leadership, ability and support had eleven items; collegial midwife-physicians relationship had seven items; staffing and resource adequacy had seven items; midwives participating in hospital affairs had three items, and nursing foundation for quality care had seven items. It is measured on a 4 Likert scale ranging from 0 – 3 with strongly disagree, disagree, agree and strongly agree.

### **Maslach Burnout Inventory (MBI)**

The MBI developed by Maslach, (1981) was used to measure burnout of midwives' with twenty-one questions. It was made up of a three construct measure which includes: emotional exhaustion (EE) had ten items on the questionnaire, depersonalisation (DP) had three items, and personal accomplishment (PA) had eight items. A seven-point Likert scale ranging from never (0) to every day (6) was used where midwives selected a response according to their feelings of burnout.

### **Measure of Job Satisfaction (MJS)**

The MJS questionnaire developed by Traynor and Wade, (1993) measured their Job satisfaction with forty – two questions. The subscales with the number of items include: personal satisfaction-6 items, satisfaction with workload had 7 items, satisfaction with salary had 4 items. The rest were satisfaction with professional support had 13 items, satisfaction with prospects had six items and satisfaction with standards had 6 items and their The questionnaire was structured using 5 points Likert scale from Strongly dissatisfied to strongly satisfied. (see appendix A)

### **3.8 Validity and Reliability**

In quantitative research, ensuring validity and reliability is very important and is a core responsibility of the researcher. Internal consistency explains how items in a test measure the same construct and how connected they are to each other. Also known as Cronbach's alpha, it is expressed as a number between 0 and 1, with acceptable values ranging from 0.70 to 0.95 (Tavakol *et al.*, 2011). To ensure validity, an extensive literature review was conducted by the researcher and the adapted questionnaire thoroughly examined to ensure that all the variables to be measured are included; questions that were irrelevant to the current study were removed and other questions modified to meet the study objectives. The questionnaire was also examined and scrutinized by my supervisors, and inputs were made to answer the research questions and meet the study objectives.

In ensuring reliability, the questionnaire was piloted at the Ga South Municipal Hospital (GSMH) with fifteen midwives who met the inclusion criteria. This exercise was to check the appropriateness of the questionnaire, whether it is too long or short, difficult or easy to

understand, or contain culturally sensitive questions. The reliability coefficients of the questionnaires were also determined and the Cronbach's alphas were 0.89 for PES-NWI, 0.77 for MBI and 0.93 for MJS. These values fall within the acceptable reliability coefficient, hence the questionnaire used in the current study is reliable. Additionally, the questionnaire has been widely used in previous studies by other researchers and it proved to be reliable. For instance, PES-NWI had a Cronbach alpha coefficient between 0.64-0.91(Lake, 2002; Munyewende *et al.*, 2014; Numminen *et al.*, 2016; Klopper *et al.*, 2012); MBI had a Cronbach's alpha coefficient of a range from 0.71 to 0.90 (Maslach *et al.*, 1996; Yoshida *et al.*, 2013; Klopper *et al.*, 2012; Mollart *et al.*, 2011) and MJS had a Cronbach alpha coefficient of 0.94 (Munyewende *et al.*, 2014).

### **3.9 Procedure for Data Collection**

The procedure for data collection begun with an ethical approval of the proposal from the Institutional Review Board of the Noguchi Memorial Institute for Medical Research, Legon. An introductory letter was written from the school of Nursing to the Regional Health Directorate. Permission was obtained from Accra Metropolitan Health Directorate and Deputy Directors of Nursing Service at the selected health facilities and medical directors/administrators of quasi-Hospitals in the Metropolis to administer questionnaire to respondents. The participants for the study were conveniently selected and informed about the purpose of the study. Those who agreed to be part of the study were recruited and given informed consent form to sign. Self-administered questionnaires were administered to them by the researcher at all the shifts (morning, afternoon and night) and they were given time to fill out at their convenience. The night shift midwives were met early in the morning before they closed and given the questionnaires. Completed

questionnaires were collected later from participants who finished filling immediately it was administered. Data collection took a period of ten weeks for all questionnaires to be collected.

### **3.10 Data Management and Analysis**

Statistical Package for Social Sciences (SPSS) version 21 software was used to analyse the data. Data cleaning was done by computing the frequencies for all the variables to confirm the accuracy of the data entered. Descriptive statistics like frequencies, means and standard deviations were used. Correlation analysis was used to establish a relationship between socio-demographics and job satisfaction, PPE and burnout and PPE and job satisfaction. Also to determine the predictors of job satisfaction, multiple regression analysis was conducted.

### **3.11 Ethical Consideration**

Ethical clearance was sought from Institutional Review Board (IRB) of Noguchi Memorial Institute for Medical Research (NMIMR), University of Ghana, Legon. In addition to this, an introductory letter from School of Nursing was sent to Accra Regional Health Directorate for permission to use their health facilities. At the hospital permission was sought to enable the researcher to talk to the respondents. A thorough explanation of the study was given to the respondents to obtain their consent and each individual signed an informed consent form before they participated in the study. Respondents were told that they had a right to withdraw from participation in the research at any point in time.

Respondents did not indicate their names on the forms to ensure anonymity and confidentiality. Descriptive information of respondents was avoided and data were given codes to ensure privacy. The returned questionnaires were in safe keeping, under lock and key. Data on lap top was given a pass word known only by the researcher and supervisors.

Confidentiality was ensured by assigning codes to all documents on respondents, properly deleting data after use and not disclosing data on respondents to any other person apart from researcher, supervisor and IRB.

Appendices **B**, **C** and **D** have the consent form, ethical clearance and introductory letters used to ensure ethical considerations.

### **3.12 Summary of Methodology**

Quantitative design was the research approach used for the study because the researcher wanted the views of a number of midwives. The setting of the study was ten (10) selected health facilities within Accra Metropolis where a great number of health facilities could be found. The health facilities were made up of seven public and three quasi-government facilities. These facilities were randomly selected from a known list. The research population was the entire practicing midwives in the Greater Accra region with a sample size of 183 respondents from Accra Metropolis where midwives were concentrated because of a number of health facilities. The inclusion criteria was practicing midwives with one or more years working experience but Rotation or National service midwives were excluded from the study.

The tool for data collection was a structure questionnaire with close and open ended questions. The first part of the questionnaire required the socio-demographic data of respondents and the four other parts measured other variables such as the practice environment, burnout, satisfaction of midwives and midwives intention to leave. The data collection tool met all the criteria for validity and reliability. Any midwife who fell into the inclusion criteria and showed interest in the study was recruited by the researcher to be part at all the shifts that was morning, afternoon and night shifts. Data cleaning was done after which it was analysed using SPSS version 21 software. Ethical clearance was sought from NMIMR OF University of Ghana, Legon

to conduct the study. Permission was also sought from all the facilities used with an introductory letter from school on Nursing and Midwifery, University of Ghana, Legon. Respondents were assured of anonymity and confidentiality and therefore, researcher met all the requirements for the study.



## **CHAPTER FOUR**

### **FINDINGS**

This chapter presents the results of data collected from midwives in their various unit of work within twelve health facilities in Accra Metropolis. A total number of two hundred and twenty (220) questionnaires were administered. A total of 183 questionnaires were retrieved and analysed so there was a eighty two percent (83.2%) response rate. The socio-demographic characteristics of the respondents are presented first followed by other findings.

#### **4.1 Demographic characteristics of respondents**

The demographic characteristics of the respondents have been displayed in table 4.1 below. These include age, gender and other socio-demographic factors such as qualification, unit of work, work experience, work hours and current rank.

The majority of the respondents who form 51.4% (n=94) were between the ages of 26-35years. The average age of the respondents is 38years with a minimum and maximum age of 20 and 59years respectively. The respondents were all females and majority of them, (72.1%, n=134) were married. In terms of academic qualifications, the majority of the respondents (49.2%, n=90) were certificate holders. Staff midwives formed the majority (35%, n=64) in terms of rank.

**Table 4.1 Demographic characteristics of respondents**

<b>Variable</b>		<b>Frequency (n)</b>	<b>Percentage (%)</b>
Age groups of respondents	18 – 25	6	3.3
	<b>26 -35</b>	<b>94</b>	<b>51.4</b>
	36 – 45	31	16.9
	46 -55	31	16.9
	above 55	21	11.5
	Total	183	100.0
Mean age =38years			
Gender of respondents	<b>Female</b>	<b>183</b>	<b>100.0</b>
	Total	183	100.0
Marital status of respondents	Single	41	22.4
	<b>Married</b>	<b>132</b>	<b>72.1</b>
	Separated	4	2.2
	Divorced	2	1.1
	Widow	4	2.2
	Total	183	100.0
Highest qualification in Midwifery	<b>Certificate</b>	<b>90</b>	<b>49.2</b>
	Diploma	74	40.4
	Bachelors	16	8.7
	master of nursing/midwifery	2	1.1
	doctorate in midwifery	1	.5

Variable		Frequency (n)	Percentage (%)
Age groups of respondents	18 – 25	6	3.3
	<b>26 -35</b>	<b>94</b>	<b>51.4</b>
	36 – 45	31	16.9
	46 -55	31	16.9
	above 55	21	11.5
	Total	183	100.0
Current rank	<b>staff midwife</b>	<b>64</b>	<b>35.0</b>
	senior staff midwife	45	24.6
	midwifery officer	27	14.8
	senior midwifery officer	24	13.1
	principal midwifery officer	20	10.9
	midwifery superintendent	3	1.6
	Total	183	100.0

Source: field data 2017



**4.2 Work history of respondents**

Majority of the respondents 37.2% (n=68) have worked as midwives for 1- 3 years. The average year for practicing as a midwife is 6years with a minimum of 1year and a maximum of 28years.

As high as 49.7% (n=91) respondents reported they have worked in their current hospital for a period between 1 - 3years. With regard to the unit where respondents worked, majority 44.3% (n=81) indicated that they worked at the obstetric/maternity unit. The average number of years for practicing in the hospital was 5.3years with a minimum of 1year and a maximum of 19years.

Majority 89.6% (n=164) of the respondent said they work for 8hours in a day. The work related details of their history are in Table 4.2 below

**Table 4.2: Work history of respondents**

<b>Variable</b>		<b>Frequency(n)</b>	<b>Percentage (%)</b>
Years of work as a registered Midwife	<b>1-3years</b>	<b>68</b>	<b>37.2</b>
	4-6years	42	23.0
	7-9years	22	12.0
	10years and above	51	27.9
	<b>Total</b>	<b>183</b>	<b>100.0</b>
	mean =6years		
Number of years working at the current hospital	<b>1-3years</b>	<b>91</b>	<b>49.7</b>
	4 -6years	39	21.3
	7 -9years	22	12.0

	10 years and above	31	16.9
	Total	183	100.0
	Mean =5.3years		
Unit of work	OPD/Obstetric emergency	11	6.0
	Antenatal/Postnatal wards	53	29.0
	<b>Maternity/Obstetric wards</b>	<b>81</b>	<b>44.3</b>
	Obstetric/Gynae ward	22	12.0
	NICU	1	.5
	Obstetric theater	1	.5
	Family planning	5	2.7
	Others (specify)	9	4.9
	Total	183	100.0
	Number of hours at work in a	<b>8 hours</b>	<b>164</b>
day	12 hours	8	4.4
	Others (specify)	11	6.0
	Total	183	100.0

Source: field data, 2017

#### **4.3 Professional practice environment of midwives**

The results of midwives' practice environment are shown in Table 4.3 below. The overall response indicates that the total mean score on the practice environment of midwives was high (mean = 81.92, SD = 15.13). This implies that their professional practice environment (PPE) was good. Furthermore, the total mean scores on the various components of PPE were computed. On

nurse manager leadership, ability and support the mean score was high (mean = 28.43, SD = 8.94) which suggests that midwives have support and encouragement from their managers. For collegial relationship between midwives and physicians the mean score was also high (mean = 20.55, SD = 5.61) indicating a good working relationship. In terms of adequacy of staff and resources the mean score was moderate (mean =13.96, SD = 6.38) which implies that they do not have enough staff and resources to work with. The mean score for participation in hospital affairs was high (mean = 8.04, SD =2.03) indicating that midwives are well involved and participates in activities of the hospital. The mean score for nursing foundation for quality care was high (mean = 10.74, SD = 2.10) which suggests that midwives had good foundation for quality of care.

**Table 4.3 Professional Practice Environment of midwives**

<b>VARIABLE</b>	<b>MIN</b>	<b>MAX.</b>	<b>MEAN</b>	<b>S.D</b>
<b>Nurse Manager Leadership, Ability and Support</b>	11	44	28.43	8.94
<b>Collegial Nurse-Physician Relations (working relationship)</b>	8	28	20.55	5.61
<b>Staffing and Resource Adequacy</b>	10	28	13.96	6.38
<b>Midwives' Participation in Hospital Affairs</b>	3	12	8.04	2.03
<b>Nursing Foundations for Quality of Care</b>	4	16	10.74	2.50
<b>Total professional practice environment</b>	46	121	81.92	15.13

Furthermore, the levels of the midwives satisfaction with the various components of PPE were assessed. The findings indicate that approximately 73% (n=133) of midwives reported good

nurse manager leadership, ability and support as part of their PPE. Again, about 84% (n=153) of the midwives had a good midwife-physician relationship. On the other hand, about 62% (n = 114) reported that there are inadequate staffing and resources, 89.6% (n = 164) reported the frequent involvement of midwives in hospital affairs and approximately 91% (n = 167) reported that there is a good nursing foundation for quality care. Table 4.4 below shows the detail.

**Table 4.4 levels of professional practice environment**

<b>Variable</b>		<b>Frequency (n)</b>	<b>Percentage (%)</b>
<b>Nurse Managers Leadership, Ability and Support</b>	Bad	50	27.3
	<b>Good</b>	<b>133</b>	<b>72.7</b>
	Total	183	100.0
<b>Collegial Nurse-Physician Relationship</b>	Bad	30	16.4
	<b>Good</b>	<b>153</b>	<b>83.6</b>
	Total	183	100.0
<b>Staffing and Resources Adequacy</b>	<b>Inadequate</b>	<b>114</b>	<b>62.3</b>
	Adequate	69	37.7
	Total	183	100.0
<b>Midwives' Participation in Hospital Affairs</b>	Less frequent	19	10.4
	<b>More frequent</b>	<b>164</b>	<b>89.6</b>
	Total	183	100.0
<b>Nursing Foundation for Quality of Care</b>	Bad	16	8.7
	<b>Good</b>	<b>167</b>	<b>91.3</b>

Variable		Frequency	Percentage
		(n)	(%)
Nurse Managers Leadership, Ability and Support	Bad	50	27.3
	Good	133	72.7
	Total	183	100.0

#### 4.5 Burnout among midwives

The mean score for emotional exhaustion was high (mean=36.31, SD=16.57), suggesting that the midwives experienced emotional exhaustion which is a component of burnout. Furthermore, the mean score for depersonalisation was low (mean=4.54, SD=2.55), suggesting that the midwives do not experience depersonalisation at work. Ironically, the mean score for personal accomplishment was high (mean=46.20, SD=10.03), indicating that the midwives feel accomplished at work. Details of the various components of burnout are presented in Table 4.5.

**Table 4.5 Burnout of midwives**

VARIABLE	MIN	MAX	MEAN	S.D
Emotional Exhaustion	10	64	36.31	16.57
Depersonalisation	3	21	4.54	2.55
Personal accomplishment	18	56	46.20	10.03

The frequencies of the various components of burnout were assessed for clarity. The findings suggest that 38.8% (n=71) experienced moderate emotional exhaustion while 33.9% (n=62) experienced high emotional exhaustion. As high as 86.9% (n=159) had low

depersonalisation suggesting that the midwives do not feel depersonalised at work. Regarding personal accomplishment, the majority of midwives 82.5% (n=151) reported high personal accomplishment suggesting that the midwives have the competence and achieve their goals at work. Table 4.5 below displays the levels

**Table 4.6: levels of Burnout of midwives**

		Frequency (n)	Percentage (%)
Emotional Exhaustion	Low emotional exhaustion	50	27.3
	<b>Moderate emotional exhaustion</b>	<b>71</b>	<b>38.8</b>
	<b>High emotional exhaustion</b>	<b>62</b>	<b>33.9</b>
	Total	183	100.0
Depersonalization	<b>Low depersonalisation</b>	<b>159</b>	<b>86.9</b>
	Moderate depersonalisation	21	11.5
	high depersonalisation	3	1.6
	Total	183	100.0
Personal Accomplishment	Low personal accomplishment	3	1.6
	Moderate personal accomplishment	29	15.8
	<b>High personal accomplishment</b>	<b>151</b>	<b>82.5</b>
	Total	183	100.0

**4.6 Job satisfaction of midwives**

The total mean score for job satisfaction was high (mean=115.24, SD=41.27) indicating that the midwives were satisfied with their work. The various components of job satisfaction were assessed. The result generated shows that the midwives had a high mean score on personal satisfaction (22.73, SD=3.83), satisfaction with workload (mean=24.30, SD=4.74), satisfaction with professional support (mean=44.62, SD=9.00). They also had satisfaction with prospects (mean=19.23, SD=4.89) and satisfaction with standards of care (mean= 23.78, SD=4.07). Meanwhile, satisfaction with pay had a low mean score (mean=9.75, SD=4.13) indicating that midwives had some level of dissatisfaction with pay. Details of various components are presented in Table 4.7 below.

**Table 4.7 Job satisfaction of midwives**

<b>VARIABLE</b>	<b>MIN</b>	<b>MAX</b>	<b>MEAN</b>	<b>S.D</b>
<b>Personal satisfaction</b>	11	29	22.73	3.83
<b>Satisfaction with work load</b>	10	35	24.30	4.74
<b>Satisfaction with professional support</b>	22	63	44.62	9.00
<b>Satisfaction with pay</b>	4	19	9.754	4.13

<b>Satisfaction with prospects</b>	6	30	19.23	4.89
<b>Satisfaction Standards of care</b>	10	30	23.78	4.07
<b>Total job satisfaction</b>	42	188	115.24	41.27

The levels of job satisfaction among the midwives were also assessed. A greater proportion of 92.9% (n=170) had personal satisfaction on the job, 89.6% (n=164) were surprisingly satisfied with their workload, 90.7% (n=166) were satisfied with professional support. Also, 83.1% (n=152) were satisfied with prospects on the job and as great as 96.7% (n=177) were satisfied with the standard of care. However, only 42.1% (n=77) were satisfied with their pay. Details of these levels are shown in Table 4.8 below.

**Table 4.8 Levels of Job satisfaction of midwives**

<b>Variable</b>		<b>Frequency (n)</b>	<b>Percentage (%)</b>
<b>Personal satisfaction</b>	Dissatisfied	13	7.1
	<b>Satisfied</b>	<b>170</b>	<b>92.9</b>
	Total	183	100.0
<b>Satisfaction with work load</b>	Dissatisfied	19	10.4
	<b>Satisfied</b>	<b>164</b>	<b>89.6</b>
	Total	183	100.0
<b>Satisfaction with professional support</b>	Dissatisfied	17	9.3
	<b>Satisfied</b>	<b>166</b>	<b>90.7</b>
	Total	183	100.0
<b>Satisfaction with pay</b>	<b>Dissatisfied</b>	<b>106</b>	<b>57.9</b>
	Satisfied	77	42.1
	Total	183	100.0

<b>Satisfaction with prospects</b>	Dissatisfied	31	16.9
	<b>Satisfied</b>	<b>152</b>	<b>83.1</b>
	Total	183	100.0
<b>Satisfaction with standards of care</b>	Dissatisfied	6	3.3
	<b>Satisfied</b>	<b>177</b>	<b>96.7</b>
	Total	183	100.0

#### **4.7 Relationship between socio-demographic characteristics and job satisfaction**

Pearson product moment correlation (Pearson  $r$ ) analysis was conducted to determine the relationship between socio-demographics and job satisfaction as the variables were linearly related and measured on an interval scale. The results showed a negative correlation between the age of midwives, the years of experience as midwives and the number of years worked in the hospital and job satisfaction. As indicated in Table 4.9 below, there was statistically significant correlation between age of midwives' ( $r = -.207, p = .005$ ); number of years working as a midwife ( $r = -.456, p = .001$ ) and number of years working in the hospital ( $r = -.383, p = .001$ ) and job satisfaction. These significant correlations mean that as the age of midwives, the years of experience as midwives and the number of years worked in the hospital increases, job satisfaction level decreases.

Table 4.9 Relationship between socio-demographic characteristics and job satisfaction

Variables	Job satisfaction	
	r	p- value (2-tailed)
Age of respondents	-.207	<b>.005</b>
Number of years working as a midwife	-.456	<b>.001</b>
Number of years working in the hospital	-.383	<b>.001</b>

#### **4.8 Relationship between professional practice environment and burnout**

A Pearson product moment correlation (Pearson r) analysis was conducted as the variables were linearly related and measured on an interval scale to determine the relationship between PPE and burnout. The results showed a negative correlation between PPE and burnout. There was a statistically significant correlation between nurse manager leadership, ability and support and two domains of burnout; emotional exhaustion ( $r = -.237, p = .001$ ) and depersonalization ( $r = -.174, p = .019$ ). These imply that the higher the leadership, ability and support of nurse managers, the lower the experience of emotional exhaustion and depersonalization by midwives. Similarly, collegial midwife-physician relation had statistically significant relationship with emotional exhaustion ( $r = -.221, p = .003$ ) and depersonalization ( $r = -.274, p = .000$ ). This significant correlation indicates that an increase in a collegial midwife-physician relationship leads to a decrease in emotional exhaustion and depersonalization.

Additionally, nursing foundation for quality of care showed a statistically significant relationship with emotional exhaustion ( $r = -.304, p < .001$ ) and depersonalisation ( $r = -.197, p = .008$ ) respectively, indicating a decrease in emotional exhaustion and depersonalisation as nursing

foundation for quality of care increases. This relationship shows that midwives with a higher nursing foundation for quality of care experience lower levels of emotional exhaustion and depersonalisation.

Moreover, the results revealed that staffing and resource adequacy had a statistically significant negative correlation with depersonalisation ( $r = -.230$ ,  $p = .002$ ) and an insignificant correlation with emotional exhaustion. This suggests that while an increase in staffing and resources leads to a decrease in depersonalisation, there is no significant change in emotional exhaustion when staffing and resource adequacy increases. However, there was no statistically significant correlation between all the areas of PPE and the third domain of burnout (personal accomplishment).

**Table 4.10 Relationship between professional practice environment and burnout**

Aspects of Professional Practice Environment	Emotional Exhaustion		Depersonalisation		Personal Accomplishment	
	R	p – value (2-tailed)	r	P – value (2-tailed)	r	P – value (2-tailed)
Nurse Manager Leadership, Ability & Support	-.237**	.001	-.174**	.019	.056	.450
Collegial Nurse – Physician Relationship	-.221**	.003	-.274**	.001	-.123	.098
Staffing and Resource Adequacy	-.122	.099	-.230**	.002	-.059	.425
Midwives’ Participation in Hospital Affairs	-.057	.440	.020	.788	.039	.601
Nursing Foundation for Quality of Care	-.304**	.000	-.197**	.008	.079	.288

**Dependent variables: Emotional exhaustion and depersonalisation, 95% confidence level ( $\alpha$**

**= .05)**

#### **4.9 Relationship between professional practice environment and job satisfaction**

The Pearson Product Moment Correlation was used to examine the relationship between PPE and midwives' job satisfaction. The results are presented in Table 4.10 below. As shown in the table, midwives' job satisfaction was found to have a moderate positive correlation with nurse manager leadership, ability and support ( $r = .444$ ,  $p = .001$ ) and collegial nurse-physician relationship ( $r = .349$ ,  $p = .001$ ) which is statistically significant. These correlations imply that an increase in nurse manager leadership, ability and support and collegial midwife-physician relationship leads to a corresponding increase in midwives' job satisfaction. Hence, good nurse manager leadership, ability and support and collegial nurse-physician relationship lead to better job satisfaction of midwives.

Similarly, there was a moderate significant positive relationship between staffing and resource adequacy and midwives' job satisfaction ( $r = .356$ ,  $p = .001$ ); indicating that midwives' job satisfaction increases when there is an increase in the adequacy of staffing and resources. Nursing foundation for quality of care also demonstrated a moderate positive relationship with job satisfaction which is statistically significant ( $r = .406$ ,  $p = .001$ ). However, midwives' participation in hospital affairs showed a weak but statistically insignificant positive relationship with job satisfaction ( $r = .142$ ,  $p = .06$ )

**Table 4.11 Relationship between professional practice environment and job satisfaction**

Variable ( Aspects of Professional Practice Environment)	Level of job satisfaction	
	r	P – value (2-tailed)
Nurse Manager Leadership, Ability &Support	.444	.001
Collegial Nurse – Physician Relationship (working relationship)	.349	.001
Staffing and Resource Adequacy	.356	.001
Midwives’ Participation in Hospital Affaires	.142	.060
Nursing Foundation for Quality of Care	.406	.001
<b>Dependent variable: Job satisfaction, 95% confidence level (<math>\alpha = .05</math>)</b>		

#### 4.10 Predictors of midwives job satisfaction

A multiple linear regression analysis was used to determine the predictors of midwives’ job satisfaction in three models. The results are presented in Table 4.11 below. In model one, only socio-demographic characteristics that met the assumption of a multiple linear regression analysis were included to determine if they significantly accounted for midwives job satisfaction. The results showed that socio-demographic characteristics (age, years of work as a registered midwife and years of work at a current hospital) accounted for 30.3% of the variance in job satisfaction [ $R^2 = .303$ ,  $F_{(3, 179)} = 25.939$ ,  $p = .001$ ]. However, years of work as a registered midwife and years of work at the current hospital were the significant predictors of job satisfaction in model one.

In the second model, the five components of midwives’ PPE were added to the socio-demographic characteristics. It was found that socio-demographic characteristics together with PPE significantly explained 48.9% of the variance in job satisfaction [ $R^2 = .489$ ,  $F_{(8, 174)} = 20.784$ ,  $p = .001$ ]. Nurse manager leadership, ability and support, collegial midwife-physician

relationship, staffing and resource adequacy contributed 29%, 7.4% and 22.3% respectively to the model. Additionally, midwives' participation in hospital affairs and nursing foundation for quality care contributed 10.0% and 15.1% respectively. In examining the variables, four of them emerged as significant predictors of job satisfaction in this second model. They were years of work as a registered nurse ( $p = .001$ ), years of work at current hospital ( $p = .006$ ), nurse manager leadership, ability and support ( $p = .001$ ), staffing and resource adequacy ( $p = .001$ ) and nursing foundation for quality of care ( $p = .013$ ). On the other hand, age, collegial midwife-physician relationship and midwives' participation in hospital affairs did not contribute significantly to the model.

Furthermore, the third and final model included socio-demographic characteristics, PPE and burnout (emotional exhaustion, depersonalisation and personal accomplishment). The results revealed that socio-demographic characteristics, PPE and burnout significantly predicted job satisfaction, explaining 51.3% of the variance in job satisfaction [ $R^2 = .513$ ,  $F_{(11, 171)} = 16.355$ ,  $p = .001$ ]. When burnout was examined for its contribution to the model, emotional exhaustion, depersonalisation, and personal accomplishment contributed 16.8%, 4% and 0.4% respectively to the model. Age, collegial midwife-physician relationship, midwives' participation in hospital affairs, depersonalisation and personal accomplishment did not contribute significantly to the model. Therefore, the predictors of midwives' job satisfaction in this study are years of work as a registered midwife, years of work in a current hospital, nurse manager leadership, ability and support, staffing and resource adequacy, the nursing foundation for quality of care and emotional exhaustion.

**Table 4.12 Predictors of midwives' job satisfaction**

Predictors	Unstandardized Coefficients		Standardized Coefficients		Correlations	
	B	Std. Error	Beta	t	Sig.	r
Model 1 (Constant)	163.588	10.250		15.959	.000	
Age	-.401	.256	-.101	-1.564	.120	-.207
Years of work as a registered midwife	-2.556	.456	-.368	-5.601	.000	-.456
Years of work at current hospital	-2.954	.632	-.299	-4.673	.000	-.383
<b>Model 1 Summary: R<sup>2</sup> = .303, F<sub>(3,179)</sub> = 25.939, p &lt; .001</b>						
Model 2 (Constant)	31.346	20.660		1.517	.131	
Age	-.245	.227	-.062	-1.082	.281	-.207
Years of work as a registered midwife	-1.583	.426	-.228	-3.717	.000	-.456
Years of work at current hospital	-1.606	.583	-.162	-2.755	.006	-.383
Nurse Manager, Leadership, Ability & Support	1.341	.270	.290	4.962	.000	.444
Collegial Nurse-Physician Relationship	.544	.451	.074	1.206	.230	.349
Staffing and Resource Adequacy	1.443	.377	.223	3.824	.000	.356
Midwives' Participation in Hospital Affaires	2.029	1.108	.100	1.830	.069	.142
Nursing Foundation of Quality of Care	2.494	.998	.151	2.500	.013	.406
<b>Model 2 Summary: R<sup>2</sup> = .489, F<sub>(8,174)</sub> = 20.784, p &lt; .001</b>						
Model 3 (Constant)	63.285	25.128		2.518	.013	
Age	-.183	.225	-.046	-.812	.418	-.207
Years of work as a registered midwife	-1.530	.420	-.220	-3.641	.000	-.456
Years of work at current hospital	-1.492	.576	-.151	-2.592	.010	-.383
Nurse Manage Leadership, Ability & Support	1.250	.271	.271	4.611	.000	.444
Collegial Nurse-Physician Relationship	.389	.454	.053	.857	.393	.349
Staffing and Resource Adequacy	1.404	.373	.217	3.761	.000	.356

Midwives' Participation in Hospital Affairs	1.940	1.094	.096	1.774	.078	.142
Nursing Foundation of Quality of Care	2.007	1.005	.122	1.996	<b>.047</b>	.406
Emotional Exhaustion	-.417	.146	-.168	-2.863	<b>.005</b>	-.388
Personal Accomplishment	-.166	.226	-.040	-.734	.464	-.011
Depersonalisation	-.031	.417	-.004	-.074	.941	-.149

**Model 3 Summary:  $R^2 = .513$ ,  $F_{(11,171)} = 16.355$ ,  $p < .001$**

**Dependent variable: Job satisfaction, 95% confidence level ( $\alpha = .05$ )**

#### 4.11 Summary of findings

The average age of the midwives in the study was approximately 38years. All the respondents were females, and approximately 72% (n=134) were married. Approximately 49% (n=90) midwives had a certificate in midwifery education and the average years of practice as registered midwives is 6years. The majority, (35%, n=64) were staff midwives and the common unit most of them, 44.3% (n=81) worked in was the maternity /obstetric wards.

The study findings indicated that generally, midwives had good PPE (mean=81.92, SD=15.13) regarding: nurse manager leadership, ability and support, working relationship with physicians, participation in hospital affairs and foundation for quality of care. However, a high number (mean= 13.96, SD6.38) of midwives reported of staffing and resources inadequacy. About burnout of midwives, emotional exhaustion which is one of the components recorded high (mean=36.31, SD=16.57) suggesting midwives' experience emotional exhaustion at work. Surprisingly, the personal accomplishment was also high (mean=46.20, SD=10.03) indicating that midwives feel competent at work. The third component of burnout, depersonalization, was low (mean=4.54, SD=2.55) which also suggest that midwives do not feel depersonalised on their job. In addition to these findings, the study revealed that midwives were generally satisfied with their work (mean=115.2, SD=41.27). They have personal satisfaction (mean=22.7, SD=3.83),

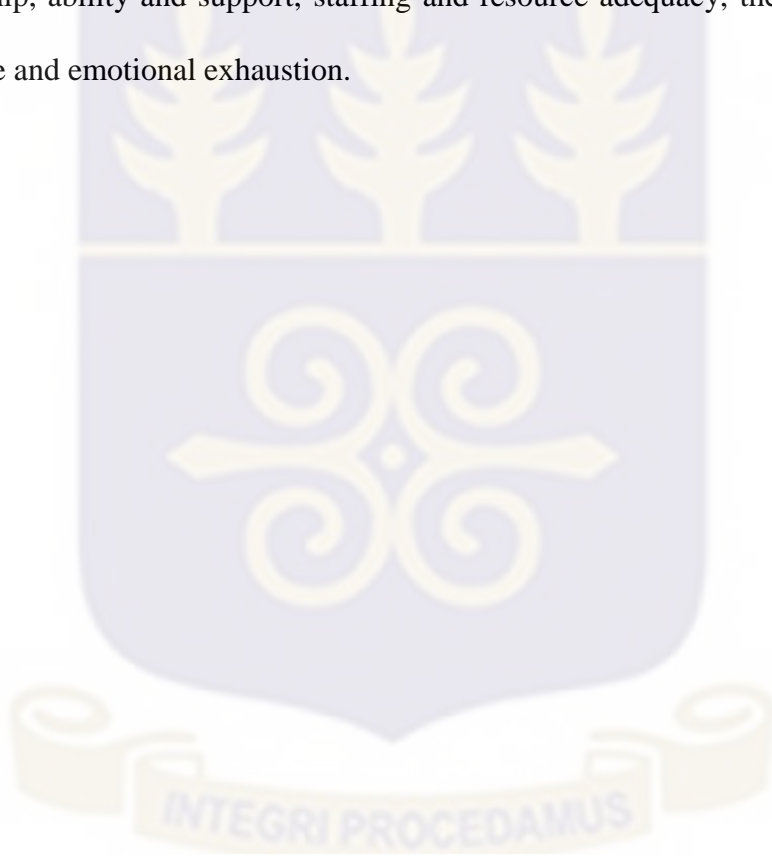
satisfaction with workload (mean=24.30, SD=4.74), satisfaction with professional support (mean=44.62, SD=9.00), satisfaction with prospects (mean=19.23, SD=4.89), and satisfaction with standards of care (mean=23.78, SD=4.07). Nonetheless, their satisfaction with pay was low (mean=9.754, SD=4.13) which implies that they were dissatisfied with their salaries.

Furthermore, study results showed a negative correlation between PPE and burnout. There was a statistically significant correlation between nurse manager leadership, ability and support and two domains of burnout: emotional exhaustion ( $r = -.237, p=.001$ ) and depersonalisation ( $r = -.174, p=.019$ ). This implies that the higher the leadership, ability and support of nurse managers, the lower the experience of emotional exhaustion and depersonalization by midwives. Similarly, the other components of PPE such as collegial midwife-physician relation and nursing foundation for quality of care had statistically significant correlations with emotional exhaustion and depersonalization. The results also revealed that staffing and resource adequacy had a statistically significant negative correlation with depersonalisation ( $r = -.230, p = .002$ ) and an insignificant correlation with emotional exhaustion. The implication is that an increase in staffing and resource adequacy leads to a decrease in depersonalisation but no significant change in emotional exhaustion. On the other hand, there was no statistically significant correlation between all the areas of PPE and the third domain of burnout (personal accomplishment).

There was a positive correlation between PPE and job satisfaction. Job satisfaction of midwives' have a moderate positive correlation with nurse manager leadership, ability and support ( $r = .444, p = .001$ ) and collegial midwife-physician relationship ( $r = .349, p = .001$ ) which was statistically significant. These correlations suggest that an increase in nurse manager leadership, ability and support and collegial midwife-physician relationship leads to a corresponding increase in job satisfaction of midwives. Similarly, the other components of PPE

such as staffing and resource adequacy, the nursing foundation for quality of care had a moderate significant positive relationship between them and job satisfaction of midwives'. However, midwives' participation in hospital affairs showed a weak but statistically insignificant positive correlation with job satisfaction ( $r = .142, p = .06$ ).

Lastly, the regression analysis showed that the predictors of job satisfaction of the midwives' were: years of work as a registered midwife, years of work in a current hospital, nurse manager leadership, ability and support, staffing and resource adequacy, the nursing foundation for quality of care and emotional exhaustion.



## CHAPTER FIVE

### DISCUSSION OF FINDINGS

This chapter discusses the findings of the research study. The socio-demographic features are discussed first followed by the other findings which are discussed according to the objectives of the study.

#### 5.1 Socio – demographic characteristics

The majority of the midwives (51.4%) were between the ages of 26 and 35 years with the mean age of 38 years. This age range is considered young due to some factors. First, the brain drain that occurred between the 1990s and 2000s which took the crème of our nurses' and midwives' away to the Western world for greener pastures (Dovlo, 2007) resulted in acute shortage of nurses and midwives called for the training of more hands. Again, the aging midwifery population played a part in the training of more midwives. A USAID survey report stated that about 79% of midwives were between age 41 and 60 years (Prosser *et al.*, 2006). Again, according to the health workforce in Ghana, 66.24% of the health workers fall within the age's 25-35 years (GHS Annual Report, 2014). Furthermore, the shift from the post basic midwifery programme to the current direct/straight (diploma) midwifery. Again, the increase in number of midwifery training schools to fourteen (Lori *et al.*, 2012) which had been only two schools in the 1970s had all been the result of the young generation of midwives' in the system.

All the respondents were females because globally, nursing and midwifery have been dominated by female population and Ghana is not an exception (Anafi *et al.*, 2010). The study found the majority (72.1%) of the midwives to be married women who suggest that they had other commitments which could also add to their stressors.

The majority (49.2%) of the midwives had certificates in midwifery education which indicated that there was more room for career development among the midwives'.

The staff midwife's rank was the common rank for the majority (35.0%) of midwives' assessed. This is because the majority of the midwives were young in the profession. Findings of the current study indicated that most (37.2%) of the midwives' have practised as professional midwives for between 1 and 3 years. This shows that majority of the midwives do not have experience in midwifery skills to be able to detect complications early for appropriate care at the health facilities and might be some of the causes for increased maternal and infant deaths. Again, experienced midwives' would have less burnout than inexperienced midwives' because they would have better-coping strategies when they are under undue stress and having burnout (Mollart *et al.*, 2013). The majority (49.7%) had also worked briefly at their current hospital or unit in the facility as discussed earlier and might not have gained all the mastery that one needs to be able to skillfully detect challenges that come with the work. Findings of the research study showed that most (44.3%) of the midwives work at the maternity or obstetric ward. The maternity or obstetric ward caters for all maternal health issues. Again, there is a heavy workload, and therefore more midwives are put there to work. Regarding hours worked in a day, the majority (89.6%) of midwives work for eight hours a day which adds up to forty hours a week, which is the standard work hours according to Labour Law in Ghana, Act 561 of 2003 (Anafi *et al.*, 2010).

## **5.2 Professional practice environment of midwives**

PPE is an important factor to be considered in job satisfaction (Papastavrou *et al.*, 2012) of Midwives. Positive PPE motivates midwives to work better than in a poorly structured work environment. The study findings indicated that generally, the total mean score was high ( $n=81.92$ ,  $SD=15.13$ ) on their practice environment. This suggests that midwives had good practice environment. This is consistent with previous studies (Wang *et al.*, 2015). In the various subscales of PPE such as nurse manager leadership, ability and support 73% ( $n=133$ ), collegial relationship between midwives' and physicians 84% ( $n=153$ ), midwives' participation in hospital affairs 89.6% ( $n=164$ ) and nursing foundation for quality care 91% ( $n=167$ ) all had good scores. Except for staffing and resources adequacy which recorded 62% ( $n=114$ ) which meant some midwives were not satisfied because they have inadequate human and material resources at their facilities. This finding is in agreement with previous studies (Klopper *et al.*, 2012; Pallant *et al.*, 2016; Wang *et al.*, 2015). One of the key challenges to non-achievement of the development goals was the limited deployment of skilled health workers, the supply of equipment, logistics, staff accommodation, transportation and ambulance services (UNDP Ghana Report, 2015). All these add to the burnout of midwives in the facilities and leads to job dissatisfaction.

Interpersonal relationships between nurses and physicians are inevitable because of the nature of their work. These interactions may be very stressful periods for nurses which may influence their job satisfaction as reported by research studies. When there is no respect and trust in this relationship it ends up in poor working environment (Ellis & Hartley, 2003). Again, findings from previous studies showed that relationships between nursing colleagues and medical staff, and autonomy affects nurse's job satisfaction positively (Hayes *et al.*, 2010; McDonald *et*

*al.*, 2010). The findings of current research showed a collegial relationship between midwives and their physicians.

Autonomy of the midwife is affected if she has no control over her work environment regarding staffing and resources, participating in hospital affairs and having a good foundation for quality care (Numminen *et al.*, 2016). Lavender and Chapple (2004) in England also emphasised that autonomy promote job satisfaction of midwives' working in maternity services. Some hospitals have been described as 'magnet' because they could attract and retain professional nurses. These nurses have autonomy, basis for quality care, ability to manage and lead, have adequate staff and resources to work with and have established good interpersonal relationships with their physicians (Wang, 2013). Studies have shown that when more efforts are made to improve the practice environment, job satisfaction and nurse retention also improves (Klopper *et al.*, 2012). The findings from current study indicated that midwives had good managerial support, a good foundation for quality care and increased participation in hospital affairs. These create a congenial atmosphere for work to progress, burnout reduced, and job satisfaction is increased. Therefore, it is important that managers create more room for midwives to interact with their managers and share their challenges. Practices of the day indicate that it is of high importance for leadership to support and build confidence in employees and promote effective communication and respect their opinions and this is considered by the staff as job satisfaction (Wang *et al.*, 2012; Garon, 2012). The young midwives must be motivated and rewarded in various ways, for example, a pad on the shoulder for jobs well done, opportunity to attend workshops and upgrade themselves and periodic in-service education to strengthen the foundation for quality care. Assign less sensitive position to them on hospital committees to tap the special expertise and identify other potentials in them.

### **5.3 Burnout among midwives**

Burnout is a widely studied phenomenon reported to be characterised by a group of psychological disorders that people develop in response to chronic stressors at work (Rouleau *et al.*, 2012). Burnout results are reported as a high, moderate or average and low degree burnout, depending on the score for each of the subscales. A high degree of burnout is reflected in high scores on the Emotional Exhaustion and Depersonalisation subscales and a low score on the Personal Accomplishment subscale. An average degree of burnout is reflected in average scores on the three subscales, and a low degree of burnout is reflected in low scores on the Emotional Exhaustion and Depersonalisation subscales and a high score on the Personal Accomplishment subscales (Maslach *et al.*, 1996). Findings from the current research showed that midwives had various degrees of burnout as far as the components or subscales are concerned.

The findings of the current study showed that quite a number of midwives scored moderate (38.8%) to high, (33.9%) on emotional exhaustion, as high as 86.9% had low depersonalisation and 82.5% had personal accomplishment. This is in agreement with the study of Mollart *et al.* (2013) who reported that Australian midwives experienced moderate to high level emotional exhaustion, had personal accomplishment and others experienced depersonalisation at work. Banovcinova *et al.* (2014) also reported similar findings in Slovak and Hayes *et al.* (2015) among Australia and New Zealand nurses. Another similar study of midwives in Senegal by Rouleau *et al.* (2012) showed moderate to high degree experience of emotional exhaustion at work, depersonalisation and had personal accomplishment.

One would have thought that midwives in the current study would be emotionally exhausted from work overload looking at the midwife to women in fertility age (WIFA) ratio of 1:1,374 (GHS Annual report, 2014) in Ghana but rather the findings recorded that 89.6% (n=164)

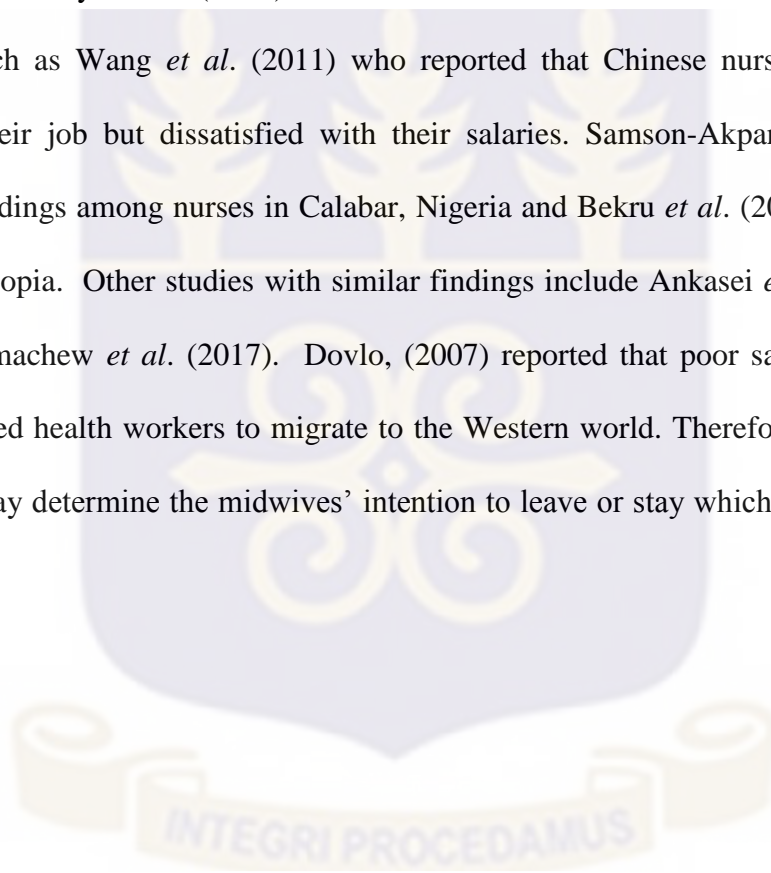
of midwives were satisfied with workload. It is also interesting to note in the current study that though midwives experienced moderate to high degree of emotional exhaustion, they rather felt more accomplished in their work and less depersonalisation. This goes to buttress the statement that midwives will not face realities to acknowledge that their work is emotionally demanding but see it as a joy and a privilege to be a part of caring for women and their babies (Pezaro *et al.*, 2015). It could be that the emotional exhaustion they experienced was as a result of the staffing and resource inadequacy that recorded 62.3% (n=114) which meant lack of staff and resources to work with. Even though the findings suggested good workload, the emotional exhaustion might be coming from the older midwives. However, the study did not compare age groups against the subscale which is a limitation.

#### **5.4 Job satisfaction among midwives**

Job satisfaction of a worker is an inner joy he receives from accomplishing his work and not just the money or the material gains that come with it (Asegid *et al.*, 2014). The roles of organisations' are numerous but one most important role is to satisfy their workers because a satisfied employee works efficiently and effectively to achieve organisational goals (Shaukat *et al.*, 2012). The findings of the current study suggested that midwives were generally satisfied with their work (mean=115.24, SD=41.27) which is in congruent with the findings of other studies (Hampton *et al.*, 2012; Muhammadani, 2015; Hayes *et al.*, 2015; Hwang *et al.*, 2013; Edet *et al.*, 2016). For the subscales, 92.9% (=170) had personal satisfaction, 90.7% (n=166) were satisfied with professional support, 83.1% (n=152) were satisfied with prospects, 96.7% (n=117) were satisfied with standards of care and interestingly 89.6% (n=164) were satisfied with their workload. The only reason that could be attributed to their satisfaction with workload would be probably the disparities in the distribution of skilled workforce in the regions. Accra metropolis

being the region with a rich number of professional midwives could reduce the workload on midwives. Similar findings in the work of Munyewende *et al.* (2014) in South Africa reported that the mean scores for the subscales on personal satisfaction, professional support, prospects and standards of care were relatively high in both provinces but had few contradictions in verbal questioning (open-ended) of the participants.

However, the findings of the current study on the salaries of midwives revealed that they were not satisfied. Only 42.1% (n=77) were satisfied with their salaries. This is consistent with other studies such as Wang *et al.* (2011) who reported that Chinese nurses were moderately satisfied with their job but dissatisfied with their salaries. Samson-Akpan *et al.* (2016) also reported such findings among nurses in Calabar, Nigeria and Bekru *et al.* (2017) reported among midwives in Ethiopia. Other studies with similar findings include Ankasei *et al.* (2011), Sultana *et al.* (2011) Semachew *et al.* (2017). Dovlo, (2007) reported that poor salary was one of the factors that pushed health workers to migrate to the Western world. Therefore, poor salary aside other findings may determine the midwives' intention to leave or stay which was not explored in this study.



### **5.5 Relationship between socio- demographic characteristics and job satisfaction**

Socio-demographic characteristics help to identify aspects of the individual that has an influence on his job satisfaction. Establishing this relationship is very important to modify or maintain to improve job satisfaction. Findings of the current study showed a negative correlation between socio-demographic characteristics and job satisfaction. There was statistically significant correlation between age of midwives' ( $r = -.207, p = .005$ ); number of years working as a midwife ( $r = -.456, p = .001$ ) number of years working in the hospital ( $r = -.383, p = .001$ ) and job satisfaction. These imply that as the age of midwives, the years of experience as midwives and the number of years worked in the hospital increases, job satisfaction level decreases. Previous studies showed similar findings, for instance, Wang et al. (2013) reported similar characteristics among Chinese and Korean nurses. In Indonesia age and years of experience were significantly associated with job satisfaction Negara *et al.* (2013); Jalaluddin *et al.* (2015) and Munyewende *et al.* (2014) also reported similar findings in Pakistan and South Africa respectively. The negative relationship between age of midwives, years of professional practice and years of service in the hospital and job satisfaction in the current study suggest that the young midwives would enjoy the work better than the older ones because they are more energetic, zealous and full of life and with less social responsibility. Management would have to motivate and supervise young midwives to work to gain competency and skill through experience. Management should find ways to get the older and the experienced midwives to get some satisfaction. The older ones might have other physical, socio-economic and life challenges that militate against their satisfaction level. They must be encouraged to mentor the young midwives and allowed to explore under supervision.

## **5.6 Relationship between PPE and burnout**

The results of Klopper *et al.* (2012) study on critical care nurses in South Africa showed that practice environment, job satisfaction and burnout have a link. Choi *et al.* (2012) also reported similar findings among nurses in the USA. There is job satisfaction of the nurse when practice environment improves, and levels of burnout lower. Findings from the current study showed a negative correlation between PPE and burnout. Hayes *et al.* (2013) reported similar findings among haemodialysis nurses in Australia and New Zealand.

There was a statistically significant correlation between nurse manager leadership, ability and support and two domains of burnout; emotional exhaustion ( $r = -.237, p = .001$ ) and depersonalization ( $r = -.174, p = .019$ ). Similarly, collegial midwife-physician relation had statistically significant relationship with emotional exhaustion ( $r = -.221, p = .003$ ) and depersonalization ( $r = -.274, p = .000$ ). These findings could be due to staffing and resource inadequacy that leads to the possible workload with its accompanying burnout. If such situation continue it may lead to a lack of quality care. Nursing foundation for quality of care showed a statistically significant relationship with emotional exhaustion ( $r = -.304, p < .001$ ) and depersonalisation ( $r = -.197, p = .008$ ) respectively. Findings from current study further showed that staffing and resource adequacy had a statistically significant correlation with depersonalisation ( $r = -.230, p = .002$ ). This suggests that when staffing and resource is inadequate depersonalisation also increases. Therefore there should be enough resources and available staff to work to reduce depersonalisation in midwives which could lead to job dissatisfaction. If midwives are dissatisfied with their work, they will not take good care of their clients and care will end up with complications which would rather increase maternal death rather

than reduce it. In other words, if midwives become frustrated in their work, they will become dissatisfied and quality of care will be affected which will end up with increased maternal deaths

### **5.7 Relationship between PPE and job satisfaction**

Studies have shown that there is a strong correlation between nurses' job satisfaction and supportive work environment (Duffield *et al.*, 2010; Numminen *et al.*, 2015). Findings of the current study showed a positive correlation between PPE and job satisfaction. This is in agreement with previous studies (AbuAlRub *et al.*, 2016; Bogaert, 2012; Kaddourah *et al.*, 2013, Wang *et al.*, 2015) who also reported a positive correlation between the two, PPE and job satisfaction. This means that when midwives have supportive practice environment it gives them satisfaction at work. Also, it is important to note that positive changes in the nursing practice environment would not only result in job satisfaction of midwives but leads to quality nursing care (Siddiqui, 2013). If professional midwives are working in such positive environments, then their clients and their relatives would not have any justification to complain about poor attitude of midwives as is usually heard but they would render quality care to clients (Nyirenda & Mukwato, 2016).

Findings from the current study showed moderate positive correlation ( $r = .444$ ,  $p = .001$ ) between Nurse Manager Ability, leadership and support, Collegial midwife- physician relationship ( $r=.349$ ,  $p=.001$ ) and job satisfaction. This indicates that an increase in nurse manager leadership, ability and support and midwife- physician relationship will cause a corresponding increase in job satisfaction of midwives. This is in line with previous research in South Africa (Klopper *et al.*, 2012). There was a positive correlation in all the subscales of practice environment and job satisfaction. However, the current study found a weak but statistically insignificant positive correlation ( $r=.142$ ,  $p=.06$ ) between midwives' participation in hospital

affairs and job satisfaction. There is the need for authorities to include the young midwives in decision making because they form the bulk of the working population. Again, mentoring these young midwives by the few older ones left will go a long way to sustain their midwifery skills.

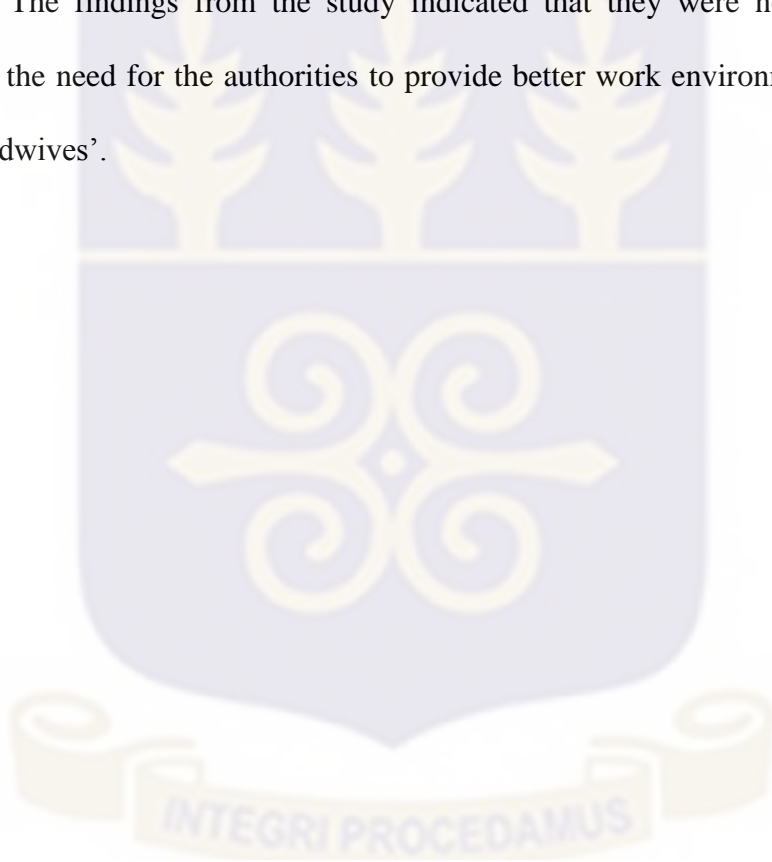
### **5.8 Predictors of job satisfaction**

In this study, predictors of job satisfaction among midwives' have been years of work as a registered midwife, years of work in current hospital, nurse manager leadership, ability and support, staffing and resource adequacy, nursing foundation for quality of care and emotional exhaustion [ $R^2 = .513$ ,  $F_{(11, 171)} = 16.355$ ,  $p = .001$ ]. This implies that the longer the years in practice as professional midwives or the longer the years working in a particular unit in the hospital the lower the level of job satisfaction. Previous studies (Donnell *et al.*, 2001; Maslach *et al.*, 2001; Lavery *et al.*, 2007, Wang, 2011., Hayes *et al.*, 2015) reported that aging has an impact on stress and burnout which eventually affects job satisfaction. The implication is that when people gain experience over the years, it helps them to manage their stress better. Wilson *et al.*, (2008) explains that older nurses had job satisfaction and lower levels of burnout because of a higher salary, high-level autonomy, the higher probability for promotion and good life.

Research findings revealed that poor management practices and resource inadequacy are important indicators of midwives' dissatisfaction with their jobs (Pallant *et al.*, 2016). Human and material resource inadequacy continues to pose a challenge to improving maternal health and the Sustainable Development Goal 3 (SDG 3) in Sub-Saharan African including Ghana. Midwives' are the principal service providers of care and support for mothers throughout pregnancy, delivery and puerperium, and newborns at the critical stage in their lives (Bekru *et al.*, 2017). Every effort must be made to keep midwives happy at the post so that they will work hard towards reducing maternal mortality in the facilities.

Furthermore, a disparity in the distribution of SBA is an area of concern in the sub region. Even though there has been an improvement in the number of midwives trained and Skilled Birth Attendants (SBA) in recent times in Ghana, there must be equitable regional distribution of SBA (Asamoah *et al.*, 2014) to distribute workload, reduce burnout and increase job satisfaction.

In summary, the practice environment of midwives plays very vital role in their job satisfaction. If their practice environment is good enough, they experience low burnout and the opposite is true. The findings from the study indicated that they were not happy with their salaries. There is the need for the authorities to provide better work environment to enhance job satisfaction of midwives'.



## **CHAPTER SIX**

### **SUMMARY, IMPLICATIONS, LIMITATIONS, CONCLUSION AND RECOMMENDATION**

This chapter highlights the summary of the whole study and brings out implications for nursing practice and research. The chapter also presents the limitations, conclusion and recommendations based on the findings.

#### **6.1 Summary of the study**

Job satisfaction is an important and interesting phenomenon of study whose consequences thereof affect both the employer and the employee. One of the key issues in the field of organisational success is job satisfaction (Ghoreishi *et al.*, 2014). Nurses' job satisfaction has been studied over the years bordering around issues such as personnel shortages, resource inadequacy, intention to leave and others (Liu, Zhang, Ye, *et al.*, 2012). Findings from research studies have shown that high level of job satisfaction retain nurses, influences the quality of care and improves the healthcare system in a nation (Munyewende *et al.*, 2014; Coetzee *et al.*, 2013).

This study investigated the factors that influence job satisfaction among midwives. A cross sectional quantitative research design was employed in this research work. Data was collected from 183 midwives' after ethical approval from IRB, Noguchi Memorial Institute for Medical Research, Legon was obtained. A standardised structured data collection tool with 106 test items in five sections namely: socio-demographic, PES-NWI, MBI, MJS and Intention to leave were used to collect data after pretest at Ga South Municipal Hospital, Accra. The study setting was Accra Metropolis where ten hospitals were selected for data collection. The facilities included: Achimota hospital, Ridge hospital, Maamobi polyclinic, Kaneshie Polyclinic, Ussher polyclinic, Mamprobi Polyclinic, Adabraka polyclinic, University hospital, Legon, Police hospital

and Trust hospital. The facilities were selected using simple random sampling and respondents were conveniently selected to participate. Data were analysed using the Statistical Package for Social Sciences (SPSS) version 21. Descriptive analysis using frequencies, mean and standard deviation were used. Pearson r moment correlation was run to establish a relationship between socio-demographic characteristics and Job satisfaction; PPE and burnout and PPE and job satisfaction. Multiple regression analysis was used to ascertain the extent to which socio-demographic data, PPE and burnout predict job satisfaction.

Findings of the study revealed that generally midwives' had good practice environment, moderate burnout and high levels of job satisfaction. However, there were variations in some of the subscales.

Midwives' had good nurse manager leadership, ability and support coupled with good collegial midwife - physician relationship. Again midwives' participation in hospital affairs was good and nursing foundation for quality care was equally good. However, as high as 62.3% midwives' expressed that they had staffing and resource inadequacy. Even though more midwives' (38.8%) experienced moderate emotional exhaustion, the 33.9% who experienced high emotional exhaustion was alarming and calls for attention. It was good that 86.9% had low depersonalisation. It was equally nice that 82.5% experienced personal accomplishment. Midwives' were satisfied with all the subscales of job satisfaction namely: personal satisfaction, satisfaction with the workload, satisfaction with professional support, satisfaction with prospects and satisfaction with standards of care except satisfaction with salary. With salary 57.9% were dissatisfied.

The findings of the current study also showed a negative correlation between socio-demographic data and job satisfaction. However, there were statistically significant correlations between midwives' age, the number of years of practice as midwives and number of years working in the hospital and job satisfaction. Again there was a negative correlation between PPE and burnout.

However, there was a statistically significant correlation between nurse manager leadership, ability and support and two domains of burnout, emotional exhaustion ( $r = -.237, p = .001$ ) and depersonalization ( $r = -.174, p = .019$ ). Furthermore, collegial midwife-physician relationship had statistically significant correlation with emotional exhaustion ( $r = -.221, p = .003$ ) and depersonalisation ( $r = -.274, p = .000$ ). Foundation for quality care also showed a statistically significant relationship with emotional exhaustion and depersonalisation.

Nonetheless, staffing and resource adequacy showed statistically significant correlation with depersonalisation but an insignificant correlation with emotional exhaustion. It is important to note that there was no statistically significant correlation between PPE and the third domain of burnout, personal accomplishment. There was a moderate positive correlation between midwives' PPE and job satisfaction. All the subscales showed statistically significant correlation except midwives' participation in hospital affairs which showed a weak but statistically significant correlation ( $r = .142, p = .06$ ). Findings from the regression analysis showed that the predictors of job satisfaction were: years of work as a registered midwife, years of work in a current hospital, nurse manager leadership, ability and support, staffing and resource adequacy, the nursing foundation for quality of care and emotional exhaustion.

Findings of the study are in line with the constructs of the causal model of PPE. It has established very well the relationships among the constructs leading to the outcome variables. However, this study explored only one outcome variable that is job satisfaction.

## **6.2 Implications of the study**

The findings of this study have implications for midwifery practice, midwifery research and policy formulation.

### **6.2.1 Midwifery Practice**

The study found that for midwives to enjoy work in the various health facilities, there must be good practice environment. Low levels of burnout cannot be avoided since they work with people. Therefore, nurse managers should motivate the older ones to regularly engage in stress relieving exercises and seek counseling from a clinical psychologist when necessary.

The environment should also be good enough to have all that the midwives' need to work with since the findings showed staffing and resource adequacy as a challenge. Nurse Managers should identify among the auxiliaries those who are interested in midwifery education and be sponsored to improve on the shortage of staff.

The majority of the midwives' were young and without experience. Therefore, these midwives' must be given the opportunity to do most of the work since experience comes with practice and they have the zeal and the satisfaction at their young age as shown in the study. However, they must work under close supervision and monitoring must be frequent.

The few experienced ones in the system should mentor the young ones. The interpersonal relationship must be strengthened. This will take some of their stress and enhance their job satisfaction.

There should be special motivational packages as an award for deserving midwives to motivate others.

### **6.2.2 Midwifery Research**

The findings showed that research done on midwives job satisfaction in Ghana was very limited therefore this will add to existing knowledge. However, more midwives should be encouraged to research into the area of midwives' intention to leave and quality of care.

More midwives should be encouraged to write and publish articles on midwives and midwifery practice. For example, an evaluation study of the direct/straight midwifery diploma programme after fifteen years of its introduction is a very good topic to explore.

The art of writing should be encouraged among the young midwives as they work on the clients on the ward.

### **6.2.3 Policy formulation**

Findings indicated that one of the challenges faced with the success of achieving the goal of the then MDGs 5 was the limited deployment of skilled health workers and regional disparities. As a result, the Ministry of Health (MOH) should draw up policies that will improve recruitment and other human resource activities.

Findings of the study indicated that midwives were not satisfied with their salaries. Therefore, the government must take steps to improve salaries of nurses and midwives to enhance better job outcomes.

### **6.3 Insight gained**

This research study has enlightened the researcher's understanding of how to put into practice what was thought from data collection to the write-up and the discussion. The researcher was faced with the challenge of collecting data from ten hospitals as she moved from one hospital to the other within the Accra Metropolis. The disappointment of waiting for long hours and not meeting respondents even though you might have called on phone earlier before setting out is an experience well learnt.

Nonetheless, it has been rewarding as the researcher sees a well-finished work. She has gained a better understanding into all the theory that was thought in class after practically implementing it. It has been very exciting conducting this research work and it has increased the researcher's desire for more.

### **6.4 Limitations of the study**

The lack of previous research work done on job satisfaction of midwives in Ghana made it difficult to get the local information needed to understand the problem to be investigated.

The cross sectional design used means a cause and effect cannot be reported. However, the sample size of 183 makes it a fair representation of midwives for generalisation to the rest of the population. Further research using a different technique is recommended.

Moreover, no data was collected from any of the private maternity homes in the Metropolis apart from the public and quasi-government hospitals. Another study can be undertaken to make comparisons between job satisfaction among the public sector midwives' and the quasi- government or private midwives'.

## **6.5 Conclusion**

Findings from the study have indicated that midwives' generally have good practice environment and job satisfaction. However, they do not have adequate staff and resources to get the work done and that stresses them up in emotional exhaustion leading to dissatisfaction. Again, the midwives' were not satisfied with their salaries, and all these affected the midwives output. Furthermore, the findings indicated that majority of the midwives were younger with a few older midwives. These younger midwives with less experience were better satisfied with work than the older in years and experience.

Therefore the job satisfaction of these midwives is paramount. If the midwives have sound minds in sound bodies, there is bound to be quality care, and maternal health will improve in the country. Consequently, proactive nurse managers need to consider a positive PPE and a low burnout as important factors for better job outcomes.

## **6.6 Recommendations**

About the findings of the study, the following recommendations are made to the Ministry of Health (MOH), Ghana Health Service (GHS) and the Ghana Registered Nurses and Midwives Association (GRNMA).

### **6.6.1 Ministry of Health (MOH)**

The MOH should;

- Initiate the system of costing midwifery procedures just like medical procedures in the National Health Insurance scheme. This will raise more money to pay salaries and reward staff and also boost the morale of midwives.

- Establish at least one magnet hospital in the country which attracts and retains health personnel. The magnet hospital work environment of the midwife is characterised by high levels of midwife autonomy, higher education, good midwife – physician relationship, adequate staff and resources which bring job satisfaction, retains staff and ensures quality care.

### **6.6.2 Ghana Health Service (GHS)**

The GHS should:

- Distribute midwives fairly to the hospitals and within the regions to reduce the shortage of skilled birth attendants' that comes with stress and burnout in midwives due to work over load.
- Institute counseling and clinical psychologist units within the various hospitals to attend to staff who have psychological challenges such as stress and burnout.
- Provide all Labour wards with proper delivery beds to reduce stress in midwives as they conduct the numerous deliveries.

### **6.6.3 Ghana Registered Nurses and Midwives Association (GRNMA)**

The GRNMA should;

- Negotiate for better salaries for midwives taking into consideration the burnout that comes with the work.

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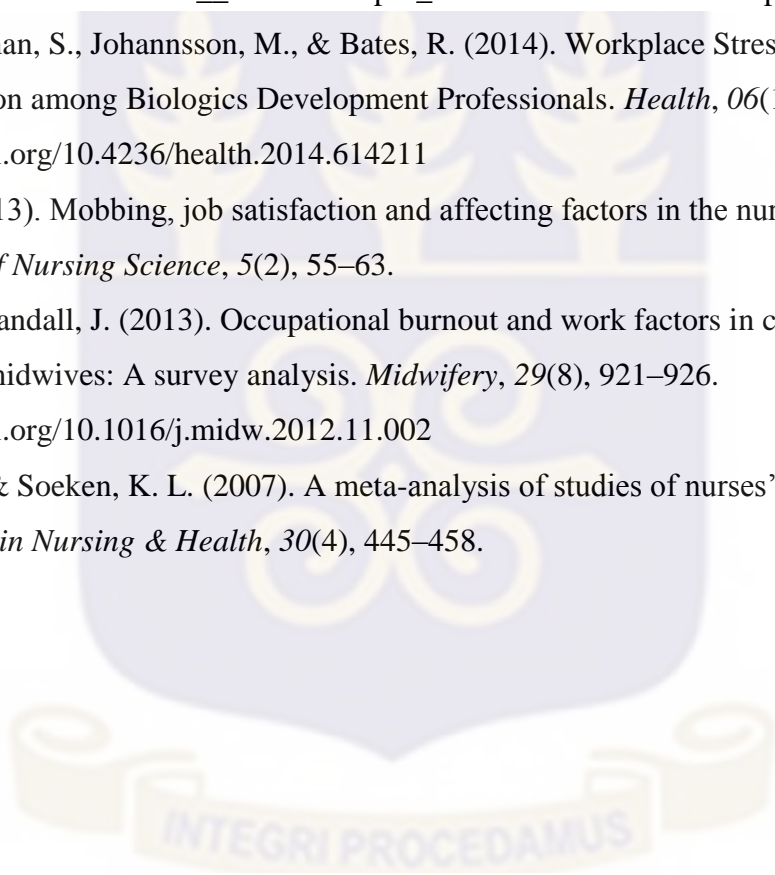
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**APPENDECES**

**APPENDIX A – DATA COLLECTION TOOL**

**DATA COLLECTION INSTRUMENT**

The purpose of this questionnaire is to collect information on factors that influence job satisfaction of midwives. Your candid opinion about what you feel about your work and its environment is therefore 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 midwifery practice in general and your name or identity will not be attached to the results to be generated from the interview.

**Section 1: Socio-demographic Data**

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

1. What is your current age? .....
2. Gender: Male ( ) Female ( )
3. What is your marital Status: Single ( ) Married ( ) Separated ( ) Divorced ( )  
Widowed ( )
4. Your highest qualification in Midwifery  
Certificate ( ) Diploma ( ) Bachelors ( ) Master of nursing/midwifery ( ) Doctorate in midwifery ( )
5. How long have you been practicing as a midwife .....
6. How long have you been working in this hospital? .....
7. Tick one unit where you work.  

OPD / Obstetric emergency ( )	NICU ( )
Antenatal / Postnatal ward ( )	Obstetric theater ( )
Maternity / Obstetric ward ( )	Family Planning ( )
Obstetrics / Gynae ward ( )	Others (Specify) .....
8. Current Rank  

Staff Midwife ( )	Midwifery officer ( )	DDNS ( )
Senior staff midwife ( )	Senior midwifery officer ( )	
Principal midwifery officer ( )	Midwifery superintendent ( )	



9. How many hours do you work in a day? 8 Hours ( ) 12 Hours ( ) others (specify).....

**Section 2: Practice Environment Scale of Nursing Work Index (PES-NWI)**

This part of the survey is to discover midwives' perception about their practice environment. Please select one response for each question by ticking the box (✓).

	Strongly Disagree (1)	Disagree (2)	Agree (3)	Strongly Agree (4)
<b>Nurse Manager Leadership, Ability &amp; Support</b>				
1.-You get career development/clinical ladder opportunity from the nurse manager.				
2. You get opportunities for advancement from the nurse manager.				
3. The nurse manager advances active staff development or continuing education programs for midwives.				
4.Midwives get opportunities to participate in policy decisions the hospital				
5. Midwives are involved in the internal governance of the hospital (e.g., practice and policy committees).				
6. Management listens and responds to employee concerns.				
7. The nurse manager is a good manager and leader.				
8. The nurse manager backs up the midwives in decision making, even if the conflict is with a physician/obstetrician.				



9. Midwives get praise and recognition for a job well done.				
10. There is an active quality assurance program for midwives.				
11. There is a preceptor program for newly hired midwives.				
<b>Collegial Nurse-Physician Relations (working relationship)</b>				
12. Physicians/obstetricians and midwives have good working relationships.				
13. Physicians/obstetricians respect midwives as professionals.				
14. Physicians/obstetricians value midwives' observations and judgments.				
15. Physicians/obstetricians recognize midwives' contributions to patient/client care.				
16. There is a lot of teamwork between midwives and physicians/obstetricians.				
17. There is collaboration between midwives and physicians/obstetricians in patient/client care.				
18. Physicians/obstetricians hold midwives in high esteem.				
<b>Staffing and Resource Adequacy</b>				
19. There is adequate number of registered midwives to provide quality patient/client care.				
20. There is enough staff to get the work done?				
21. You work with midwives who are clinically competent.				
22. You have adequate support services that allow you to spend time with your patients/clients.				
23. You get enough time and opportunity to discuss patient/client care problems with other midwives.				
24. You have supervisory staff that supports midwives.				
25. You have a CNO/DDNS who is highly visible and accessible to staff.				
<b>Midwives' Participation in Hospital Affairs</b>				
26. You have written and up-to-date care plans for all patients/clients?				



27. You have patient care assignments that foster continuity of care (i.e. same midwife cares for the patient from one day to the next).				
28. Registered midwives have the opportunity to serve on hospital and nursing committees.				
<b>Nursing Foundations for Quality of Care</b>				
29. Management has high expectation of standards of nursing care from midwives.				
30. Nursing care is based on a nursing rather than other model.				
31. There is a clear philosophy that pervades the patient/client care environment.				
32. CNO/DDNS is equal in power and authority to other top level hospital executives.				

**Section 3: Maslach Burnout Inventory (MBI)**

This part of the survey is to discover how midwives view their jobs and the people with whom they work closely. Please select one response for each question by ticking the box (✓).

Statement	Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every-day
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
1.I feel emotionally drained from my work.							
2.I feel used up at the end of the workday							
3.I feel fatigued when I get up in the morning and have to face another day on the job.							
4.I can easily understand how my clients feel about things.							
5.I feel I treat some clients as if they were impersonal objects.							

4



6. Working with people all day is really a strain for me.							
7. I deal very effectively with the problems of my clients.							
8. I feel burned out from my work.							
9. I feel I'm positively influencing other people's lives through my work.							
10. I've become more callous towards people since I took this job.							
11. I worry that this job is hardening me emotionally.							
12. I feel very energetic.							
13. I feel frustrated by my job.							
14. I feel I'm working too hard on my job.							
15. I don't really care what happens to some patients/clients.							
16. Working with people directly puts too much stress on me.							
17. I can easily create a relaxed atmosphere with my patients/clients.							
18. I feel elated after working closely with my patients/clients.							
19. I have accomplished many worthwhile things in my job.							
20. In my work, I deal with emotional problems very calmly.							
21. I feel patients/clients blame me for some of their problems.							



**Section 4: Measure of Job Satisfaction (MJS) scale**

How much do you feel about your job, ranging from very dissatisfied to very satisfied? Please select one response for each question by ticking the box (√).

Item No	Statement	Very Dissatisfied	Dissatisfied	Uncertain	Satisfied	Very Satisfied
		1	2	3	4	5
<b>Personal satisfaction</b>						
1	Accomplishment from my work					
2	Personal growth and development from my work.					
3	The extent to which my job is varied and interesting. .					
4	The amount of independent thought and action I can exercise in my work.					
5	The extent to which I can use my skills					
6	The amount of challenge in my job					
<b>Satisfaction with workload</b>						
7	The time available to get through my work					
8	The amount of time spent on administration					
9	My workload					
10	The amount of time available to finish everything that I have to do					
11	What I have accomplished when I go home at the end of the day					
12	The hours I work					
13	The time available for client care					



<b>Satisfaction with professional support</b>						
14	The degree to which I feel part of a team					
15	The opportunities I have to discuss my concerns					
16	The amount of support and guidance I receive					
17	The people I talk to and work with					
18	The degree of respect and fair treatment I receive from my boss					
19	The support available to me in my job					
20	The overall quality of the supervision I receive in my work					
21	The contact I have with colleagues					
22	Satisfaction with training being funded for courses					
23	The opportunities I have to advance my career					
24	The extent to which I have adequate training for what I do					
25	Time off for in-service training					
26	The opportunity to attend courses					
<b>Satisfaction with pay</b>						
27	Payment for the hours I work					
28	My salary/pay scale					
29	The degree to which I am fairly paid for what I contribute to this organization					
30	The amount of pay I receive					



Satisfaction with prospects						
31	My prospects for promotion					
32	My prospects for continued employment					
33	The amount of job security I have					
34	The possibilities for a career in my field					
35	The outlook for my professional group/branch of nursing					
36	How secure things look for me in the future of this organization					
Satisfaction with standards of care						
37	The quality of work with patients/clients					
38	The standard of care given to patients/clients					
39	The way that patients/clients are cared for					
40	The standard of care that I am currently able to give					
41	The general standard of care given in this unit					
42	Patients/clients are receiving the care that they need					

**Section 5: Intention to Leave**

Please select one response for each question by ticking the box (√) to indicate how much you agree or disagree with each of the following statements about your present job as a registered midwife within your hospital setting.

Statement	Strongly Disagree (1)	Disagree (2)	Neither agree nor disagree (3)	Agree (4)	Strongly Agree (5)
1. I plan to leave my hospital as soon as possible.					
2. I plan to stay in my hospital as long as possible.					



## APPENDIX B – CONSENT FORM

### CONSENT FORM

Title: Factors influencing job satisfaction among midwives in Accra metropolis.

Principal Investigator: Dorothy Akua Aikins (Mrs.)

Address: School of Nursing, College of Health Sciences, University of Ghana, P. O. Box  
LG 43, Legon.

#### General Information about Research

This study seeks to assess factors that influence job satisfaction among midwives. You are therefore invited to be part of the study because you are a trained midwife and can read and write English. If you agree to participate you will be required to sign a form and fill out a form with responses to questions asked. It will take you about 10 to 15 minutes to answer the questions. You have the right not to answer questions which make you feel uncomfortable and the right to refuse to participate in the study

#### Possible Risks and Discomforts

You will not be exposed to any risk as you participate in this study.

#### Possible Benefits

You will not have a direct benefit but you will benefit from changes the Ministry will put in place to help in human resource planning and also the finding will serve as a document for future research.

#### Confidentiality

Confidentiality will be assured because your name will not be written on the questionnaire. However, your name will be needed on the consent form which will be separated from the questionnaire to further ensure confidentiality. No one will have access to the information you provide except the researcher and her



supervisors. Your data will be kept for five years under lock and key with my supervisor at the School of nursing.

**Compensation**

You will not be given any compensation..

**Voluntary Participation and Right to Leave the Research**

Your participation is voluntary and you have the right to refuse to participate and the right to withdraw without any penalty

**Contacts for Additional Information**

Dorothy Akua Aikins, Department of maternal and child, school of nursing, University of

Ghana, Legon. Tel number: 0244932352

Email: aikinsdorothy@yahoo mail.com

**Your rights as a Participant**

This research has been reviewed and approved by the Institutional Review Board of Noguchi Memorial Institute for Medical Research (NMIMR-IRB). If you have any questions about your rights as a research participant you can contact the IRB Office between the hours of 8am-5pm through the landline 0302916438 or email addresses:

[nirb@noguchi.ug.edu.gh](mailto:nirb@noguchi.ug.edu.gh)



**VOLUNTEER AGREEMENT**

The above document describing the benefits, risks and procedures for the research title “factor influencing job satisfaction among midwives in Accra metropolis” has been read and explained to me. I have been given an opportunity to have any questions about the research answered to my satisfaction. I agree to participate as a volunteer.

\_\_\_\_\_  
Date  
\_\_\_\_\_  
Name and signature or mark of volunteer

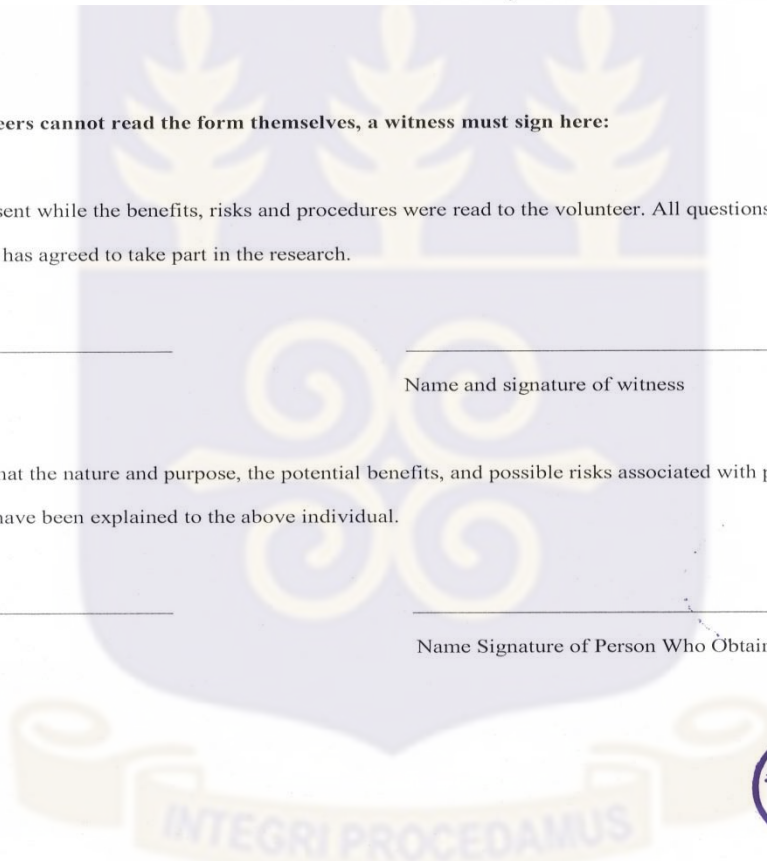
**If volunteers cannot read the form themselves, a witness must sign here:**

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.

\_\_\_\_\_  
Date  
\_\_\_\_\_  
Name and signature of witness

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.

\_\_\_\_\_  
Date  
\_\_\_\_\_  
Name Signature of Person Who Obtained Consent



## APPENDIX C – ETHICAL CLEARANCE

**NOGUCHI MEMORIAL INSTITUTE FOR MEDICAL RESEARCH**  
*Established 1979*  
*A Constituent of the College of Health Sciences*  
**University of Ghana**

Phone: +233-302-916438 (Direct)  
+233-289-522574  
Fax: +233-302-502182/513202  
E-mail: [nirb@noguchi.mimcom.org](mailto:nirb@noguchi.mimcom.org)  
Telex No: 2556 UGL GH

**INSTITUTIONAL REVIEW BOARD**



Post Office Box LG 581  
Legon, Accra  
Ghana

My Ref. No: DF.22  
Your Ref. No:

2<sup>nd</sup> November, 2016

### ETHICAL CLEARANCE

**FEDERALWIDE ASSURANCE FWA 00001824**

**IRB 00001276**

**NMIMR-IRB CPN 043/16-17**

**IORG 0000908**

On 2<sup>nd</sup> November, 2016, the Noguchi Memorial Institute for Medical Research (NMIMR) Institutional Review Board (IRB) at a full board meeting reviewed and approved your protocol titled:

**TITLE OF PROTOCOL** : **Factors influencing job satisfaction among midwives in Accra Metropolis**

**INVESTIGATOR** : **Dorothy Akua Aikins, MPhil Cand.**


Please note that a final review report must be submitted to the Board at the completion of the study. Your research records may be audited at any time during or after the implementation.

Any modification of this research project must be submitted to the IRB for review and approval prior to implementation.

Please report all serious adverse events related to this study to NMIMR-IRB within seven days verbally and fourteen days in writing.

This certificate is valid till 1<sup>st</sup> November, 2017. You are to submit annual reports for continuing review.

Signature of Chair: .....

  
Mrs. Chris Dadzie  
(NMIMR – IRB, Chair)

**APPENDIX D: INTRODUCTORY LETTERS**

In case of the reply the number and the date of this letter should be quoted.



GHANA HEALTH SERVICE  
REGIONAL HEALTH SERVICES  
GREATER ACCRA REGION  
P. O. BOX 184  
ACCRA.

Tel: 0302-226203

30<sup>th</sup> November, 2016

*My Ref. No: GAR/RHD/*

*You're Ref. No.*  
.....

**THE METRO DIRECTOR OF HEALTH SERVICES  
METRO HEALTH DIRECTORATE  
ACCRA**

**LETTER OF INTRODUCTION  
MS.DOROTHY AKUA AIKINS**

This is to introduce to you the above named MPhil student from School of Nursing, College of Health Sciences, University of Ghana who is undertaking her research project.

She is conducting a study on “**Factors Influencing Midwives Job Satisfaction in Accra Metropolis**” at the under listed facilities;

1. ACHIMOTA HOSPITAL
2. MAMPROBI POLYCLINIC
3. MAMOBI HOSPITAL
4. JAMES TOWN CLINIC
5. KANESHIE POLYCLINIC
6. ADABRAKA POLYCLINIC

Kindly accord her the necessary assistance.

Thank you.

A handwritten signature in black ink, appearing to read 'Peter Mensah', is written over a faint watermark of the University of Ghana crest.

**PETER MENSAH (MR)  
DEPUTY DIRECTOR (ADMINISTRATION)  
FOR: REG.DIR.OF HEALTH SERVICES  
GREATER ACCRA REGION**

Cc: The Medical Supt. In-charge Achimota Hospital  
The Specialist In-charge, Mamprobi Polyclinic

The Medical Supt. In-charge, Maamobi Hospital  
The Head James Town Clinic  
The Director, Kaneshie Polyclinic  
The Director, Adabraka Polyclinic



*In case of reply the  
Number and date of this  
letter should be quoted.*



Metro Health Directorate  
Ghana Health Service  
Private Mail Bag TUPM 14  
TUC Post Office  
Accra

Tel: (Main Line) 0303960774  
(Direct Line) 0303965053  
Email:

[accrametrohealthdirectorat@yahoo.com](mailto:accrametrohealthdirectorat@yahoo.com)

My Ref. :AM/

Your Ref. No.

1<sup>ST</sup> DECEMBER, 2016

Dear Sir/Madam,

**LETTER OF INTRODUCTION**  
**MS. DOROTHY AKUA AIKINS**

This is to introduce to you the above named MPhil student from School of Nursing, College of Health Sciences, University of Ghana who is undertaking her research project.

She is conducting a study on "Factors Influencing Midwives Job Satisfaction in Accra Metropolis" at the imder-listed facilities:

1. Achimota Hospital
2. Mamprobi Polyclinic
3. Maamobi General Hospital ✓
4. James Town Clinic
5. Kaneshie Polyclinic
6. Adabraka Polyclinic

Kindly accord her the necessary assistance.

Thank you.

Yours faithfully,

**DR. GEORGE MENSAH**  
**ACCRA METRO DIR. OF HEALTH SERVICES**