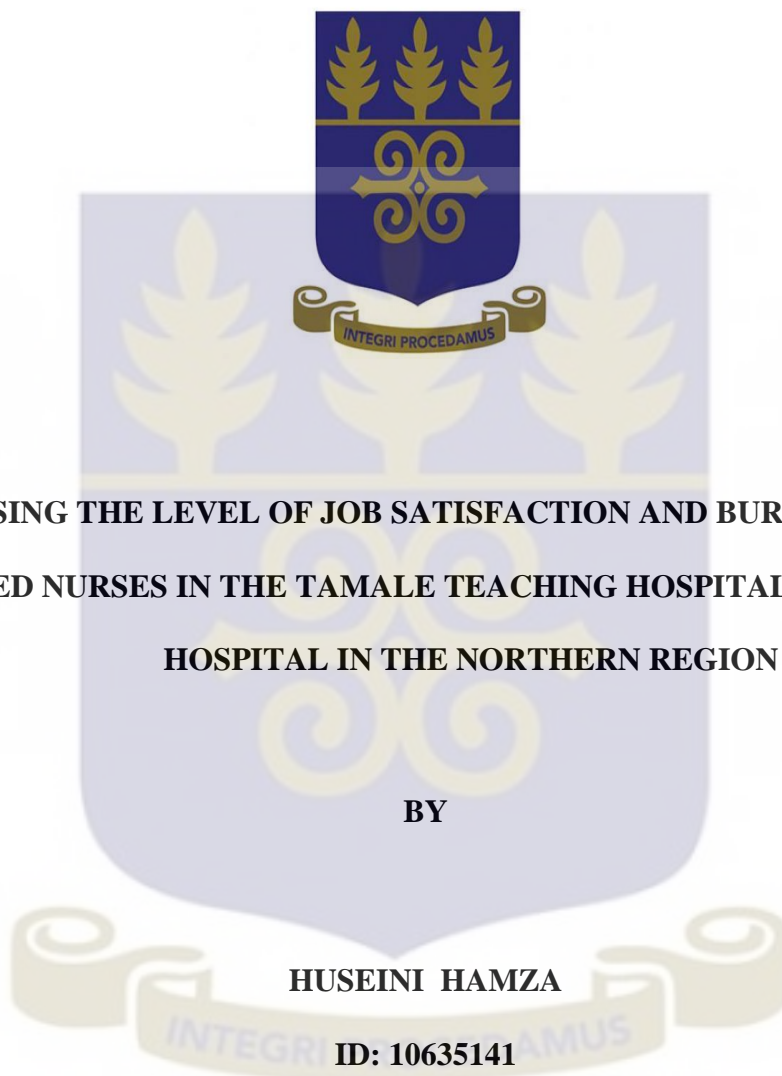


**SCHOOL OF PUBLIC HEALTH  
COLLEGE OF HEALTH SCIENCES  
UNIVERSITY OF GHANA, LEGON**



**ASSESSING THE LEVEL OF JOB SATISFACTION AND BURNOUT AMONGST  
REGISTERED NURSES IN THE TAMALE TEACHING HOSPITAL AND TAMALE WEST  
HOSPITAL IN THE NORTHERN REGION**

**BY**

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**A DISSERTATION SUBMITTED TO THE UNIVERSITY OF GHANA, LEGON, IN  
PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE AWARD OF  
MASTER OF PUBLIC HEALTH DEGREE**

**DECEMBER, 2018**

**DECLARATION**

I, hereby declare that this submission is my own work towards the attainment of master of Public Health degree and that, to the best of my knowledge, it contains no material previously published by another person nor material which has been accepted for the award of any other degree of the University, except where due acknowledgement has been made in the text

Huseini Hamza

.....

.....

(10635141)

Signature

Date

**Signed:**

Dr. Priscillia Nortey

.....

.....

(Supervisor)

Signature

Date

**DEDICATION**

This work is dedicated to all people living and working in the Tamale Teaching and Tamale West hospital of the Republic of Ghana who supported me to make the study successful. It is my fervent hope that this study will bring to them the intended benefits of improvement in their job satisfaction and burnout living conditions for the development of our nation

## **ACKNOWLEDGEMENT**

My first thanks go to the Almighty ALLAH for helping me through this study successfully. I take this opportunity to express my heart- felt appreciation and thanks to all the facilitators and supervisors especially Dr Priscillia Nortey for her efforts and sacrifices to make my completion of the study a successful one.

This research was made possible through support provided by the Tamale Teaching and West hospitals, Regional Health Directorate (Northern Region), the Dean and staff of Faculty of public health and allied science (UG).

Last but not the least I wish to express my thanks to my friends and family members for their words of encouragement.

The opinions expressed herein are those of the researcher and do not reflect the views of the University of Ghana.

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**LIST OF ACRONYMS**

<b>ANOVA</b>	-	Analysis of Variance
<b>BSO</b>	-	Burnout Syndrome
<b>HR</b>	-	Human Resource
<b>HSD</b>	-	Honest Significant Difference
<b>MBI</b>	-	Maslach Burnout Inventory
<b>MSQ-SF</b>	-	Minnesota satisfaction questionnaire – short form

## ABSTRACT

**Background:** Health workers particularly nurses often experience considerable stressful workload, mental stress and time pressure in their working environment which could lead to low job satisfaction. Lack of job satisfaction may lead to medical errors on the part of the health workers, which in turn may cause harm to the patients. The study was aimed at assessing the job satisfaction and burnout levels among registered nurses in the Tamale West and the Tamale Teaching Hospitals, in the Northern Region of Ghana.

**Methods:** The study employed cross-sectional design and convenience sample method to study job satisfaction and burnt among registered nurses in the northern region. The population for the study was registered general nurses in the Tamale Teaching and West Hospitals in the Tamale Metropolis. The Maslach Burnout Inventory and Minnesota Satisfaction Questionnaire- short form were administered to 400 nurses to measure the burnout and job satisfaction respectively.

**Results:** Generally, job satisfaction level was high with a mean rating score of 79.5%. Participants experienced high job satisfaction intrinsic factors above forty-five percent than extrinsic factors which was also just twenty-four percentage. Factors such as sex and years of professional experience were found to be statistically significantly associated with job satisfaction level ( $p < 0.05$ ). Average rating score of the three dimensions of burnout such as emotional exhaustion, depersonalization and personal accomplishment were above 75%. High level of burnout was found among 58% of the respondents.

**Conclusion:** High levels burnout was identified. This suggests that intervention to reduce burnout among staff should be identified.

## CHAPTER ONE

### INTRODUCTION

#### 1.1 Background of the Study

Health workers often experience stressful workload, mental stress and time pressure in their occupation and this can have an effect on their job satisfaction (Keenan & McBain, 1978). This may lead to medical errors on the part of the health workers, which in turn may cause harm to the patients.

Job satisfaction is defined by Davis & Newstrom (1989) as combination of positive or negative feelings that workers have towards their work. For Hoppock (1935), job satisfaction is seen to be a mixture of environmental, physical and psychological conditions that cause a person to really confirmed that he/she is satisfied with the job,

The term of burnout was introduced in 1974 by Freudenberg. It refers to a condition of physical and mental energy depletion, as a reaction to ongoing exposure of elements of stress. It is a multidimensional construct that involves a number of parameters such as emotional exhaustion, depersonalization, and lack of perceived personal accomplishment (W. B. Schaufeli, Leiter, & Maslach, 2009).

The effect of burnout on the individual includes, but not limited to physical and psychosomatic problems, anxiety, low self-esteem, guilt-feelings, and low tolerance of frustration. Work-related consequences can include dissatisfaction with the work, reduction in the quality of care, mistakes in the healthcare provided, unjustified absenteeism, and intention of giving up the job, and abandonment (Suñer-Soler et al., 2014).

According to Knight increasing job satisfaction in workers will eventually improve burnout behavior (Knight, 2004).

Health workers often experience considerable stressful workload, mental stress and time pressure in their occupation and this can have an effect on their job satisfaction (Keenan & McBain, 2007). Generally, the nursing profession is often characterized by occupational stress, frequent job turnover, and job dissatisfaction (Cooper et al., 1983).

## **1.2 Problem Statement**

Many factors such as human resources, health delivery, and health infrastructure have an influence on health services. Human resource is an essential component in health service delivery, because no health system can function without sufficient number of skilled, motivated, and supported personnel (Mazzaccara, Nur, Alier, & Masiello, 2005). Several factors contribute to the performance of human resource of an establishment. Job satisfaction is one of these factors.

Job satisfaction among health workers has been a subject of interest globally for a long time because it affects the employees' job performance, which intend affects quality of hospital and healthcare services (Coomber et al., 2007; Willem, Buelens, De Jonghe, & Hardy, 2007). Job satisfaction of health workers is vital for personnel motivation and efficiency. Conversely, lack of job satisfaction could results in burnout and high employee turnover (Kebede Deriba, Sinke, Ereso, & Badacho, 2017).

Available data suggest a high level of turnover among nurses in Ghana. For example, from 1993 to 2002, Ghana lost 11,300 nurses (see Adjei-Appiah, 2008). The attrition of nurses in the Komfo Anokye Teaching Hospital in Kumasi, due to vacation of post and resignation from 2003-2006 was 77 (Ghana Ministry of Health, 2011).

A study in three regions of Ghana (Greater Accra, Brong Ahafo and Upper West) on practicing nurses and job satisfaction revealed low satisfaction among many participants (Kwansah et al., 2012).

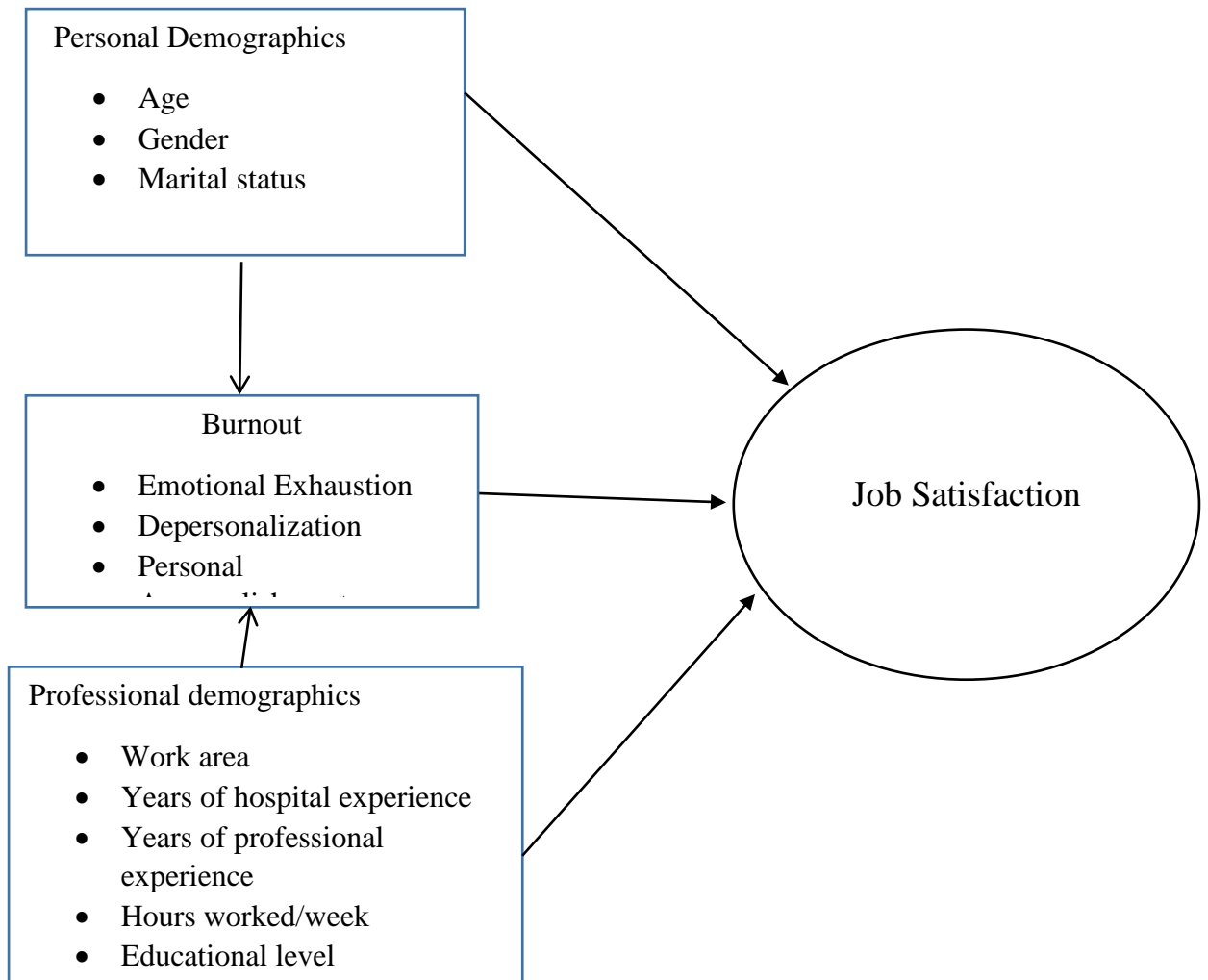
According to the Human Resource (HR) departments of the Tamale Teaching Hospital, where this study was carried, the number of nurses who have resigned and left post from 2015-2017 was 87. These resignations and turnovers could be attributed to low level of job satisfaction and burnout, since studies indicated that job satisfaction and burnout affect the intention to leave and turnover among nursing professionals (Coomber & Louise Barriball, 2007; Leiter & Maslach, 2009).

Some studies have been conducted on job satisfaction and turnover in some parts of the world and particularly in some part of the southern Ghana. However, no such research has been conducted in the northern region of Ghana to assess the level of Job satisfaction and burnout among registered nurses. Thus, this study seeks to examine the influence of burnout and demographic characteristics on job satisfaction among nurses at the Tamale Teaching and West Hospitals in Tamale, Ghana.

### **1.3 Justification**

The findings of this study contribute to understanding the levels of burnout and job satisfaction among nurses in the Tamale Teaching and Tamale West Hospitals. Additionally, the results will help management of the two hospitals to develop strategies, policies and guidelines that could improve job satisfaction and decrease burnout among nurses in Ghana.

### 1.4 Conceptual Framework



**Fig 1.1 Conceptual Framework of factors influencing job satisfaction**

### **1.5 Research Questions**

1. What is the level of job satisfaction among the registered nurses?
2. What is the level of burnout among registered nurses?
3. What are the relationships between job satisfaction and burnout among the registered nurse?
4. What is the association between the personal demographic characteristics and job satisfaction among the registered nurses?

### **1.6 Main Objective**

To determine factors contributing to job satisfaction among nurses at the Tamale Teaching and West Hospitals in Tamale, Ghana.

### **1.7 Specific Objective**

1. To assess the level of job satisfaction among registered nurses
2. To assess the level of burnout among registered nurses
3. To determine the relationship between burnout and job satisfaction among registered nurses
4. To determine the association between the personal demographic characteristics and job satisfaction among the registered nurses?

## CHAPTER TWO

### LITERATURE REVIEW

#### 2.1 Job Satisfaction

In the socio-economic sciences, various investigations have been researched including laborers' attributes and organizations' characteristics, which decide or are identified with job satisfaction. Systematic studies about nature and reasons for job satisfaction started during the 1930s, however, Taylor perceived well before the significance of the workers' frames of mind in deciding their fulfillment and productiveness in 1912 (Fredrick Winslow, 1970).

Job satisfaction is characterized as a 'changing attitudinal state' a person experiences in his or her job (Kramer and Hafner, 1989). As indicated by Conrad, Conrad, and Parker (1985), it is a *'coordinate between what people see they require and what rewards they see they get from their job'*. There are different segments that are viewed as crucial to Job satisfaction. These factors are imperative since they impact the manner in which a person feels about their job. These components incorporate the following: pay, advancement, benefits, boss, colleagues, work conditions, communication, security, efficiency, and the work itself. Every one of these elements' figures into an individual's person's job satisfaction in an unexpected way. One may surmise that pay is viewed as the most vital component in job satisfaction, despite the fact that this has not been observed to be valid. Employees are progressively concerned about working in a situation they appreciate (Acquaye, 2007).

As per Fletcher and Williams (2006), job satisfaction is the assessments that a person makes at work conditions or the outcomes, for example, compensation and work-related security gained from the job. From this definition one can conclude that job satisfaction

is the outcome coming about because of correlation between the expectations of the laborer from what he lands from his position which is performed. This definition contains a component of desire, that employees have a craving or desire they need to accomplish from their work. The outcome may develop as satisfaction or dissatisfaction of the worker with the job. Job dissatisfaction rises when the worker sees that his desires are not met in the job environment.

Dissatisfaction is not good and not desire of any worker because it may lead to the reduction in the work, productivity, organizational commitment, and commitment to the job and increase in the rates of the optional discontinuation of the job.

Where the employee's needs are not satisfied, organizational production could be affected, but when the employee's needs are sufficiently met, their job satisfaction and motivation often increase leading to higher production.

### **2.1.1 Theories of job satisfaction**

Theory is a construction of principles and fundamental concepts by which knowledge in a field is organized (Koontz & O'Donnell, 1972). Job satisfaction theories are categorized into content and process theories (S & Linu, 2004).

#### **2.2.1.1 Maslow's theory of satisfaction (1943)**

Maslow's hierarchy of needs is the most widely identified theory of motivation and satisfaction (Wehrich & Koontz, 1993). Maslow identifies five categories in his need hierarchy: physical needs (food, clothing, shelter, sex), safety needs (physical protections), social (opportunities to develop close association with other people), esteem/achievement needs (prestige received from others), and self-actualization (opportunities for self-fulfillment and accomplishment through personal growth) (Maslow, 1943). People always use a certain order in order to satisfy their needs. For

example, higher such as belonging, esteem, and self-actualization only become important when lower needs such as physical and safety needs are achieved (Sypniewska, 2014).

As indicated by Maslow, satisfaction of a lower need the following need which is higher in the chain of importance which dependably turn into the immediate motivator and stays like that regardless of whether forever discontent (Maslow, 1943). Maslow's theory includes both the inward and the outside drives of motivation and it does well to order the succession of motivation. Be that as it may, the most serious confinement of Maslow's needs hierarchy is its presumption that everybody has similar need hierarchy. Several studies have demonstrated this is a false presumption in light of the fact that social, societal, conventional, and social and geological elements affect greatly on what individuals consider as need at the specific time. In this way, individuals really have diverse necessities hierarchy fixed to their own values. Also, needs are conscious inadequacies produced from intrinsic drives however reinforced or debilitated through learning and social powers, for example, culture and childhood upbringing (Iguisi, 2009).

### **2.2.1.2 Herzberg's two-factor theory (1959)**

Herzberg propounded two factor theory of motivation which he named the 'motivation' and the 'hygiene'. The motivators refer to work contents, for example, accomplishments, acknowledgment, work itself, obligations, and promotion. While the hygiene are factors that do not motivate yet rather avert dissatisfaction. These variables identify with the setting of the job, similar to organization policy, administration, supervision, salary, relational connection, and working conditions. In his investigation of 200 engineers and accountant working in firms in Pittsburgh, Pennsylvania, Herzberg inferred that job satisfiers (motivators) are identified with job content, and job dissatisfaction (hygiene) are identified with employment setting (Herzberg, 1959).

According to Herzberg, motivation factors, employees have the tendency of eliciting some kind of internal power within the individual to cause him/her to push towards the

attainment of set goals and targets. Such internal power Herzberg referred to as intrinsic motivators (Rilly, 2005). The second group of factors Herzberg attributed them as solely coming out of the environment in which work is carried out (Schermerhorn, 2003). According to Herzberg, these environmental factors are outside the control of employees but are significant in eliciting some kind of force to get targets achieved. Those environmental factors include company policy, supervision, work conditions, salary, job security among others; and Herzberg referred to them as hygiene factors. Herzberg advises that the combination of the two factors in an organization is very necessary as the hygiene factors have the tendency of aiding the wheels of the motivator factors.

Another theory that explains motivation is the needs accomplishment theory by Maslow

#### **2.2.1.3 Theory X and Y (1960)**

McGregor introduced theory X and theory Y that comprise two different set of assumptions which correspond to the relationship between managers and their subordinates. Theory X assumes that inherently, an average human being dislikes work and will avoid it if he/she can, and hence majority of people must be forced, well-ordered, engaged, and threaten with punishment measures to work. Theory Y on the other hand postulates, suggests that external force and threats are not the sole means for ensuring efforts towards organizational goals, and that the extent to which an individual commits to work is proportional to the size of the reward associated to achievement (Wehrich & Koontz, 1993).

#### **2.2.1.4 Vroom's Expectancy Theory (1964)**

For victor H. Vroom, people are motivated to carry activities in a pursue of a course depending on the believe that they have in the value of that course, and if they are sure that what they do will help them to achieve it (Wehrich & Koontz, 1993). Three major variables characterized this theory.

Valance – the strength of a person’s preference for a particular output.

Expectancy – the probability that a particular effort will result into a particular first-level outcome.

Instrumentality – the extent to which a first-level outcome will result into a desired second-level of outcome (Luthans, 2005).

In a further comprehensive practice, Vroom was confidence that a person’s motivations to perform will depend on the value the person places on the outcome of his efforts multiply by his confidence that the effort will actually help to desired goal. For that matter, managers ought to communicate ways in which employees’ objectives, such as upgrade, recognition and more pays among others, can be gotten in terms of what behavioral forms are known to workers, these behaviors must be the bench mark for directing awards (Oishi, 1999). Otherwise, difficulties might occurs in terms of employees’ lose their trust in organizational policy, and the outcome may be detrimental to successful working environment (Vroom, 1964). Vroom theory place a huge task on leaders and managers to acquaint their followers or employees in understanding and accepting the organizational goals. Vroom, however, failed to bring out others factors or situation that may influence people to have some particular desires or goals in life on the work.

### **2.2.2 Factors influencing job satisfaction**

Literature had showed many independent variables that influence job satisfaction or dissatisfaction among workers and had concentrated largely on various aspects of the conditions of work. Socio-demographic factors such as sex, age, marital status, education, distance to work, employment status and professional training are among the socio demographic characteristics studies have shown to have relationship with job satisfaction. These factors could add to both job satisfaction and otherwise. For age, job satisfaction increases with age, whereas the lowest to job satisfaction was reported by the

newer worker (GHS annual report, 2004). The report indicated that many new nurses were disappointed with their first jobs because they are unsuccessful to find adequate challenge and responsibility. Well experienced nursing staffs or the older ones were more satisfied with their jobs than newest ones. Older nurses reporting higher job similarity, higher salaries and rank and higher internal level of control. The adjustment of the individual to the job or differences in the job between newer and older contributes for the age satisfaction relationship, including a better match between desired and actual job condition and higher salary.

The older nurses may bring certain rewards that result in higher satisfaction. Njuki (2001), mention that age of nurses has relationship with salary and has significant correlation with job satisfaction. Again, marital status of nurses has a role in job satisfaction. A nurse living with spouses had more job satisfaction than those living single or living alone, because married nurses receive emotional and mental support from their partners (Suwanna, 2001).

Education has played a major role in employee job satisfaction. It was reported that job satisfaction tended to be improved with the level of education and training. The higher a nurse's education, the more opportunity the nurse has for a good work that is more skillful and high performance, challenges and creative. However, some studies have shown that education has a slight negative relationship with job satisfaction. The higher the formal education, the more likely a person is to be dissatisfied with the job. A clarification about job satisfaction is that highly educated persons have higher expectations and trusts that their work should provide greater satisfaction and responsibility. However, most jobs do not satisfy their expectation. The difference in education and position level is affected by the differences in level of job satisfaction.

## 2.3 Occupational Burnout

The idea of burnout was introduced in 1974 by Freudenberg. He defined burnout as the progressive loss of idealism, energy, and purpose, as experienced by employees/professionals due to their work conditions (Freudenberger, 1974). Burnout syndrome” was reported to be more commonly seen in those who work by having personal contact with others, especially under the pressure due to excessive demands, and the studies for this issue were generally conducted on the occupational groups like advocates, doctors, nurses and teachers (Gökçen et al., 2013).

Maslach et al (2001) conceptualized burnout as syndrome that arises due to continued exposure to chronic personal and interpersonal stressors at the work place, as determined by three elements – emotional exhaustion, cynicism, and reduced professional efficacy (Maslach, Schaufeli, & Leiter, 2001).

Researches have shown that burnout level is higher among nurses than in other professionals (Aiken, Clarke, Sloane, Sochalski, & Silber, 2002; Browning, Ryan, Thomas, Greenberg, & Rolniak, 2007; Hamdan & Hamra, 2017; Olley, 2003).

### 2.2.3 Causes of burnout

The factors that cause burnout are outline below:

***Demographic characteristics*** – younger health professionals experience burnout more often than among those aged older than 30 or 40. Burnout is higher among younger and less experience health workers. With regard to gender, men report higher levels of burnout than women (Schaufeli, 2007).

***Personality*** – “hardy “personality individuals characterized by a sense of control over events, involvement in daily activities, and openness to change, experience less burnout (Maddi, 1999).

**Job stressors** – study has shown that 25% to 50% of variance of burnout (emotional exhaustion) are caused by workload and time pressure (Lee & Ashforth, 1996). A study in more than 200 Pennsylvania hospitals has revealed that unfavorable patient-to-nurse ratios were positively related to burnout. According to the study, an increase in patient nurse ratio to a hospital's staffing level directly affects burnout by 23% (Aiken et al., 2002). A review of 16 studies showed that job-related stressors like pressures, time, workload and role conflicts are correlated with burnout highly (Schaufeli & Enzmann, 1998).

### **2.3.2 Nursing and Burnout**

The problem of stress and burnout among nurses is recognizable, the profession of nursing is definitely a demanding occupation (Grubb and Grosch 2012). The predominance of exhaustion in nursing is an actual problem and a genuine risk to the holistic system of health care. Many studies in various regions have remained demonstrating the increase level of burnout among nurses, all the more, particularly nurses working in hospital. Elevated amounts of burnout rate among nurses are accounted for in Asia, North America and Europe. (Aiken et al., 2001, Poghosyan and Sloane, 2009).

As indicated by Koivula et al, prevalence of burnout among nurses was carried out in Finland in two Finnish health facilities. A total of 723 nurses partook in the investigation. Half of the nurses announced encountering burnout job satisfaction and dissatisfaction. This study likewise discovered that health workers in mental units, auxiliary level nurse and more seasoned nurses experienced greater burnout points (Koivula et al, 2000).

In 2002, a research was conducted in Greek clinics/ hospital to look at the levels of burnout in internal medicine unit, Intensive care unit and crisis hospital. Five hospitals and 233 attendants took an interest in this investigation. The levels of exhaustion that

were accounted for was low among nurses working in the intensive care and internal medicine departments respectively, even though there was a high level of exhaustion among nurses working in crisis units. The examination additionally discovered that few ecological variables contributed to stress and emotional exhaustions among nurses (Adali& Priami 2002).

In 2008 a study was conducted among Iran nurses working out in the public clinics, a greater portion of the respondents were female. The investigation was directed to quantify the stages of burnout in various clinical settings which includes the internal medicine, surgical, nurn and pschitary wards. The Maslach burnout inventory instrument was utilized to determine the different levels of burnout. Results showed high amounts of burnout among mental health nurses contrasted with nurses in different units. Single nurses and those accomplishing more night duties experienced more burnout contrasted with those running day shifts. Depersonalization was higher among male nurses (Sahraian et al, 2008).

In 2010, a cross national examination study was carried out in over six nations: Japan, Germany, Unite state, Canada, United Kingdom and New Zealand. The objective of this investigation was to find out the impact of burnout among nurses and it related effects on nurse surveyed quality of care across various nations. The study included 53,846 nurses and the Maslach burnout inventory was utilized to determine the level of burnout utilizing the three measurements. Results showed an increase level of burnout among Japanese nurses. Medium level of nurse burnout was reported in Canada, New Zealand, and United kingdom. Germany nurses had the most reduced level of burnout out of all the six nations. Also, every one of the nurses in the six nations concurred that nurse assessed quality of care decreased because of burnout (Poghosyan et al 2010).

In Nigeria, an exploration examination including 270 nurses working in urban area hospitals demonstrated an increase levels of burnout among the nurses, amore

particularly within the older nurses. Matters like chain of command, intimidation, personal working relationship among nurses and doctors, and in addition rendering services regularly in the night hours were altogether connected to and burnout fatigue (Lasebikan and Oyetunde, 2012)

### **2.3. Job Satisfaction and Burnout**

Mohamed et al. (2017) in their study "Occupation Stress and Burnout Disorder among Basic Critical Care Healthcare Workers" revealed abnormal amounts of emotional exhaustion among the greater part of participants (80%), while less than 33% detailed either elevated amounts of depersonalization or low levels of personal accomplishment domain of Burnout Syndrome (BOS) ability underutilization, variety in outstanding task at hand, and intragroup conflicts were contrarily connected with BOS domain. Job satisfaction and duty regarding people's life were decidedly connected with personal accomplishment domain of BOS (Mohamed Elshaer, Aly Moustafa, and Wagdy Aiad, 2017).

In a radiation oncology department in New Zealand, study participants recorded high in all three domains of burnout: Depersonalization and personal accomplishment depersonalization and emotional exhaustion. Interestingly, organizational stressors predicted greater emotional exhaustion and emotional exhaustion predicted lower job satisfaction, job satisfaction were highly associated with patient stresses (Jasperse, Herst, & Dungey, 2014)

After adjusting for patient and hospital characteristics (size, teaching status, and technology), Aiken et al. in their study found out that each additional patient per nurse was associated with a 7% increase in the likelihood of dying within 30 days of admission and an increase in the odds of failure-to-rescue, each additional patient per nurse was associated with a 23% increase in the odds of burnout and a 15% (Aiken et al., 2002).

## CHAPTER THREE

### METHODS

#### 3.1 Study Design

This study used a cross sectional convenience sample of nurses who provide direct care to patients at the Tamale Teaching Hospital and West Hospitals in Tamale to determine the levels of burnout and job satisfaction of registered nurses.

#### 3.2 Study Population and Sampling

The population for this study was registers nurses who have worked in the hospitals for at least one month. These are nurses in the Tamale Teaching and Tamale West Hospital.

Using a formula for calculating sample size by Cochran's with alpha level a priori at .05 (error of 5%). The proportion of nurses that are satisfied with their job is taken to be 50%. This resulted to a sample size of 384.

$$n_0 = \frac{Z^2 pq}{e^2}$$

Where:  $n_0$  is the sample size,

$Z^2$  is the value for the selected alpha level, e.g. 1.96 for (0.25 in each tail) a 95 percent confidence level

$(1 - \alpha)$  equals the desired confidence level, e.g., 95%);

$e$  is the desired level of precision,

$p$  is the estimated proportion of an attribute that is present in the population, and  $q$  is  $1-p$ .

### 3.2.1 Sampling Technique

The study employed convenient purposive sample technique and any registered nurse who were willing to take part in the respective unit were given the opportunity

### 3.3 Data Collection Instruments

The Minnesota Satisfaction Questionnaire-Short Form (MSQ-SF), and the Maslach Burnout Inventory questionnaires was employed to gather data for this study. The questionnaires were administered personally by the researcher. The respondents had the opportunity to seek clarifications on questions they did not understand clearly.

#### 3.3.1 The Minnesota Satisfaction Questionnaire-Short Form (MSQ-SF)

Likert-type or frequency scales utilize fixed choice response format and are intended to quantify attitude or opinions. It is normally a five (or seven) point scale that is used to measure the individual level of deciding the amount they agree or disagree an explicit statement. In this study, it is on a 5-pont scale. Every one of the five responses would have a numerical value which would be used to measure the attitude under scrutiny (job satisfaction). Item response were summed or arrived at the average to make an aggregate score. The lower the score, the lower the level of job satisfaction. The general satisfaction can additionally be partitioned into intrinsic and extrinsic factors as shown in Table 3.1. (Weiss et al., 1967).

**Table 3.1 Dimensions of the Minnesota Satisfaction Questionnaire**

Factors	Questionnaire number
General satisfaction	1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20
Extrinsic	5,6,12,13,14,19
Intrinsic	1,2,3,4,7,8,9,10,11,15,16,20

Source: (Weiss, Dawis, England, & Lofquist, 1967).

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

The MBI inventory is the most widely used tool in research on burnout. Since its development, some alternative versions have been designed to measure burnout in a variety of human service occupation. The version used in the Human Services Survey specifically for Medical Personnel is the MBI-Human Services Survey for Medical Personnel - MBI-HSS (MP) (Maslach, Jackson, & Leiter, 1997) . It addresses 3 scales:

***Emotional Exhaustion*** – this assess the feelings of being emotionally overextended and exhausted by one’s work.

***Depersonalization*** – this component measures an impersonal and unfeeling towards patients

***Personal Accomplishment*** – a subscale that assess the successful achievements and feeling of competent in one’s work with people.

The items/questions in each scale are written in a form of statements about personal feelings or attitudes. They are answered in accordance with frequency with which the worker experiences these feelings on a 6-pont scale – ranging from 0, “never” to 5, “always”.

For the two subscales, depersonalization and emotional exhaustion, the higher the mean score the higher the degrees of experience burnout. Whereas it is the vice-versa for the personal accomplishment sub scale (Maslach et al., 1997).

**Table 3.2: Variable Table**

<b>Objective</b>	<b>Independent Variables</b>	<b>Conceptual Definition:</b>	<b>Scale of measurement</b>	<b>Data Collection Method</b>	<b>Type of Statistical analysis</b>
To assess the level of job satisfaction and burnout among registered nurses	Rating of job satisfaction and burnout among respondents	Job satisfaction is determined by the intrinsic and extrinsic aspects of satisfaction Burnout is group in 3 sub-classes	Ordinal scale	The Maslach Burnout Inventory (MBI) & The Minnesota Satisfaction Questionnaire-Short Form (MSQ-SF)	Descriptive, Univariate
To examine the relationship between job satisfaction and burnout among registered nurses	Rating of job satisfaction and burnout among respondents	Job satisfaction is determined by the intrinsic and extrinsic aspects of satisfaction Burnout is group in 3 sub-classes	Continue	The Maslach Burnout Inventory (MBI) & The Minnesota Satisfaction Questionnaire-Short Form (MSQ-SF)	Univariable & Bivariate (correlation coefficient) analysis, Linear Regression
To determine the association between personal and job demographic on job satisfaction among registered nurses	Age, sex marital status, Educational level, specialisation, years of professional experience.	The existence of statistically significant association assumed at p-value,0.05	Discrete, Binary Nominal, Ordinal	Questionnaire	Univariable & Bivariate (chi-square) analysis, Logistic Regression
To determine the personal demographic factors that affect burnout among registered nurses.	Age, sex marital status, Educational level, specialisation, years of professional experience.	The existence of statistically significant association assumed at p-value,0.05	Discrete, Binary Nominal, Ordinal	Questionnaire	Univariable & Bivariate (chi-square) analysis, Logistic Regression

### **3.3 Data Management and Statistical Analysis**

#### **3.3.1 Data Management**

Each survey was scrutinized for totality, prior to imputing the survey answers into the data set. A complete survey is one in which most of the items or every item have a response. A survey would be regarded as incomplete and excluded if a respondent answered:

- Fewer than one total section of the study
- Less than half of the items through the entire study (in dissimilar sections)
- All item the equal (e.g., all "4"s or all "5"s). If every answer is the same, the respondent did not give the study their full care.

Prior to entering data into an electronic file, coding for wrongly checked, indistinguishable compositions and multiple-marked responses was resolved. Unreadable responses or wrong responses were named as lost and for the situation multiple-marked responses, responses with the maximum frequency among chosen responses were considered.

#### **3.4 Data management and Analysis**

The latest version STATA version 15 was used to analyze the data.

The demographic characteristics of the respondents were reported as percentages and frequencies. The responses at the open-ended comment section were summarized into major categories of recurrent themes. Any identified patterns or trends were reported in the form of descriptive text.

The study items were grouped into dimensions of burnout and job satisfaction, this helps to compute one total frequency for each dimension and also helps in assessing the similarities and differences between/among groups. Every scale items were converted into a numeric measure. For the MBI questionnaire, "0" is regarded the most desirable

state and “7” the least desirable state. Whereas in the MSQ-SF questionnaire, “1” is the minimum desirable state and “5” is the maximum desirable state.

A scale for scoring was calculated to be the mean of the scales’ item scores. The Descriptive statistics were calculated with confidence interval of 95% to compare the dimensions among different demographics.

The association between burnout and job satisfaction were determined using person correlation coefficient. To assess the significance difference that might be observed among different demographics in respect of job satisfaction, T-test and ANOVA were conducted.

### **3.5 Problems encountered during the study**

The problems faced in this were low response rate, delay in survey completion by participants, and incomplete survey.

### **3.6 Ethical Considerations**

Ethical approval was obtained from the Ghana Health Service Ethical Committee with reference number GHS-ERC: 135/12/17 and also from the management of the two hospitals

Participation in this study was not mandatory and therefore participants had the opportunity to choose not to participate and may withdraw their consent to participate at any time. The study had an approval letter that indicates the reason of the study, the duration in which the study will be completed, explanation of the research topic and content of the study, confidentiality statement, anonymity, obtaining additional information by the respondents.

### **Informed-Consent Documents**

The consent of participant was sought prior to enrolment in the survey. The purpose of the study was explained to participant and a consent form was signed by participant to

indicate their willingness to part take in the study. Participants were given time to ask questions. Attached in the appendices is the copy of the consent for.

### **Pilot Study**

The tools were pre-tested among 40 registered nurses at the Tamale Central Hospital, to determine its reliability and validity. Necessary adjustment was made on the tools.

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## CHAPTER FOUR

### RESULTS

#### 4.0 Introduction

The study was conducted among registered nurses in the Tamale Teaching and Tamale West hospitals in the Northern Region of Ghana between the January to March. A total of 400 were interviewed but dropped to 383 due to non-return of questionnaire and incomplete filling of questionnaires. The response rate was 96%. i.e.  $383/400*100=96\%$

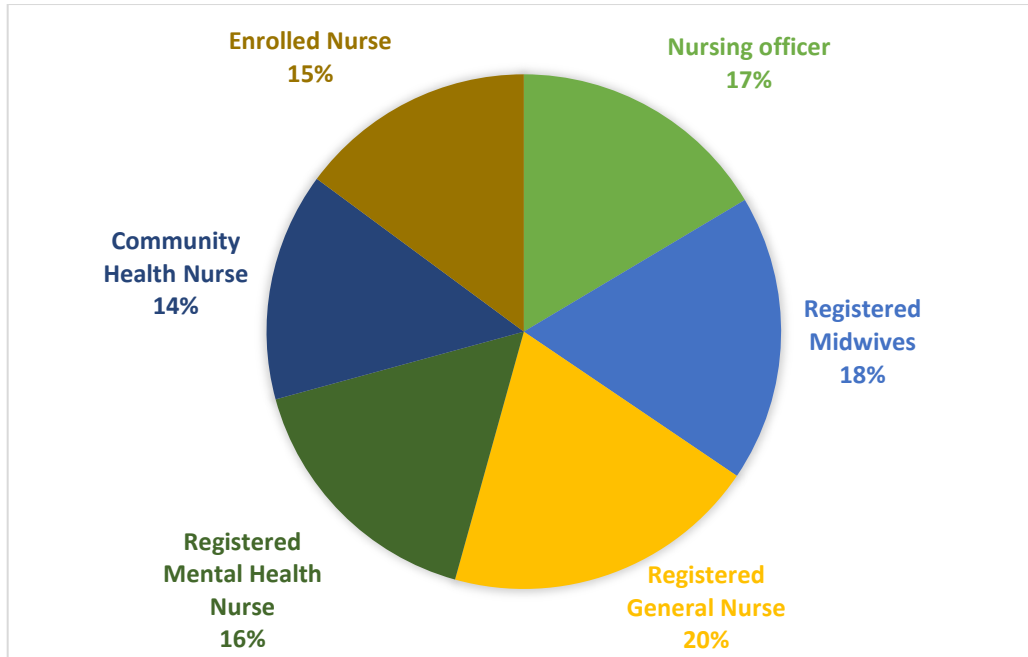
#### 4.1 Demographic Characteristics of respondents

Under this section, the study would present the descriptive statistics of the demographic and employment characteristics of the respondents. This is illustrated with the help of bar charts and frequency tables as well as tables.

The average age of respondents was  $36.61 \pm 6.14$  years, ranging from 23 to 45 years. Detailed statistics of the age distribution of respondents are found in Table 4.1. Out of the 383 respondents in the satisfaction and burnout survey, 220 (57.4%) as indicated in Table 4.1. Majority of the respondents were married. Also, 104 out of the 383 respondents worked in their respective units under 1 year while 143 and 136 respondents worked in their respective units in a period between 1-5 years and 6-10 years respectively.

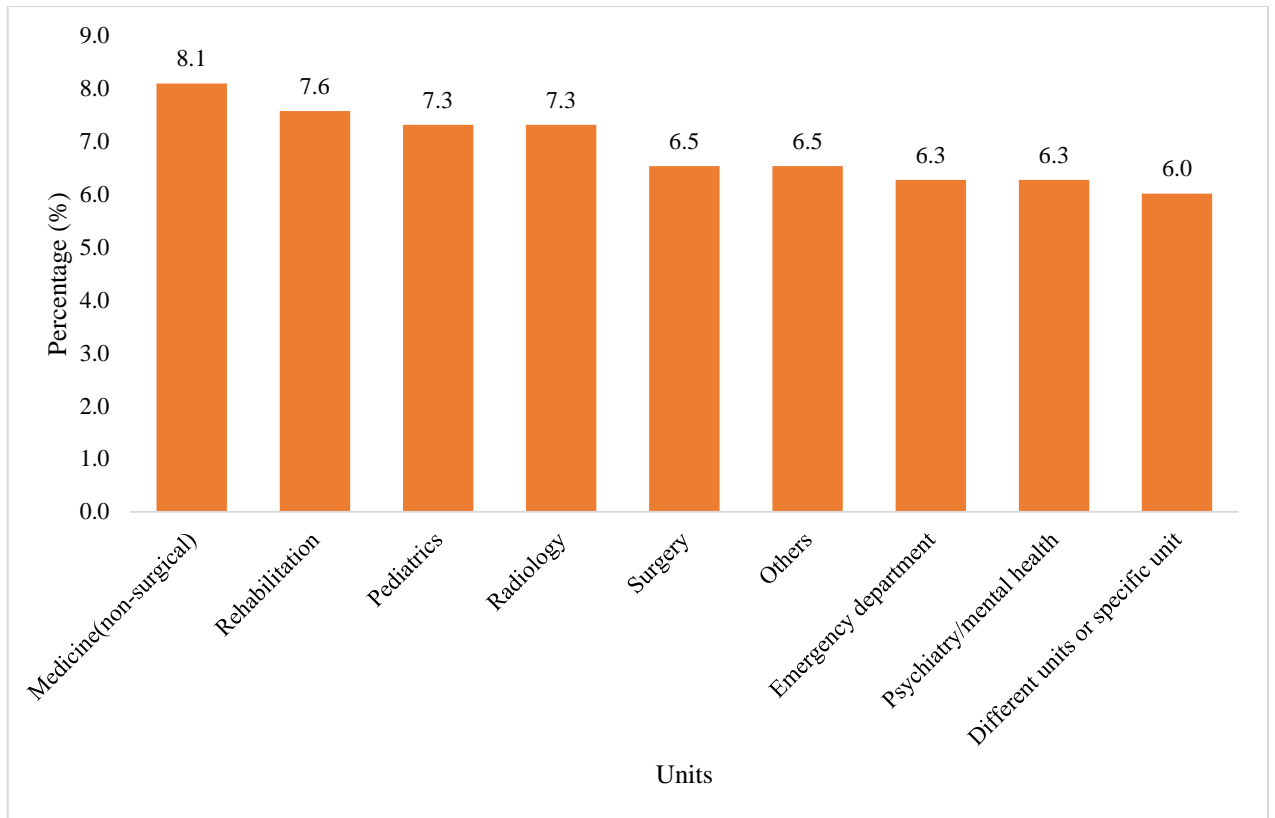
**Table 4.1: The demographic characteristics of respondents**

<b>Variables</b>	<b>Freq.</b>	<b>Percent</b>
<b>Age group</b>		
20-24	25	6.5
25-29	41	10.7
30-34	46	12.0
35-39	150	39.2
40-44	102	26.6
45+	19	5.0
<b>Mean</b>		<b>36.6</b>
<b>Range</b>		<b>22</b>
<b>SD</b>		<b>6.1</b>
<b>Gender</b>		
Male	220	57.4
Female	163	42.6
<b>Marital status</b>		
Married	201	52.5
Singled	182	47.5
<b>Period of work in the unit</b>		
< 1 yr.	104	27.2
1-5 yrs.	143	37.3
6-10 yrs.	136	35.5
<b>Working hours</b>		
< 20 hrs.	93	24.3
20-39 hrs	290	75.7
<b>Period of professional Experience</b>		
< 1 yr.	190	49.6
1-5 yrs.	193	50.4



**Figure 4.1: Professional category of respondents**

Almost equal distribution of the six different categories in the thirteen i=units of services provision assessed (Figure 4.1)



**Figure 4.2: Primary unit of work in the hospital**

The hospital settings comprise of thirteen departments and units and respondents were drawn from all these units. From figure 4.2, some of the units included obstetrics (10.4%), anesthesiology (8.6%) and intensive care (8.6%).

#### **4.2 Level of job satisfaction and burnout among registered nurses**

This section presents the result on the levels of job satisfaction and burnt out. The results are presented in frequency percentages and other statistics such as the mean where 95% confidence interval is also given.

##### **4.2.1 Job satisfaction among the respondents**

Detailed results on respondents' intrinsic and extrinsic job satisfaction levels are indicated in Table 4.2 and Table 4.3 respectively. The counts and percentage of responses as well as mean score and 95% confidence intervals are also provided.

**Table 4.2: Intrinsic job satisfaction level among respondents**

Items	Very Dissatisfied N (%)	Dissatisfied N (%)	Neutral N (%)	Satisfied N (%)	Very Satisfied N (%)	Mean score	95% CI
Being able to keep busy all the time	11(2.9)	21 (5.5)	125 (32.6)	106 (27.7)	120 (31.3)	3.79	3.68-3.90
The chance to work alone on the job	0 (0.0)	0 (0.0)	130 (33.9)	122 (31.9)	131 (34.2)	4.00	3.91-4.09
The chance to do different things from time to time	0 (0.0)	0 (0.0)	134 (35.0)	132 (34.5)	117 (30.6)	3.96	3.87-4.04
The chance to be "somebody" in the community	0 (0.0)	0 (0.0)	136 (35.5)	121 (31.6)	126 (32.9)	3.97	3.89-4.06
Being able to do things that don't go against my conscience	0 (0.0)	0 (0.0)	128 (33.4)	125 (32.6)	130 (33.9)	4.01	3.92-4.09
The way my job provides for steady employment	0 (0.0)	0 (0.0)	130 (33.9)	113 (29.5)	140(36.6)	4.02	3.94-4.11
The chance to do things for other people	0 (0.0)	0 (0.0)	134 (35.0)	130 (33.9)	119 (31.1)	3.96	3.88-4.04
The chance to tell people what to do	0 (0.0)	0 (0.0)	129 (33.7)	137 (35.8)	117 (30.6)	3.97	3.89-4.05
The chance to do something that makes use of my abilities	0 (0.0)	0 (0.0)	146 (38.1)	114 (29.8)	123 (32.1)	3.94	3.86-4.02
The freedom to use my own judgment	0 (0.0)	0 (0.0)	125 (32.6)	139 (36.3)	119 (31.1)	3.98	3.90-4.06
The chance to try my own methods of doing the job	0 (0.0)	0 (0.0)	115 (30.0)	133 (34.7)	135 (35.3)	4.05	3.97-4.13
The working conditions	0 (0.0)	0 (0.0)	137 (35.8)	141 (36.8)	105 (27.4)	3.92	3.84-4.00
The way my co-workers get along with each other	0 (0.0)	0 (0.0)	125 (32.6)	122 (31.9)	136 (35.5)	4.03	3.95-4.11
The feeling of accomplishment I get from the job	0 (0.0)	0 (0.0)	131 (34.2)	129 (33.7)	123 (32.1)	3.98	3.90-4.06

Results from Table 4.2 shows that the majority of the respondents were neutral on the statement that they were able to keep busy all the time, however, a mean score of 3.8 means that on the average respondents were satisfied that they were able to keep busy all the time. Again, majority of the respondents were very satisfied that they had the chance to work alone on a job and 35.8% were also neutral on their working conditions.

**Table 4.3: Extrinsic job satisfaction levels among respondents**

Items	Very Dissatisfied N (%)	Dissatisfied N (%)	Neutral N (%)	Satisfied N (%)	Very Satisfied N (%)	Mean score	95% CI
The way my boss handles his/her workers	0 (0.0)	0 (0.0)	130 (33.9)	141 (36.8)	112 (29.2)	3.95	3.87-4.03
The competence of my supervisor in making decisions	0 (0.0)	0 (0.0)	127 (33.2)	124 (32.4)	132 (34.5)	4.01	3.93-4.10
The way hospital policies are put into practice	0 (0.0)	0 (0.0)	144 (37.6)	120 (31.3)	119 (31.1)	3.93	3.85-4.02
My pay and the amount of work I do	0 (0.0)	0 (0.0)	133 (34.7)	121 (31.6)	129 (33.7)	3.99	3.91-4.07
The chances for advancement on this job	0 (0.0)	0 (0.0)	142 (37.1)	121 (31.6)	120 (31.3)	3.94	3.86-4.03
The praise I get for doing a good job	0 (0.0)	0 (0.0)	107 (27.9)	137 (35.8)	139 (36.3)	4.08	4.00-4.16

From Table 4.3, major extrinsic job satisfaction factors among respondents are provided with it means score and 95% confidence interval. It can be seen from the table that 36.8% and 29.2% were satisfied and very satisfied respectively on the way their bosses handle their work (mean:3.95; 95% CI: 3.87-4.03). this implies that averagely most of them were satisfied. Regarding the way the hospital policies are put into practice, the majority of 37.6%. those who were satisfied and very satisfied were 31% each.

**Table 4.4: Summary descriptive statistics of respondent’s satisfaction**

Variable	Obs	Mean	Std. Dev.	M in	Ma x
General satisfaction	383	79.50	3.4836	71	90
Extrinsic	383	23.92	1.9625	18	30
Intrinsic	383	47.64	2.7046	41	55

From the Table 4.4, general satisfaction had a mean score of 79 and with minimum and maximum values of 71 and 90 respectively. As general satisfaction is further divided into extrinsic and intrinsic, their respective means were 23 and 47. For the extrinsic factors, 18 and 30 are its minimum and maximum values while 41 and 55 are minimum and maximum values for the intrinsic factors.

#### **4.2.2. Levels of burnout among respondents**

This section provides results on respondents’ levels of burnt-out which have been sub-grouped into emotional exhaustion, depersonalization and personal accomplishment. The counts and percentage of responses as well as mean score and 95% confidence intervals are also provided.

**Table 4.5: Emotional exhaustion factors of burnt-out among respondents**

<b>Items</b>	<b>Never N (%)</b>	<b>Very Rare N (%)</b>	<b>Sometime s N (%)</b>	<b>Most Times N (%)</b>	<b>Always N (%)</b>	<b>Mean Score</b>	<b>95% CI</b>
I feel emotionally drained by my work	85 (22.2)	80 (20.9)	73 (19.1)	69 (18.0)	76 (19.8)	1.92	1.77-2.06
Working with people all day long requires a great deal of effort.	81 (21.2)	70 (18.3)	72 (18.8)	72 (18.8)	88 (23.0)	2.04	1.89-2.19
I feel like my work is breaking me down.	79 (20.6)	87 (22.7)	70 (18.3)	73 (19.1)	74 (19.3)	1.94	1.79-2.08
I feel frustrated by my work.	86 (22.5)	91 (23.8)	68 (17.8)	65 (17.0)	73 (19.1)	1.86	1.72-2.01
I feel I work too hard at my job.	85 (22.2)	77 (20.1)	77 (20.1)	70 (18.3)	74 (19.3)	1.92	1.78-2.07
I feel like I'm at the end of my rope.	83 (21.7)	66 (17.2)	93 (24.3)	72 (18.8)	69 (18.0)	1.94	1.80-2.08
I feel tired when I get up in the morning & must face another day at work.	75 (19.6)	86 (22.5)	70 (18.3)	75 (19.6)	77 (20.1)	1.98	1.84-2.12

**Table 4.6: Depersonalization factors of burnt-out among the respondents**

<b>Items</b>	<b>Never N (%)</b>	<b>Very Rare N (%)</b>	<b>Sometimes N (%)</b>	<b>Most Times N (%)</b>	<b>Always N (%)</b>	<b>Mean Score</b>	<b>95% CI</b>
It stresses me too much to work in direct contact with people.	73 (19.1)	68 (17.8)	66 (17.2)	84 (21.9)	92 (24.0)	2.14	2.00-2.29
I feel I look after certain patients impersonally, as if they are objects.	72 (18.8)	86 (22.5)	85 (2.2)	67 (17.5)	73 (19.1)	2.00	1.82-2.09
I have the impression that my patients make me responsible for some of their problems.	69 (18.0)	67 (17.5)	82 (21.4)	83 (21.7)	82 (21.4)	2.11	1.97-2.25
I am at the end of my patience at the end of my work day.	72 (18.8)	78 (20.4)	76 (19.8)	79 (20.6)	78 (20.4)	2.03	1.89-2.18
I really don't care about what happens to some of my patients.	87 (22.7)	74 (19.3)	59 (15.4)	81 (21.2)	82 (21.4)	2.00	1.84-2.14
I have become more insensitive to people since I've been working.	79 (20.6)	76 (19.8)	88 (23.0)	76 (19.8)	64 (16.7)	1.92	1.78-2.06
I'm afraid that my job is making me uncaring.	87 (22.7)	69 (18.0)	76 (19.8)	85 (22.2)	66 (17.2)	1.93	1.79- 2.07

**Table 4.7: Personal Achievement factors of burnt-out among respondents**

Items	Never N (%)	Very Rare N (%)	Sometimes N (%)	Most Times N (%)	Always N (%)	Mean Score	95% CI
I accomplish many worthwhile things in my job.	85 (22.2)	70 (18.3)	76 (19.8)	71 (18.5)	81 (21.2)	1.98	1.84-2.13
I feel full of energy.	77 (20.1)	71 (18.5)	72 (18.8)	83 (21.7)	80 (20.9)	2.05	1.90-2.19
I am easily able to understand what my patients feel.	85 (22.2)	83 (21.7)	75 (19.6)	71 (18.5)	69 (18.0)	1.89	1.74-2.03
I look after my patients' problems very effectively.	79 (20.6)	69 (18.0)	70 (18.3)	74 (19.3)	91 (23.8)	2.08	1.93-2.22
In my work, I handle emotional problems very calmly.	75 (19.6)	64 (16.7)	89 (23.2)	73 (19.1)	82 (21.4)	2.06	1.92-2.20
Through my work, I feel that I have a positive influence on people.	73 (19.1)	72 (18.8)	85 (22.2)	73 (19.1)	80 (20.9)	2.04	1.90-2.18
I am easily able to create a relaxed atmosphere with my patients.	77 (20.1)	71 (18.5)	77 (20.1)	81 (21.2)	77 (20.1)	2.03	1.88-2.17
I feel refreshed when I have been closed to my patients at work.	69 (18.0)	96 (25.1)	86 (22.5)	57 (14.9)	75 (19.6)	1.93	1.79-2.07

Table 4.7 provides results on the personal accomplishment factors of burnt-out among the respondents. Available information includes the percentage of rating, their corresponding means and 95% confidence interval.

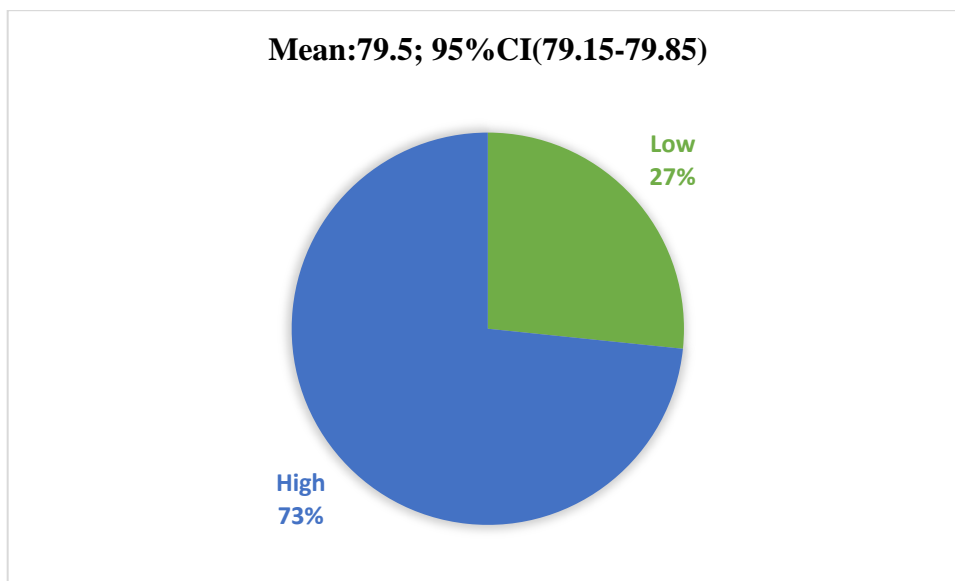
### 4.3 The overall levels of job satisfaction and burnt-out among respondents

An aggregate scoring of individual scores were obtained to ascertain the overall job satisfaction and burnt-out among the nurses. The table below provides the proportion of the overall job satisfaction and burnt out.

### 4.3.1 The overall general satisfaction among respondents

The individual questions of the MSQ-short form also had some interesting responses. A few factors which this author researched were General, Intrinsic, and Extrinsic Satisfaction levels. General Satisfaction is an individual's general feeling about one's own job. To determine general satisfaction, one considers responses to questions one through twenty. After examination of these questions on the survey, it was found, the respondents were generally satisfied with their job. The average general satisfaction score on a one hundred (100) point scale was 77.04.

The average score of satisfaction found was  $79.5 \pm 0.18$  and a 95% confidence interval of 79.15-79.85. Again, generally a count of 281 respondents (73.4%) had more than average satisfaction level whilst 102 respondents (26.6%) had low or below average satisfaction level, Figure 4.3.



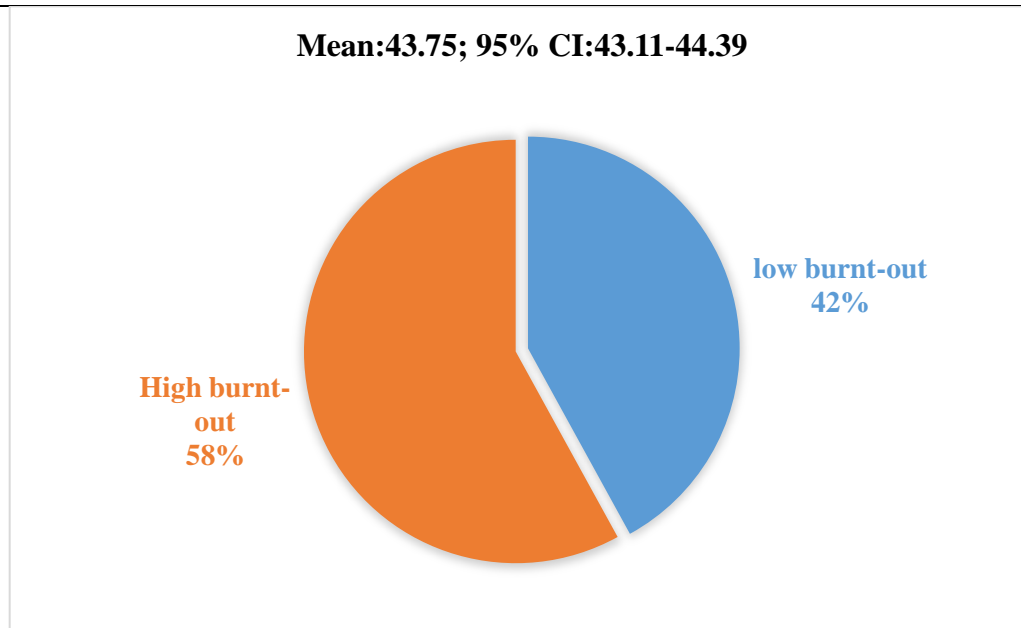
**Figure 4.3: The overall general satisfaction among the respondents**

### 4.3.2 The overall general burnt-out among respondents

For both the emotional exhaustion and depersonalization subscale, a higher mean score implies a higher burnout rate while a higher mean score implies lower burnout rate with respect to personal accomplishments. Emotional exhaustion and depersonalization score were grouped into 0-9 (Low), 10-18 (moderate), 19-above (High) and personal accomplishments scores were also grouped into 0-10 (high), 11-21 (Moderate), 22-32 (low).

**Table 4.8: Summary on occupational burnt-out among respondents**

MBI Subscales	Range of Experience Burnout			Summary	
	Low	Medium	High	Mean	S. D
Emotional Exhaustion	57 (14.9)	289 (75.5)	37 (9.7)	13.62	3.79
Depersonalization	43 (11.2)	301 (78.6)	39 (10.2)	14.09	3.75
Personal Accomplishment	32 (8.4)	326 (85.1)	25 (6.5)	43.75	6.37



**Figure 4.4: Over burnt-out among respondents**

The overall high level of burnt-out was found to be among 58% of the respondent and 42% also experience low level burnt-out with an average burnt score of 43.8 (95% CI: 43.11-44.39).

#### **4.4 Association between socio-demographic characteristics and job satisfaction among respondents**

Respondents' socio-demographic characteristics such as marital status, age, sex and work experience were analysed to determine their association with job satisfaction level. A bivariate analysis using chi-square was performed to determine the association with an assumed significant level of  $p\text{-value} < 0.05$ . The table below provides more details.

The total score on job satisfaction on the scale is 100, therefore, a low or high job satisfaction level is when the overall aggregate of a respondent's score is below 74 (low) or above 74 (high).

**Table 4.9: A bivariate association between job satisfaction socio-demographics among respondents**

Variables	Job satisfaction		Chi-square (d)	P-value
	Low	High		
<b>Age group</b>				
23-29	37 (31.6)	80 (68.4)	2.259 (2)	0.323
30-39	41 (25.2)	122 (74.9)		
40-45	24 (23.3)	79 (76.7)		
<b>Sex</b>				
Male	68 (30.9)	152 (69.1)	4.840 (1)	0.028*
Female	34 (20.9)	129 (79.1)		
<b>Marital status</b>				
Married	48 (23.9)	153 (76.1)	1.639 (1)	0.201
Single	54 (29.7)	128 (70.3)		
<b>Period of work in the unit</b>				
<1	24 (23.1)	80 (76.9)	1.000 (2)	0.607
1-5	41 (28.7)	102 (71.3)		
6-10	37 (27.2)	99 (72.8)		
>10				
<b>Hours of work per week</b>				
<20	45 (23.3)	148 (75.7)	2.189 (1)	0.139
20-39	57 (30.0)	133 (70.0)		
<b>Years of professional experience</b>				
<3 years	15 (18.1)	68 (81.9)	4.820 (2)	0.040*
3-5 years	35 (32.1)	74 (67.9)		
5-10 years	52 (27.2)	139 (72.8)		
Above 10 years				

The results from the bivariate analysis in table 4.9 shows a significant association between the sex of respondents and their job satisfaction levels (p-value=0.028). Years of professional experience was also statistically significant with job satisfaction level (p=0.040).

**Table 4.10: Multivariate logistic analysis of the association between demographic and respondents' job satisfaction level**

Variables	OR (95% CI)	P-value	AOR (95% CI)	P-value
<b>Age group</b>				
23-29	1	Ref	1	Ref
30-39	1.38 (0.81-2.33)	0.234	1.54 (0.89-2.67)	0.127
40-45	1.52 (0.83-2.79)	0.170	1.72 (0.92-3.23)	0.091
<b>Sex</b>				
Male	1	Ref	1	Ref
Female	1.70 (1.05-2.74)	0.028*	2.00 (1.19-3.21)	0.008*
<b>Marital status</b>				
Married	1	Ref	1	Ref
Single	0.74 (0.47-1.17)	0.201	0.68 (0.42-1.10)	0.114
<b>Period of work in the unit</b>				
<1	1	Ref	1	Ref
1-5	0.75 (0.41-1.34)	0.325	0.62 (0.34-1.15)	0.128
6-10	0.80 (0.44-1.45)	0.468	0.73 (0.39-1.36)	0.318
<b>Hours of work per week</b>				
<20	1	Ref	1	Ref
20-39	0.71 (0.45-1.12)	0.140	0.67 (0.42-1.07)	0.094
<b>Years of professional experience</b>				
>3 years	1	Ref	1	Ref
3-5 years	0.47 (0.23-0.94)	0.029*	0.38 (0.19-0.79)	0.009*
Above 5 years	0.59 (0.30-1.13)	0.106	0.48 (0.24-0.95)	0.036*

Table 4.10 provides the multivariate logistic regression of demographic factors and respondents' job satisfaction level. Both the unadjusted (crude odds) and adjusted odds ratios are provided with their corresponding p-values. With reference to males, female respondents had 2 times higher odds of high job satisfaction (AOR: 2.00; 95% CI:1.19-3.21; p-value=0.008). Compared to those who had less than 3 years professional experience, respondents who had 5 years and more experience were 52% less likely to have high job satisfaction (AOR: 0.48; 95%CI: 0.24-0.95; p-value=0.036).

#### 4.5 Socio-demographic and occupational factors affecting burnout among respondents

Respondents' socio-demographic characteristics such as age, sex, marital status and work experience were analysed to determine their association with respondents' occupational burnt-out. A bivariate analysis using chi-square was performed to determine an association with assumed significant level of  $p\text{-value} < 0.05$ .

**Table 4.11: Bivariate socio-demographic and occupational factors affecting burnout among respondents**

Variables	Occupational Burnt-out		Chi-square (d)	P-value
	Low	High		
<b>Age group</b>				
23-29	54 (46.2)	63 (53.9)	0.25 (2)	0.883
30-39	80 (49.1)	83 (50.9)		
40-45	50 (48.5)	54 (51.5)		
<b>Sex</b>				
Male	100 (45.5)	120 (54.6)	1.39 (1)	0.239
Female		79 (48.5)		
<b>Marital status</b>				
Married	96 (47.8)	105 (52.2)	0.01 (1)	0.908
Single		88 (48.4)		
<b>Period of work in the unit</b>				
<1	56 (53.9)	48 (46.2)	2.32	0.31
1-5		63 (44.1)		
6-10		65 (47.8)		
<b>Hours of work per week</b>				
<20	95 (49.2)	98 (50.8)	0.21	0.64
20-39		89 (46.8)		
<b>Years of professional experience</b>				
<3 years	36 (43.4)	47 (56.6)	1.21	0.55
3-5 years	56 (51.4)	53 (48.6)		
Above 5 years	92 (48.2)	99 (51.8)		

The bivariate analysis of socio-demographic characteristics and respondents' occupational burnt found no significant association of any of the variables and burnt-out.

## CHAPTER FIVE

### DISCUSSIONS

#### 5.0 Introduction

This chapter discusses the results of the study as provided in the previous chapter. It draws insights from the results, providing a better appreciation of what the study sought to achieve. The study was carry-out to assess the job satisfaction and job burnt-out among registered nurse in the Tamale teaching hospital and Tamale west hospital in the northern region of Ghana.

#### 5.1 Demographic characteristics of respondents

In this present study, majority of the respondents or nurses studied were between the age of 34 and 44 years (65.8%) with the least below the age of 25 years (6.5%) and above the age of 45 years (5.0%).

Interesting, males formed the majority of the nurse study (57%) as compared with females. This is unusual because the nursing profession is mostly dominated by females particularly in Africa (Edoho, Bamidele, Neji, & Frank, 2015; Vokhlacheva & Farzanehkari, 2018.) Contrary to has been reported by this study, many other previous studies found females to be more than males (Edoho et al., 2015; Myhren, Ekeberg, & Stokland, 2013; Surya, Rao, Ramani, Raveena, & Nikitha, 2016). For instance, study in Bolgatanga in Ghana, shows 74.2% of the participants were female nurses compared to 25.8% of males (Abubakari, 2013). Again, Edoho et al., (2015), found a high proportion of female nurses (88.4%) than male nurses (10.4%). In some studies in other parts of African, no male participants were recorded (Edoho et al., 2015; Semachew, Belachew, Tesfaye, & Adinew, 2017; Teeter & Teeter, 2014).

Again, this study found that nurses who were married were more than those who were single (53% vrs. 47%). This can be contributed to the fact that most of the respondents

were above the age of thirty years. In most cultures it is quite possible that most people by the age of 30 or above get married.

In Ghana, the normal working hours for public sector employees is 40 hours (Donkoh, 2016). This was reflected in the weekly working hours reported by the participants as the higher proportion of weekly hours of work was between 20-39 years.

## **5.2 Level of Job Satisfaction among registered nurse**

In this study, the mean scores for job satisfaction is high. To determine job satisfaction and burnout levels, a five-point Likert scale was employed and responses summed to find an average. Job satisfaction was sub-categorized into intrinsic and extrinsic job satisfaction. A higher mean score (4 and above) was recorded with some of the job satisfaction factors. A score of 4 implies that on the average, majority of the participants were satisfied. In this study, factors such as *“The chance to work alone on the job”*, *“being able to do things that don't go against my conscience”*, *“The way my job provides for steady employment”*, *“The chance to try my own methods of doing the job”*, and *“The way my co-workers get along with each other”* had a mean scores of between 4-4.05.

Again, in this present study only two of the extrinsic factors had a mean score of above 4 meaning majority of the nurses were only satisfied on these two factors. This satisfaction level was recorded on the competence of supervisors in decision making (4.01) and the praise get on doing a good job (4.08). Comparing the two sub-groups of job satisfaction studied under this study, it can be said that majority of the nurses were more satisfied on intrinsic factors than extrinsic factors. This is again confirmed by the overall mean score recorded for extrinsic and intrinsic factors (23.9 and 47.6 respectively). This finding is consistent with a study conducted in India and Addis Ababa, Ethiopia. The researchers used the same instrument as used by this present study and found out a high satisfaction level with a mean score above 4.0 on factors such as *“I feel my staff with in the*

*department support each other*” and *“The chance to try my own methods of doing the job”* (4.04 and 4.28 respectively). However, in Gauteng, Selebi, (2007), found low mean score on all the factors mention above.

Additionally, with an overall general mean score of 79.5 (95%CI: 79.15-79.85), this present study found that job satisfaction was generally high among 73% of the nurses with only 27% having low job satisfaction.

### **5.3 Association between Job Satisfaction and demographics characteristics of nurses**

Many have found that worker’s job satisfaction is affected by their uniquely individual characteristics (John, 2009; Myhren et al., 2013; Teeter & Teeter, 2014). Many have found a person individual characteristics such as age, sex, marital status, position at work, years of professional experience among others. In this present study the demographic characteristics of nurses were assessed to determine an association with job satisfaction using a chi-square and logistic regression approach. It was found that gender of nurses and years of professional experience were the statistically significant factors with job satisfaction ( $p=0.028$  and  $0.40$  respectively). Similarly, a significant association was reported in China, Turkey and Nigeria where the association of sex and job satisfaction were reported as  $p=0.30$ ,  $0.08$ , and  $0.023$  respectively (Cetinkaya, 2017; Edoho et al., 2015; John, 2009).

However, factors such as age, hours of work per week and the years of work in the hospital were not found to be significant. This was consistent with other previous studies as hours or work and years of professional experience have been reported in some part of Africa, Europe and Asia as significantly associated with job satisfaction (Rn, Mba, & Sánchez, 2017; Selebi, 2007; Semachew et al., 2017). The difference may be due to the difference socio-economic situation existing in these countries and the current study area (Tamale, Ghana).

Further using a logistic regression approach to determine the strength of association found that females had 1.7 times high odds of attaining high job satisfaction compared to male nurses ( $p=0.008$ ; AOR: 1.70, 95% CI: 1.05-2.74). consistent with what was reported by AbubakarI, (2013) and Edoho et al., (2015), Bolgatanga and Nigeria respectively.

Also, this study found that both crude and adjusted odds ratios indicated a significant association between years of professional experience and job satisfaction level. That is, with reference to those who had less than 3 years professional experience, nurse's who had above 3-5 years had 53% less odds of attaining high job satisfaction. Same was recorded with nurses who had worked for more than 5 years (AOR: 0.59; 95%CI: 0.30-1.13;  $p=0.036$ ). It can therefore be implied that as the years of professional experience of nurses increases, the less satisfied they become with their profession. This finding is also confirmed by Abraham & Fatima, (2013) and Myhren et al., (2013).

#### **5.4 Level of Job Burnout among registered nurses**

Occupational or job burnout among workers are the feeling of stresses and exhaustion workers experience in the course of their duties. Burnout is one of the most important indicators for evaluating the psychological conditions of staff (Afshin Esfandnia, Mehdi Khezeli, Fardin Esfandnia, 2016). There are several tools use in assessing occupational burnout. Maslach Burnout Inventory was employed in this study to assess the occupational burnout among registered nurses. Occupational burnout factors are sub-class into three mainly personal accomplishment, emotional exhaustion and depersonalization. A higher mean score of two sub-dimensions of burnout (emotional exhaustion and depersonalization) imply higher degrees of burnout whereas higher mean scores of personal accomplishments indicated lower degrees of burnout. To measure the job satisfaction level and burnout in this present study, a five-point Likert like scale was used and responses summed to find an average. This present study found that hour of

work, workload and dealing with patients are a source of stressors for the nurses. In this regard, McGrath believe that occupational stressors, which will lead to burnout in nurses are included high workloads, long hours of high work, lack of support, and the inability for rest from work (McGrath, Reid & Boore, 2003). According to Maslach, personal accomplishment and control on the tasks occurs when individuals can have an impact on the policies of the organization and thereby demonstrate their abilities and obtain positive attitude to themselves and patients (Maslach, 2000).

In this study, the highest burnout was recorded for the burnout sub-dimension (emotional exhaustion) of 19.90 followed by depersonalization which recorded a mean of 7.80. Personal accomplishments recorded the least burnout of 16.04 on average. This finding implies that a high degree of burnout was recorded from emotional exhaustion and depersonalization factors of nurses. However, personal accomplishment recorded less on burnout. This is consistent with a study on burnout among nurses working in medical and educational centers in Shahrekord, Iran. The results showed that 34.6, 28.8, and 95.7% of the nurses had EE, high DP, and high reduced PA, respectively (Moghaddasi, Mehralian, Aslani, & Masoodi, 2018).

Additionally, the average or moderate burnout recorded were 75.5% (emotional exhaustion), 78.6% (depersonalization), and 85.1% (personal accomplishment). In a similar study, averages were found by Afshin et al. (2016), among nurses working in Imam Reza hospital, Kermanshah. Their results indicated moderate emotional exhaustion of 37%, depersonalization of 39.8% and 40.4% of personal accomplishment. In this same study, burnout was high on all the three sub-categories (Afshin et al., 2016). Results are consistent with the results of other studies. For example, Masoodi et al., in a study on selected nurses of a private sector in Tehran in 2008 reported that about 35, 29, and 96% of the participants had EE, DP, and PA respectively. Generally, in this present study, high level of burnout was found among the majority of the nurses (53%) with a mean

score of 43.8 (95% CI: 43.11-44.39). This is consistent with other findings in Africa and the Asia (John, 2009; Khamisa, Peltzer, Ilic, & Oldenburg, 2016; Moghaddasi et al., 2018; Myhren et al., 2013).

### **5.5 Association between occupational burnt-out and socio-demographic characteristics of registered nurses**

In this current study, a number of demographic factors were analysed to determine their association with occupational burnout among the nurses. These were factors such as age, sex, marital, hours of work per week and years of professional experience. It was found from a bivariate analysis using chi-square test that no significant association was recorded with demographic characteristics and burnout among the nurses. Similarly, studies on occupational burnout among nurses in Ethiopia, Nigeria, and Palestine reported no significant association between demographic factors and burnout (Abushaikha, 2009; Edoho et al., 2015; Semachew et al., 2017). Contrary to these, a study on burnout among hospital nurses in China found a significant association between demographic factors such as sex, years of employment and burnout level ( $p=0.023$  and  $0.004$  respectively).

Other factors such as income, workload and other rewards have been reported to affect employees' burnout. Research has shown that reward imbalance between a well-done job and income earned could considerably increase the chances of burnout. This has been also confirmed in the study of burnout among nurses of seven European countries, especially in the Netherlands, Germany, Italy, and Slovakia (Alimoglu, Donmez, 2005). Bakker et al. (2005), also reported similar findings in Germany.

## CHAPTER SIX

### CONCLUSION AND RECOMMENDATIONS

#### 6.1 Conclusion

The study revealed that job satisfaction was high among the nurses with about 73% of the participant recording higher satisfaction levels. Higher satisfaction levels were observed for the intrinsic factors of nurses' satisfaction (47.6) compared with extrinsic factors (mean score of 23.9). Thus, variables such as provision of steady employment and praises receive for work done had high mean score.

Additionally, it was revealed that sex and the years of professional experience had significant influence on nurse's satisfaction levels. Females were more likely than males to be satisfied with their work. Similarly, as more years a nurse works, the less his or her satisfaction level. That is job satisfaction reduced by many years of work.

Considering high level of three dimensions of burnout found by this study suggest that periodic examinations be performed in relation to burnout for nurses. The average burnout rate found on the three dimensions such as emotional exhaustion, personal accomplishment emotional exhaustion and depersonalization were high. This was supported by the overall burnout level recorded as more than half of the nurses studied (58%) experienced high level of burnout.

#### 6.2 Recommendations

1. Nurses demonstrated low levels of satisfaction with extrinsic aspects of their jobs such as the acknowledgement they get for doing their job, the way policies are implemented, their salary compared to the work that they perform, the opportunity for promotion and advancement, and working conditions. Therefore, efforts should be taken by the appropriate policy makers and authorities such as unit in charges and management of the two hospitals to address these issues.

2. Considering high level of three dimensions of burnout it is suggested to hospital administration that periodic examinations be performed in relation to burnout for nurses.
3. Nurses who are burnout and may not know. The health directorate should provide education, counseling, and clinical services for their employees particularly nurses to enable manage occupation burnout before it would be obverted.

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APPENDICES

**Appendix A: The Minnesota Satisfaction Questionnaire-Short Form (MSQ-SF)**

<b>Items</b>	<b>Very Dissatisfied (1)</b>	<b>Dissatisfied (2)</b>	<b>Neutral (3)</b>	<b>Satisfied (4)</b>	<b>Very Satisfied (5)</b>
1. Being able to keep busy all the time					
2. The chance to work alone on the job					
3. The chance to do different things from time to time					
4. The chance to be "somebody" in the community					
5. The way my boss handles his/her workers					
6. The competence of my supervisor in making decisions					
7. Being able to do things that don't go against my conscience					
8. The way my job provides for steady employment					
9. The chance to do things for other people					
10. The chance to tell people what to do					
11. The chance to do something that makes use of my abilities					
12. The way hospital policies are put into practice					
13. My pay and the amount of work I do					
14. The chances for advancement on this job					
15. The freedom to use my own judgment					
16. The chance to try my own methods of					

doing the job					
17. The working conditions					
18. The way my co-workers get along with each other					
19. The praise I get for doing a good job					
20. The feeling of accomplishment I get from the job					

**Additional Questions**

21. How would you describe your current level of satisfaction with your job?

.....  
 .....

22. Has your level of job satisfaction changed over the years/months?

Yes

No

23. If yes, how does it changed, and what has influenced the change?

.....  
 .....

24. What would you need to increase the level of job satisfaction?

.....  
 .....

**APPENDIX B: The Maslach Burnout Inventory (MBI)**

Items	Never (0)	Very Rare (1)	Sometimes (2)	Most Times (3)	Always (4)
1. I feel emotionally drained by my work					
2. Working with people all day long requires a great deal of effort.					
3. I feel like my work is breaking me down.					
4. I feel frustrated by my work.					
5. I feel I work too hard at my job.					
6. It stresses me too much to work in direct contact with people.					
7. I feel like I'm at the end of my rope.					
8. I feel I look after certain patients impersonally, as if they are objects.					
9. I feel tired when I get up in the morning & must face another day at work.					
10. I have the impression that my patients make me responsible for some of their problems.					
11. I am at the end of my patience at the end of my work day.					
12. I really don't care about what happens to some of my patients.					
13. I have become more insensitive to people since I've been working.					
14. I'm afraid that my job is making me uncaring.					
15. I accomplish many worthwhile things in my job.					
16. I feel full of energy.					
17. I am easily able to understand what my patients feel.					
18. I look after my patients' problems very effectively.					
19. In my work, I handle emotional problems very calmly.					
20. Through my work, I feel that I have a positive influence on people.					
21. I am easily able to create a relaxed atmosphere with my patients.					
22. I feel refreshed when I have been closed to my patients at work.					

**APPENDIX C: Demographic Questionnaire**

**1. What is your age at birth?**

**2. Gender?**

Male

Female

**3. What is your marital status?**

Married

Single

Divorce

Widowed

**4. What is your professional category?**

Nursing officer

Registered Midwives

Registered General Nurse

Registered Mental Health Nurse

Community Health Nurse

Enrolled Nurse

**5. How long have you worked in this hospital/facility? .....**

**6. What is your primary unit in this hospital?**

- |  |                          |                                |                          |
|--|--------------------------|--------------------------------|--------------------------|
| a. Many different hospital unit or specific unit | <input type="checkbox"/> | b. Psychiatry/mental health    | <input type="checkbox"/> |
| c. Surgery                                       | <input type="checkbox"/> | d. Rehabilitation              | <input type="checkbox"/> |
| e. Medicine(non-surgical)                        | <input type="checkbox"/> | f. Pharmacy                    | <input type="checkbox"/> |
| g. Obstetrics                                    | <input type="checkbox"/> | h. Laboratory                  | <input type="checkbox"/> |
| i. Pediatrics                                    | <input type="checkbox"/> | j. Radiology                   | <input type="checkbox"/> |
| k. Emergency department                          | <input type="checkbox"/> | l. Anesthesiology              | <input type="checkbox"/> |
| m. Intensive care unit(any type)                 | <input type="checkbox"/> | n. Others, please specify..... |                          |

**7. How long have you worked in your current hospital work area/unit?**

- |                  |                          |                  |                          |
|------------------|--------------------------|------------------|--------------------------|
| Less than 1 year | <input type="checkbox"/> | 1 to 5 years     | <input type="checkbox"/> |
| 11 to 15 years   | <input type="checkbox"/> | 16 to 20 years   | <input type="checkbox"/> |
| 6 to 10 years    | <input type="checkbox"/> | 21 years or more | <input type="checkbox"/> |

**8. Typically, how many hours per week do you work in this hospital/facility?**

- Less than 20 hours per week [ ]      20 to 39 hours per week [ ]  
40 to 59 per week [ ]      60 to 79 hours per week [ ]  
80 to 99 hours per week [ ]      100 hours per week or more [ ]

**9. How long have you worked in your current specialty or profession?**

- Less than 1 year [ ]      1 to 5 years [ ]  
6 to 10 years [ ]      11 to 15 years [ ]  
16 to 20 years [ ]      21 or more [ ]