

**UNIVERSITY FOR DEVELOPMENT STUDIES, TAMALE**

**FACTORS INFLUENCING JOB SATISFACTION OF NURSES AND MIDWIVES IN  
BOLE DISTRICT OF THE SAVANNAH REGION**

**JOSEPH NGMENTIN-ERE DATUAH**

**2019**



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BOLE DISTRICT OF THE SAVANNAH REGION**

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OF PHILOSOPHY DEGREE IN COMMUNITY HEALTH AND DEVELOPMENT.**

**AUGUST, 2019**



## DECLARATION

I hereby declare that this thesis is the result of my own original work towards the award of Masters of Philosophy in Community Health and Development. All data were originally gathered and analysed by me thus it contains no material that has been published by another person or has been accepted for the award of any other degree of the University for Development Studies or elsewhere, except where due acknowledgement has been made in the text.

**Candidates' Name**

**Signature**

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I hereby declare that the preparation and presentation of the thesis were supervised in accordance with the guidelines on supervision of thesis laid down by the University for Development Studies.

**Name of Supervisor**

**Signature**

**Date: .....**



## ABSTRACT

Globally, job satisfaction is a major factor among healthcare professionals. Job satisfaction affects staff attrition rates, healthcare quality and outcomes. The study was designed to determine the factors that influence job satisfaction of nurses and midwives in the Bole District of the Savannah Region of Ghana. A descriptive cross-sectional study with multistage sampling technique was employed among 122 nurses and 34 midwives. The Mueller/McCloskey Nurse Job Satisfaction Scale was adapted and used to collect data. Statistical Package for Social Science version 22.0 was used to analyse the data. Spearman's rho chi-square test ( $p < 0.05$ ) and marginal effect with corresponding 95% confidence interval were used to establish the association between sociodemographic characteristics and job satisfaction. The study revealed a moderate satisfaction level among nurses and midwives (66 nurse assistants, 33 nurses and 23 midwives all reported moderate satisfaction with their job at  $p = 0.682$ ). The major intrinsic factors influencing nurses and midwives' job satisfaction are job duties, achievement and recognition. While staffing, interpersonal relationship and the policy on study leave were identified as the main extrinsic factors influencing their job satisfaction. A weak positive association was established between job type and job satisfaction ( $\rho = 0.253$ ,  $p = 0.04 < 0.05$ ). It is therefore recommended that management of the Bole District Health Service should review its' staff motivational system by placing emphasis on the intrinsic factors and complementing it with financial rewards and fringe benefits while ensuring that it is adequate and fair to all nurses and midwives in the District. Job satisfaction of nurses and midwives could be improved if performance-based incentives policies are developed, promotion policies and opportunities for training programmes are strengthened.



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## DEDICATION

I dedicate my MPhil Degree in Community Health and Development to God Almighty for success granted onto me. Also, it is dedicated to Zingbagba Theresa, my wife and lovely kids; Ladasha Datuah and Lovia Datuah and the entire family. They have been sources of motivation, inspirations and blessings to my life.



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## ABBREVIATIONS

BDHMT	Bole District Health Management Team
BDMDP	Bole District Medium-term Developmental Plan
CHAG	Catholic Health Association of Ghana
CHPS	Community-based Health Planning and Services
GHS	Ghana Health Service
GNA	Ghana News Agency
GRNMA	Ghana Registered Nurses and Midwives Association
MMSS	Mueller/McCloskey Nurse Job Satisfaction Scale
MOH	Ministry of Health
NAC	Nurse Assistant Clinical
NAP	Nurse Assistant Preventive
NMC	Nursing and Midwifery Council
SPSS	Statistical Package of Social Science
SR	Savannah Region
WHO	World Health Organization



## CHAPTER ONE

### Introduction

This chapter outlines the goal and objectives of the study. It also establishes the problem that led to the need for the study, its relevance and potential impact on healthcare delivery. The theoretical framework and overview of the thesis are also elaborated.

#### 1.1 Background of the Study

Job satisfaction is a key issue for healthcare professionals around the world (Doef, Mbazzi, & Verhoeven, 2012). According to Thuita & Oiyee (2018) employees' satisfaction is important for job performance and productivity. This is because employees who are satisfied with their jobs feel that their job gives them some positive features such as variety, challenge, good pay and security, autonomy, and pleasant co-workers. Bakan & Buyukbese, (2013) assert "*Job satisfaction is a main variable in both research and theory of organizational phenomenon ranging from job design to supervision*". Job satisfaction is paramount and relevant to the physical and mental well-being of employees, and consequently affects employees' job productivity, absenteeism or turnover rates.

Job satisfaction has been severally defined. For example, job satisfaction can be defined as the extent to which an employee enjoys his/her job (Lephalala et al., 2008; Kumar & Kaur, 2018). Similarly, it has been seen as the attitude and feelings exhibited by employees toward their jobs (Jathanna et al., 2011; Kumar et al., 2013). Cited by (Bull, 2005). Hence job satisfaction is the extent to which employees like their jobs.

Job satisfaction is one of the most important factors that determine efficiency and productivity of human resources. As key members of the health system, nurses' and



midwives' job satisfaction contributes to the delivery of high-quality healthcare (Choi, Cheung, & Pang, 2013; Dignani & Toccaceli, 2013).

However, the health system is highly embedded with serious challenges such as low pay, low staff motivation, unequal distribution of the health workforce, poor supervision, poor staff performance, high rates of absenteeism, migration, high rates of turnover and low levels of job satisfaction (Kabene et al., 2006). Weak human resource policies and lack of standard structured health workforce planning are also factors that impede the achievement of healthcare systems objectives (Al-Sawai1 & Al-Shishtawy, 2015).

WHO (2006) estimated 4.3 million deficit of health workforce globally and see this shortage as a major hindrance to the achievement of universal health coverage. Lephalala, et al., (2008) indicated that healthcare professionals especially nurses in developed countries like England are not satisfied with their jobs due to poor promotion policies, non-involvement in decision and policy-making, inadequate advancement opportunities and salary issues. These affect their turnover intentions. On the basis of healthcare workforce turnover rates as posited by Lephalala et al (2008), it is revealed that 24.8 healthcare workers per 1000 population are available in America whereas in Africa, where the largest disease burden (24%) exist, there is only 2.3 healthcare workers per 1,000 populations (Goetz et al., 2015). Forty-six out of 47 countries within Sub-Saharan Africa have significantly less than 2.28 nurses per 1,000 populations (Willcox et al., 2015). These deficits do not only affect the health of the citizens of the countries in question but also have social and economic implications on the entire continent as a whole. Willcox et al, noted that 28% of healthcare workers from sub-Saharan Africa are working internationally due to





low salaries, poor working environments and underfunded healthcare facilities. On the implication of the shortage of health workforce, the study reported a death rate of 39.1% among males and 33.2% death rate among females age between 15 and 60 respectively. They suggested; political will, financial commitment and public-private partnership as well as adequate resources for recruiting and motivating health workforce as some interventions that can help address the global healthcare professional challenges. Additionally, the effective utilization of job satisfaction theories can also help in designing better systems for employees.

According to Chaulagain & Khadka, (2012), career development, management issues, recognition, financial incentives, adequate logistic supplies and appropriate infrastructure are major factors affecting job satisfaction among health workforce in developing countries. They maintained that these factors are contextual and country specific and therefore recommend the use of standardized data collection tools and methods to investigate how context affects motivation. Odoom (2015) also identified similar factors as asserted by Willis-shattuck et al., but suggested a mixed method study approach with large sample size for further studies on nurses' job satisfaction factors. Generally, nurses are satisfied with promotion policies, opportunities for development, cordial relationship with colleagues at work and good remuneration but are dissatisfied with the level of involvement in decision making, work stress, and leadership style in the developed countries (Lephalala, et al., 2008; Doef, Mbazzi, & Verhoeven, 2012; Chaulagain & Khadka, 2012; and Lu et al., 2016).

Globally, human resources for health are a strategic resource for an entire health system (Anyangwe & Mtonga, 2007; Lephalala et al., 2008). It is further revealed that health workforce contributes significantly to increase in life expectancy as well as sustainable





socio-economic development of every country. Yet, healthcare organizations will only be effective and efficient in achieving their goals if only the required workforce is available and appropriately allocated in different departments and geographical areas within the healthcare system (Dussault & Dubois, 2003). A general relationships have also been reported between opportunity to develop, staff relations, patient care, employees' organizational commitment, quality of healthcare services and job satisfaction (Chaulagain & Khadka, 2012). Their study also revealed that healthcare professionals at Nepal are satisfied not only with financial benefits but also with the pleasure they derive from taking care of patients. Health professionals in the Arabian countries are satisfied with their roles and responsibilities (feeling that work is important and having control over one's resources) than external reward(Ahmed & Al-githmi, 2011).

Empirical evidence shows that, seventy-nine percent (79.6%) healthcare professionals were not satisfied with their jobs due to the following variables; low chances for professional development, complex work context and staff relationships among nurses and midwives (Chaulagain & Khadka, 2012). Another study indicated that 65.1% of health workers in Africa were dissatisfied with their jobs due to low salaries, lack of training and development opportunities, low incentives, management style and poor performance appraisal systems (Mekuria, Mengistu, & Bali, 2015). Also, nurses working at the obstetric units in Kenya are relatively dissatisfied with most of the aspects of the work environment with this dissatisfaction occurring less among nurses with first degree and above (Kahiga, 2018).

Findings from Acquaye (2007) showed that nurses who are satisfied with their jobs are psychologically fit and mentally healthier to deliver quality healthcare to clients. The

researcher acknowledged the weaknesses of the sampling method and recommended the use of random sampling method if similar studies are to be carried out on nurses' job satisfaction factors in other regions of Ghana.

Job satisfaction among healthcare workers has serious implications on quality, effectiveness and work efficiency as well as healthcare expenditure (Chaulagain & Khadka, 2012). Job dissatisfaction on the other hand may lead to burn out, provision of sub-optimal healthcare, absenteeism, as well as staff turnover which could aggravate under staffing of health facilities (Willis, 2008).

In an attempt to address health workforce dissatisfaction in African regions including Ghana, more studies are needed to identify all the subscales of job satisfaction with emphases on working conditions and motivational policies (Samson-Akpan et al., 2016).

Bempah (2013), after conveniently sampling community health nurses to study the factors affecting their job satisfaction in the Volta Region of Ghana, recommend the use of multistage sampling approach to explore and identify all the factors considered to affect job satisfaction of nurses. Aninanya et al. (2016) also recommended the use of large sample sizes either than cohort sample studies when investigating health workforce motivational factors. Haven explored the effects of motivation and job satisfaction on health workers turnover intentions, Bonenberger et al., (2014), suggested an extensive study into determining factors that influence nurses job satisfaction.

Taking into consideration the recommendations and suggestions, this study seeks to understand through empirical investigation factors affecting job satisfaction of nurses and midwives in the Bole District of Savannah Region of Northern Ghana.



## 1.2 Problem Statement

Generally, nurses and midwives in Ghana are not satisfied with their jobs (Kotei, 2014). Their job satisfaction is mainly influenced by work related factors, lack of appreciation for a work done, salary and flexibility of shift schedule. A study conducted by Bonenberger et al., (2014) on healthcare professionals job satisfaction, lack of recognition, low pay, problems with carrier advancement and poor working conditions were identified as factors influencing their job satisfaction. As a result of this dissatisfaction, 69% of these healthcare professionals in the same region reported to have turnover intentions.

Also, healthcare professionals at Komfo Anokye Teaching Hospital in the Ashanti Region of Ghana were not satisfied with their current motivational packages and strategies. Accommodation facilities, study leave and sponsorship to pursue further training, fuel allowance, provision of comfortable restrooms, car maintenance allowance and yearly bonuses for all staff were the factors identified to have influenced their job satisfaction (Appiah, 2011). Additionally, clinical staff at the Komfo Anokye Teaching Hospital also pointed out that, inadequate resources and equipment, overcrowding at the wards, inadequate numbers of staff, non-functional laboratories and equipment were sources of their demotivation. The manifestations of staff dissatisfaction in this facility, is been observed with displeasure by managers of the facility. As a result, clients who seek healthcare from this facility feel they do not get quality care in case of any ill-health and as a result prefer to seek better healthcare from different facilities (Appiah, 2011).

Additionally, Tanko (2011) reported that healthcare professionals working at Goaso hospital in the Bono East Region of Ghana were indeed not satisfied with their jobs because of stress





at work. Inadequate staff as the study revealed the total number of healthcare professional at the hospital during the study as 136 and number required to be 235 hence a staff deficit of 99. The stress will not only pose fatigue and predispose them to ill-health such as hypertension, but affect the quality of their work in these facilities.

Empirical evidence suggest that healthcare professionals do not accept postings to the rural areas especially the five regions in Northern Ghana due to the fear of; higher workload with no incentives, problems with professional upgrading, prolonged rural stay as well as the feeling of losing moonlight income (locum) which they would have been enjoying if working in the urban areas like the capital of Ghana (Snow et al., 2011). Further still, shortages of nurses in the Ghanaian health system especially in the northern part of Ghana are mostly due to the lower remuneration on their job (Umuhari, 2013).

As a result, these rural areas are usually deficit of healthcare professionals. This invariably impact on healthcare services delivery. This can be observed in the Northern Ghana where in Northern Region, a total of 216 medical doctors with a ratio of 1:13,419 population; Upper East Region with total of 45 medical doctors has a ratio of 1:25,878 population and while Upper West Region with 42 medical doctors with a ratio of 1:18,986 population as compared to the capital of Ghana (Greater Accra) where a doctor to population ratio is 1:1316 (GHS, 2017). Even though the doctor to patient population ratio is still high in the capital of Ghana, it is still better as compared to the three other regions of Northern Ghana.

Furthermore, unpublished evidence suggests that nurses and midwives in the Bole District of the Savannah Region are not satisfied with their jobs. Poor leadership style and promotion policies are among the usual complains that are always expressed by nurses during annual review meetings (Ghana Registered Nurses and Midwives Association, 2017).



As a result, sub-optimal performance has also been identified among nurses and midwives in the Bole District.

More importantly, Bole District healthcare system experienced industrial strikes among nurses and midwives due to job dissatisfaction. For instance, in the year 2016, nurses and midwives in the Bole District actively participated in the general nurses' strike in Ghana where they stayed off duties for almost three weeks while their leaders agitated for better conditions of services (GRNMA, 2017).

Also, media reports suggest that clients who seek healthcare from the health facilities in the Bole District especially the District hospital receive low quality services (Tanye, 2016). This may be attributed to the declined in the number of patients (75% -72%) who seek health services at the District Hospital, (Bole District Health Directorate Annual Report, 2018).

A critical review of these studies revealed various study gaps that need to be filled. These include study approach and geographical location of the studies. Available evidence also showed paucity of quantitative studies on factors affecting nurses and midwives job satisfaction in Ghana and in particular the Bole District (Snow et al., 2011). These studies did not also take into consideration the influence of socio- demographic variables on nurses and midwives' job satisfaction.

In this regard, very little is known about the extrinsic and intrinsic factors influencing job satisfaction of nurses and midwives in the Bole District of the Savannah Region. Considering the implications of job satisfaction among nurses and midwives on healthcare delivery and turnover rates in Ghana and across the world, there must be quality and

adequate knowledge on the various variables either promoting or inhibiting job satisfaction among nurses and midwives. It is therefore imperative to conduct this study in the Bole District to determine the factors that influence nurses' and midwives' job satisfaction, to ease turnover rates, and to boost the quality of care provided to clients.

### **1.3 Study Justification**

Job satisfaction is a major component of human resource management in every organization and play significant role in the development and success of the organization. This study identified intrinsic and extrinsic factors that influence nurses and midwives job satisfaction. Findings from this study add onto the existing knowledge on job satisfaction among healthcare professionals. This study has also laid the foundations for further studies in this area of practice.

Ministry of Health and Ghana Health Service can use the results when planning and designing motivational strategies and policies on human resource management. The findings can also be used by the Nursing and Midwifery Council of Ghana in designing job description and conditions of service for healthcare professionals. It is hoped that managers of healthcare institutions can also use these findings in planning motivational packages and strategies for their staff. Hence, it will not only increase the moral of healthcare professionals but will contribute to increase productivity. That is healthy lives and wellbeing for all the citizens of Ghana and beyond will be promoted. It also helps in reducing staff attrition rate in the healthcare setting, reduce the frequency of strike action, reduce unnecessary conflicts in the health facilities, as well as result in high quality healthcare delivery and, prevent intra and inter migration of healthcare professionals.



#### 1.4 Theoretical Framework

Herzberg's (1957) theory is one of the content theories of motivation and job satisfaction. Two hundred (200) employees from Pittsburgh and Pennsylvania firms were used for his study. They were interviewed on the factors that pleased and displeased them about their work. The author found that the factors causing job satisfaction were different from those causing job dissatisfaction.

According to Herzberg, (1957) every individual has two separate needs namely: the need to avoid discomfort (Intrinsic factors) and the need for personal growth and development (Extrinsic factors). Growth factors are those that are directly related to an employee job. These intrinsic factors include: the level of recognition by both colleagues and management; the level of responsibility; opportunities for advancement and the status provided. The author again stated that lack of intrinsic factors lead an individual to concentrate on the extrinsic factors, which are usually manifested in employees' as dissatisfaction. These extrinsic factors are: salary, job security, working conditions, the quality of management, organizational policy, administration and interpersonal relations (figure 1.0).

Extrinsic factors are physiological needs that can be fulfilled by money. Intrinsic factors are psychological needs for the purpose of growth, and they are fulfilled by activities that cause one to grow (Durmaz & Diyarbakırlioğlu, 2011).

This simply signifies that whatever activity that motivates an individual, must be of interest to the individual, difficult to be achieved, and have a scope for future benefits. The two feelings cannot simply be treated as opposites of each other. From figure 1.0 below, the opposite of satisfaction is not dissatisfaction, but rather, no satisfaction.





**Figure 1.0: Herzberg's Two Factor Theory**

**Source: Herzberg (1957) motivation and satisfaction theory**

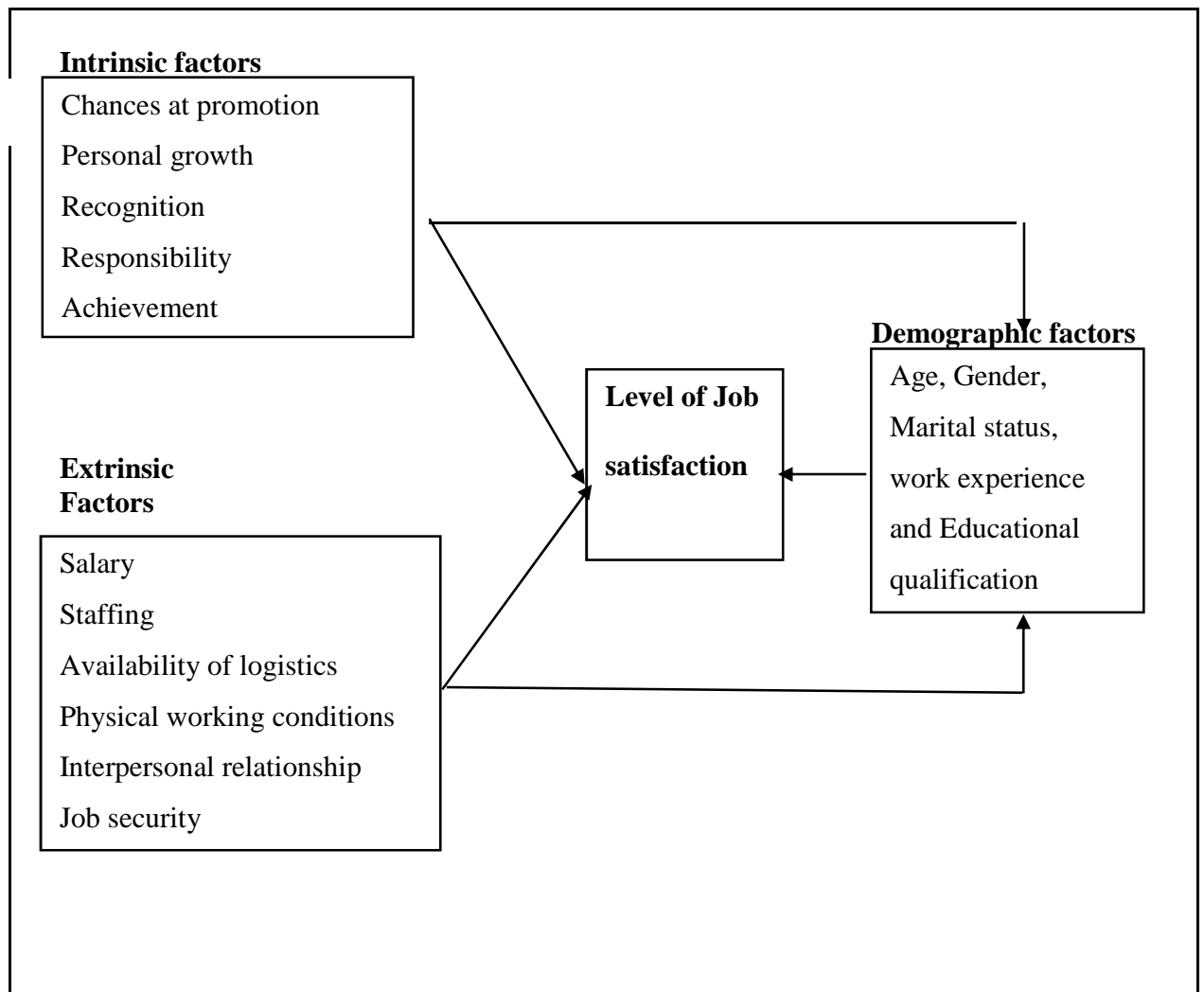
The conceptual framework adapted (Fredrick Herzberg-Two- Factors Theory) outlines and describes the variables in this study. From figure 1.1, the two vertical boxes to the extreme right outlined both intrinsic factors (chances at promotion, personal growth, recognition, responsibility and achievement) and extrinsic factors (salary, availability of logistics, staffing, physical working conditions, interpersonal relationship, and job security). While the first box from the left contains the demographic variables, the relationships between these are elaborated with arrows. The dependent variable in this study is job satisfaction and it is influenced by the independent variables: demographic characteristics as well as the intrinsic and extrinsic factors respectively. Also, both intrinsic and extrinsic factors are related to the demographic variables.

The adapted theory was useful in this study because it had all the dimensions which this study examined. Results of the study confirmed Herzberg's assertion that both intrinsic factors and extrinsic factors affect an individual satisfaction level on his job. However, this study added socio-demographic variables as the third group of variables which also





influence employees' satisfaction. It was the best theory to adapt especially in healthcare service where there is tension and diversity of professionals with different job descriptions and roles, hence different opinions in terms of job satisfaction factor (Kazdin, 2017).



**Figure 1. 1: Theoretical Framework**

**Source: Adapted from Fredrick Herzberg (1957) Two- Factors Theory**



To effectively apply these factors in organizational context, managers need to first eliminate the negative factors employees are experiencing and promote the growth factors ( Durmaz & Diyarbakırlıoğlu, 2011). To control and prevent negative factors in the organization, managers need to: provide supportive supervision, encourage team work, promote good interpersonal relationship, feedback, an adequate working environment, ensure that wages & associated benefits are competitive and fair, provide job security and ensure individuals have a healthy environment.

To promote the growth factors, managers need to provide opportunities for achievement, recognizing people's contributions, creating work that is rewarding and matches people's skills and abilities, giving as much responsibility to each team member as possible (Herzberg, 1957). It therefore means that managers using Herzberg's theory to design motivational packages for employees should be able to put the two factors in equilibrium. The mere improvement on the growth factors alone, without eliminating the dissatisfaction or the negative factors, will not result in a motivated individual. For example, if a nurse has poor interpersonal relationship with her ward in-charge and at the same time complains that she is not paid for the extra weekend work that she does, by simply giving the nurse extra money, will not make the nurse motivated, as the demotivating factor (poor interpersonal relationship) is still there. Herzberg's research methodology was criticized as retrospective studies are flawed with recall biases (Kazdin, 2017). People are more prone to recall only recent experiences or interesting experiences ignoring important factors.



## **1.5 Research Questions**

1. What is the level of job satisfaction of nurses and midwives in healthcare facilities in Bole District of the Savannah Region?
2. Which intrinsic factors influence healthcare professional's job satisfaction in the Bole District of the Savannah Region?
3. What are the extrinsic factors that influence healthcare professional's job satisfaction in the Bole District of the Savannah Region?
4. Is there any relationship between socio-demographic variables and job satisfaction among healthcare professionals in Bole District of the Savannah Region?

## **1.6 Research Objectives**

### **1.6.1 Main Objective**

The main objective of the study is to determine the factors influencing job satisfaction among nurses and midwives in health facilities in the Bole District of the Savannah Region.

### **1.6.2 Specific Objectives**

1. To assess the level of job satisfaction of nurses and midwives
2. To identify the intrinsic factors that influence job satisfaction among nurses and midwives.
3. To identify the extrinsic factors that influence job satisfaction among nurses and midwives.
4. To examine the relationship between socio-demographic variables and job satisfaction among nurses and midwives.



## 1.7 Definition of Key Terms and Concepts

**Job satisfaction:** is the measure of a worker contentedness with his job as to whether the individual likes his job and all the aspects of the job.

**Job dissatisfaction:** is the undesirable outcome of measure where an employee exhibits discontent with his/her job.

**Motivation:** is seen as tangible or intangible award given to an employee to ignite him/her perform a task or as a form of appreciation after a task has been executed.

**Intrinsic factors:** are non-physical or intangibles that are used to motivate an individual.

Extrinsic factors: are physical, material or monetary rewards used in motivating employees.

**Nurse:** is any person who is licensed by an accredited regulatory body e.g. Nursing and Midwifery Council to practice nursing.

**Midwife:** is a healthcare professional designated to render services to women before, during and after delivery.

## 1.8 Organization of the Thesis

This research work is organized in six chapters. Chapter one dealt with the background of the study, problem statement, study justification, research questions, and objectives of the study, definition of terms and organization of the study. Chapter two contained relevant literature on the study topic which sought information from books, articles, journals and websites. Chapter three dealt with the research methodology which comprises: study design, study setting, study population, inclusion and exclusion criteria, study variables as well as

sample size and sampling techniques, data collection techniques and tools, quality control, data processing and analysis and ethical considerations. Chapter four contained the study results whereas Chapter five discussed the results and finally, Chapter six presented summary of major findings, conclusion and recommendations of the study.



## CHAPTER TWO

### REVIEW OF RELATED LITERATURE

#### 2.0 Introduction

Chapter two entails review of literature related to the study. Among the themes discussed include: job satisfaction, motivation and job satisfaction, theories of job satisfaction, effect of job satisfaction on performance, level of job satisfaction, factors influencing job satisfaction of healthcare professionals, association between socio-demographic characteristics and job satisfaction and summary of literature.

#### 2.1 Job Satisfaction

There are several definitions of job satisfaction but the literature will highlight the ones that are related to this study. It has been seen as the attitude and feelings exhibited by employees toward their jobs (Jathanna et al., 2011; Kumar et al., 2013). Similarly, Mehta & Kumar, (2016) explained job satisfaction as a psychic force that drives an individual towards goal realization. According to Hamdan & Alzalabani, (2017), job satisfaction is a concept that explains the satisfaction level of an employee with his/her job. Job satisfaction is also defined as an expression that influences the attitude and behaviour of an employee towards the working environment (Tan, 2014). It is further defined as the subjective feeling that employees derive from their employers through the evaluation of their contributions and achievement (Moinul et al., 2013). In other words, job satisfaction is seen as a covert feature that reflects in an employee's attitude and behavioural aspects towards his/her job (Aziri, 2011). The key attribute that is common in all the above definitions is an employee attitude



towards his/her job based on how he or she perceives the work and work environment. Conditionally, positive attitude will mean positive perception toward work and the vice versa. This study adopted the definition given by Hamdan & Alzalabani, (2017), because it is universal, comprehensive and detailed to cover the characteristic of healthcare professional on their job.

### **2.1.1 Motivation and Job satisfaction**

Motivation is defined as any triggering factor that purports an employee to put up a particular behaviour towards his/her job. These triggering factors could be promotion at the job, money, encouragement and gifts (Sharp et al., 2014). Also, it is the determinant of an employee's level of seriousness, direction, zeal as well as the efforts an employee will put towards attaining a goal (Lambrou, Kontodimopoulos, & Niakas, 2010). Furthermore, it can be explained as something that ignites a person into an action and maintains him/her in a continuum state of action for a period of time. Similarly, Hamdan & Alzalabani, (2017), explained that motivation is the motive that purports a person to perform a particular job. Motivation and demotivation are not rivals; rather they are determinants that could cause change in an employee attitude or feeling towards his /her work activity (Burton, 2012). This is because the behaviour of people varies from situation to situation.

On the other hand, job satisfaction is a subjective response that a person exhibits after he/she has completed a job or the pleasure of doing a job (Iqbal et al., 2014). Raziq and Maulabakhsh, (2015) also describes job satisfaction in relation to an employee as objective things (salary, benefits, work environment, job security, and work place relationship) that





make an individual feel satisfied or dissatisfied in their position. They indicated that physical and non- physical things influence employees' job satisfaction.

Latif et al., (2013) outlined, basic and excitement factors as the building blocks of employees' job satisfaction. The authors explained that basic factors decrease satisfaction level of employees while excitement factors increase employees' satisfaction with their job. Satisfied employees turn to be proactive in performing their duties which can lead to better outcomes. Employees' job satisfaction was found to be related to their performance in Croatia. But the impact of employee job satisfaction on performance was strongly associated than employees job performance on their job satisfaction (Bakotić, 2016).

Employees who feel motivated in their work experience get more satisfaction than their counterparts (Inuwa, 2017). Some employees derive satisfaction from their job performance while others derive their satisfaction from the benefits they get at the end of their performed roles. Motivation and job satisfaction exist independently in the context of job performance. For example, an individual may be contented or satisfied with his/her job but his/her motivation for doing the job can exist independently of his satisfaction (Hamdan & Alzalabani, (2017). Similarly, Geyser, Geldenhuys, & Crous, (2015) revealed a positive association between motivation and satisfaction, however the authors held that these concepts exist independently in the context of job performance. For example, an individual's satisfaction with his job can exist independently of his motivation in the same job. While some employees will do a job because it makes them happy, others do it simply because of the physical reward and without the reward they will not be able to meet their physiological needs. Additionally, these two concepts are significantly related such that increase in motivation positively affects an employee's satisfaction and performance (Kaur,





2013). This means that a motivated employee becomes a valuable asset to the success of his organization. All motivational reward systems are generally almost the same across all organizations of work and the purpose of these reward packages is to improve organizational performance (San & Theen, 2012). That is, it helps to generate higher revenue for the organization, meet their strategic objectives and also help the organization to achieve its vision.

## **2.2 Theories of Job Satisfaction**

Theories identify important variables and link them to form tentative propositions that can be tested through research (Nawaz, et al., 2010). They are said to be the building blocks, definitions, propositions and principles that explain situations and relations between variables or otherwise around which knowledge in a field is organized (Akintunde, 2018). There are various theoretical models of job satisfaction explaining the same general ideas, yet each theory employs different constructs to explain specific factors, ideas and relations.

Theories of job satisfaction help to identify factors influencing employees' satisfaction at their jobs and what can be done to maintain them in this desired state for the successes of the institutions in which they work.

The two main job satisfaction theories are, content and process (Gheethu, 2016).

Content theories are based on things that motivate people at work place. These derives can motivate an individual at work and depending on the individual level of satisfaction, can either promote effective performance or ineffective performance.

Content theory also known as needs theory, identifies and explains “what” individual needs are and also link motivation to the fulfilment of these needs (Gheethu, 2016). This theory

also explains why human needs are not static but changes with time. Some of the examples of content theory include but not limited to Herzberg's Motivator-Hygiene Theory (1959) and Maslow's Needs Hierarchy Theory (1943).

While process theories on the other hand, are concerned with "how" motivation occurs. The theory detailed the depth on how to motivate employees. It addresses the foundations of the processes involved with moulding the psychological and behavioural processes of individuals to motivate them. Also, it principally describes the steps and ways of "how" behaviour is ignited, sustained, directed towards a set goal, and stopped as and when necessary. The job characteristics, the employees' needs, values, and expectations should be taken into consideration when manipulating these processes (Culibrk & Mitrovi, 2018). In this regard, leaders and administrators in the public sector cannot just work within the boundaries of what are driving factors for motivation, rather they must learn how to manipulate these driving factors. The Reference Group Theory, Discrepancy Theory, Job Design Theory, Equity Theory and Vroom's Valence/Expectancy Theory are all considered to belong to this category (Gheethu, 2016).

The literature focused on job design theory, Maslow's basic needs theory and Vroom's Valence / Expectancy theory because of their relevance to this study.

### **2.2.1 Job Design Theory**

This describes the job content, employees' responsibilities and the relationships required to meet the expectations of the assigned role (Daniels et al., 2017). It is related to the process of transforming inputs to outcomes and considers human factors as well as organizational





factors (Daniels et al., 2017). These authors also saw job design as an important determinant of workplace motivation. It is therefore important for managers to always involve employees in job designs. This is because a well-designed job can encourage positive behaviours and create a strong infrastructure for employee success. Also, when employees are involved in all the processes of job design, they become more motivated to take active part in the achievement of organizational goals and this can positively affect productivity.

The pioneers of job design theory, Hackman & Oldham, (1976) outlined dimensions that must be considered in job design. These include; the characteristics of the job, psychological states and work outcomes. The theory elaborates the interconnectedness between these dimensions and the influences they have toward satisfying important psychological states of the employee performing the role as well as on outcomes- motivation, job satisfaction and absenteeism and turnover rate (Russo, 2016).

The core job characteristics as explained by the theory include; task identity, task significance, skill variety, autonomy and feedback (Hackman & Oldham, 1976). These characteristics provide enough variety to stimulate ongoing interest on the part of employees; clear understanding of what one is responsible for; some degree of control over his or her area of practice; an opportunity for evaluating one's contributions and accomplishment; specialists' autonomy to make the right decisions and feedback (Russo, 2016).

The second dimension; psychological state, emphasizes on the psychological states that make employees feel contempt with their work and this includes an experience of meaningfulness, feeling of responsibility, awareness of positive outcomes and receiving feedback on outcomes. These are positive psychological states that make employees satisfied and



energized to work for their organizations. This is only possible when the core job characteristics are linked to the mind of the employees (Hackman & Oldham, 1976).

Work outcomes, the third dimension are the end result of the combination of core job characteristics with psychological states which influences work outcomes. They include; Job satisfaction, motivation, less absenteeism and decrease job turnover (Hackman & Oldham, 1976).

All managers must design jobs in such a way that the core characteristics complement the psychological states of the worker. It is only through well -designed jobs that organizations will realize their goals. Hence, job design should focus on empowering, motivating and satisfying employees. Some of the ways in which managers can design jobs are but not limited to job rotation, intrinsic and extrinsic rewards and job enrichment (Russo, 2016).

In the context of nurses and midwives, job design theory is applicable in rotating or reshuffling of staff to various wards or facilities so that staffs are not left in a particular ward for a very long time. When staff are left in a particular unit for a very long time, task becomes monotonous to them and that can lead to boredom. The theory is also useful in the context of nursing because nurses work in teams to meet patient needs. It can be used to break task into smaller pieces for each team member. The theory is also applicable when it comes to accountability. Hence, feedback and encouragement from superiors, appraisals, and recognition, can all be applied when using the job design theory. It is equally important when designing motivational packages for nurses and midwives because their job roles and description should be considered.

If job design is applied appropriately in the healthcare institutions, it will yield quality healthcare outcomes. A well designed job brings involvement, motivate workers toward task

performance, make employee loyal to the organization and as such improves production (Zareen & Razzaq, 2013).

According to Nana & Achiaa, (2012) job design has limited use for highly skilled managers and professionals because some managers force employees to accept job enrichment, which is not good.

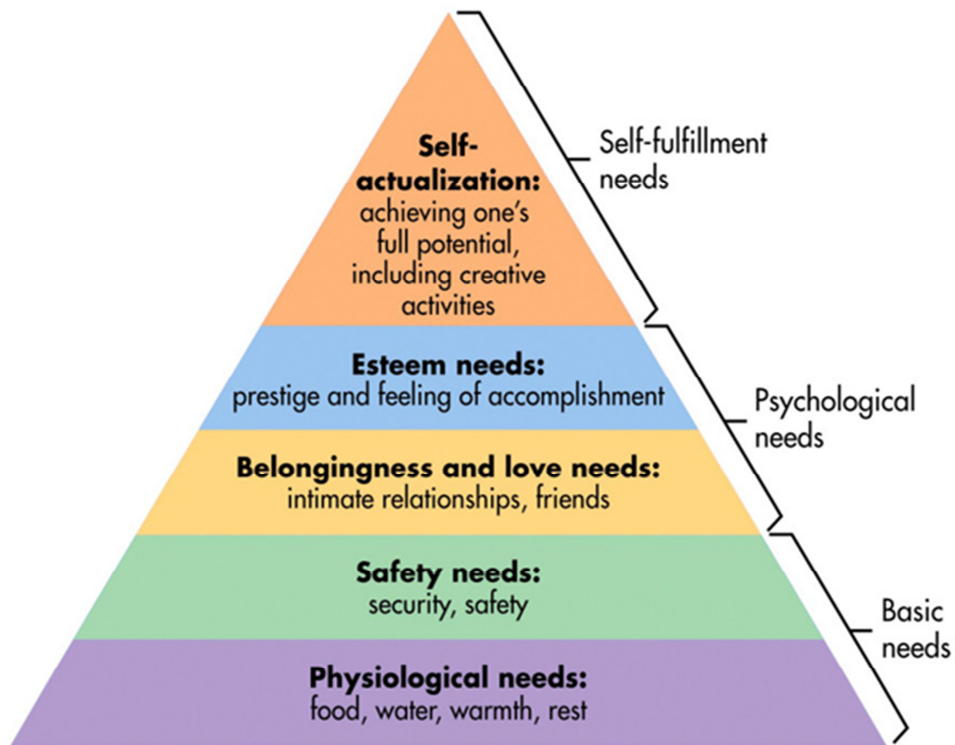
### **2.2.2 Maslow's Theory of Motivation/Satisfaction (1943)**

According to Maslow (1943), every individual is bound to be influenced by five unique types of needs that are achieved in an order of significance. This implies that the fulfilment of these needs depends on how activated a need becomes. Maslow outlines these needs to include:

1. Physiological Needs: this is the most important need and vital for survival, such as air, food, sex, water and sleep.
2. Security Needs: these include safety, security (physical and psychological), stability and protection.
3. Need for belongingness: the need for belongingness includes love and affection, mostly satisfied through involvement in personal relationships, teamwork as well as through social groups.
4. Esteem Needs: prestige, status and social success are things that make an individual fulfil this fourth need.



5. Self-actualizing Needs: this is the last level of achievement which varies from person to person. Individuals who are at this level of motivation strive for truth, beauty, justice, individuality, meaningfulness, and perfection (Trevor, et al., 2016).



**Figure 2: Maslow Five Hierarchy Need Model**

Source: Maslow (1971)

Maslow's methodology was criticized as it was based on human biographical data (Tay & Diener, 2011). Hence, it is difficult and inappropriate to generalize his theory. Although Tay

and Diener agreed to the orderly arrangement of needs proposed by Maslow, their findings did not support the orderly fulfilment of these needs.

However, Uysal, Aydemir, & Genc (2017) agreed with Maslow's assertion that lower order needs must be fulfilled before higher order needs when assessing individuals on professional basis. Others also argued that, the fulfilment of needs in a hierarchical order, allows for the exploration of the uniqueness of individuals, communities and organization across varying settings in our society (Shahrawat, 2017). The needs theory is practically important in the management of organizations. This can be achieved by creating good atmosphere and better working environment (Nyameh, 2009). Abraham Maslow's hierarchy main features are applicable to the job content and context respectively and have been used to explain job satisfaction. According to Maslow, the ability to identify an individual need in the hierarchy is essential and forms the foundations of meeting that person's need at that level (Kachalla, 2014). Based on the need theory, organizational managers can effectively apply it by addressing the basic needs of their employees, before embarking on elaborate rewards and recognition strategies. For instance, in healthcare settings, having a regular and adequate salary, the provision of coffee break for nurses on night shift and some snacks for the day nurses as well as the provision of accommodation for staffs are all geared towards meeting the basic needs of healthcare professionals (Kachalla, 2014).

In addition, adequate supply of logistics especially personal protective equipment can contribute to the reduction of infection transmission. Well-designed organizational structure prevents role conflict and promote stable organization; insurance policies and adequate and appropriate physical infrastructure can all contribute to meeting the security needs of the nurse. Involvement of nurses and midwives in decision making, promoting team work, the existences of cordial relationships with colleagues and supervisors in the workplace can





promote employees' feeling of belongings to the organization (Raziq and Maulabakhsh, 2015). If job satisfaction is seen as a response from an employee towards his/her job, the provision of regular and positive feedback to staff, recognizing their contributions and achievements by healthcare institutional managers can help achieve the fourth need according to Abraham Maslow (Raziq and Maulabakhsh, 2015).

Also granting study leave to staff for professional up-grading, promotion opportunities for staff and assigning responsibilities can contribute to the achievement of the last need (Kachalla, 2014).

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

Vroom (1964) expectancy theory provided reasons for behavioural choices among individuals. He revealed the complexity that exists between employees' attitude to work and their set objectives. Vroom's believes that the behaviours of human beings are influenced by conscious choices they make among alternatives and the sole purpose of the choice is to receive a positive reward. He stated that an employee's attitude toward work is based on factors such as individuality, skills, knowledge, experience and abilities (Redmond, 2010).

Vroom's theory is made up of three basic dimensions described as follows:

Expectancy is the first component of the Vroom's Expectancy theory. It signifies that, for an individual to be sufficiently motivated, the individual must first "perceive" that their personal expenditure of effort will result in an acceptable level of performance. That is employees have varying expectations and levels of confidence about their own capabilities (Gavel International, 2017).





The second dimension, instrumentality, is the perception that a given output will relate to a given outcome. A person will only perform at a certain level if he believes that his performance will lead to a given expressed outcome. An employee will consider an action to be instrumental if only he perceives the action to result into a significant outcome that will meet his need (Redmond, 2010).

Valence, the third dimension is the emotional reaction employees expressed toward an outcome and these outcomes should be in the form of rewards. A person can perceive an outcome to be negative if it valued as the worst among other outcomes and a positive outcome if a person views it as being the best outcome (Vroom, 1964).

According to Vroom an employee will act positively towards an activity only when his/her beliefs on the interaction among the three dimensions will bring satisfaction. That is people can only be motivated if they perceive their efforts and the corresponding rewards will satisfy important needs (Suciu, Mortan, & Lazar, 2013). It is therefore important for all managers to always identify first what employees' value before assigning rewards.

The possibility that an employee may be motivated by other factors than self –interest for reward was omitted in Vroom's theory. *This signifies that, an employee can be motivated to achieve extraordinary results regardless of the reward* (Gavel International, 2017, para.1).

Another criticism is that the theory did not create room for an employee who just performs a task without seeking instant reward. Hence, expectancy theory is weak at predicting long-term patterns of behaviour (Parijat, 2014). It only describes the complexities of employee motivation but fails to elucidate clearly the reasons for employee hard work. Again, the theory is complicated and involves many variables. The complexity of the theory makes it difficult not only to be replicated but also has implementation problems (Schermerhorn,

Hunt & Osborn, 2002). Managers are always in an abstract state as to what employees recognize as instrumentality and valance factors.

Despite the weaknesses pointed out by Parijat et al., the theory is worth applying in human resources institutions. Management can motivate their employees using Vroom's theory through pairing individual goals with the organizational goals (Wood, Logar, & Riley, 2015). If the employee perceives that his goals are in line with the vision of the organization, he will put up his best to achieve his goals and in doing that it becomes an advantage to the organization.

Vroom's theory is also useful when leaders learn to break task into smaller pieces and also alignment of tasks to the employee's skill set. Managers must discover the required or appropriate resources and training each employee needs to be effective in performing their duties.

Since job performance is the ability of an individual to carry out his assigned duties diligently to produce the desired results within a stipulated period of time, managers can do this by ensuring that promises of rewards are fulfilled and should also create their employees' awareness on the nature of the reward. Also, if each employee performance in the organization is expected to be directed toward the success of the organization, the correlation between performance and reward should be made clear to employees (Kaur, 2013).





### **2.3 Level of job satisfaction among healthcare professionals**

Healthcare professionals especially nurses' and midwives' job satisfaction contribute significantly to the delivery of high-quality healthcare (Choi, Cheung, & Pang, 2013). This means that any level of job satisfaction among nurses and midwives will directly and indirectly affect performance and service delivery outcome (Dignani & Toccaceli, 2013). Empirical evidence indicates that healthcare professionals across the globe showed varied levels of satisfaction with their job.

Evidence from Chaulagain & Khadka, (2012) revealed higher satisfaction among healthcare professionals at Nepal. Their satisfaction resulted from financial benefits and the pleasure they derive from taking care of patients. Also, health professionals in the Arabian countries were reported to be very satisfied with their roles and responsibilities. The study further revealed that intrinsic motivators were the factors that accounted for the higher satisfaction level (Ahmed & Al-githmi, 2011).

Nurses at Peramballur District private hospital were reported to have higher job satisfaction in their practicing settings (Gopinath & Kalpana, 2019). Though the study revealed their higher satisfaction to emanate from job involvement and organizational commitment, such findings cannot be reflection of all nurses because only nurses practicing in private facilities were used. Their responses could be limited in scope to their practicing setting and conditions of service could also be different from the public facilities. Hence, this current study will include all categories of nurses practicing in both private and public facilities in the Bole District.



Again, Tshitangano (2013) indicated that pharmacists in Ethiopia were intrinsically motivated and as a result reported higher satisfaction levels with their job. This is because they believed that they have found themselves in the appropriate profession. The author also reported job roles and responsibilities and achievement as critical intrinsic factors determining pharmacist job satisfaction.

Bempah, (2013) reported higher job satisfaction among community health nurse in Ghana. Findings cannot be generalized to all nurses in Ghana as only community health nurses practicing at the Volta Region of Ghana were used. It is most likely other categories of nurses in the same country will have different opinions or better still regional difference may also exist.

Kadar et al., (2016) found nurses in private hospitals in Turkey to have moderate satisfaction with their jobs. The authors found fair promotion opportunities for nurses as the principal intrinsic factors influencing their job satisfaction. Though a large sample size (417) was used in that study, purposive sampling method employed is flawed with researcher bias and does not make findings reflective of the general population.

Also, a cross sectional study in Calabar state of Nigeria revealed moderate satisfaction level among nurse/midwife educators. The results also showed that nurse/midwife Educators were highly satisfied with the safety and working relationships within their practicing areas. The authors acknowledge the weakness of the study as only 50 respondents were used, and recommended all sub- scales of job satisfaction be used with larger samples to address the level of satisfaction of healthcare professionals with their job (Samson-Akpan et al., (2016)

A qualitative study finding in Iran recorded low satisfaction among healthcare professional with their job. The study pointed out managerial styles and unstructured role as factors that



accounted for the low level of satisfaction (Bagheri, et al., 2012). These findings were just the opinions and expressions of the respondents coupled with the researcher's subjective interpretations of these opinions. This therefore does not make the findings reliable enough for generalization. To that effect, the researcher recommended further research in this regard.

In addition to, Jyoti, Sonu & Vijaylakshmi (2017) recorded low level satisfaction among healthcare professionals in public sector of India. As a result of the low satisfaction level, healthcare professionals stayed off duties a number of times in agitation for better service conditions.

Oktizulvia, Dachriyanus, & Vionalisa, (2017) reported low satisfaction among nurses in Indonesia. The majority (48%) had intentions of quitting their job because of dissatisfaction. However, the author recommended a larger sample for further studies into determining the level of satisfaction and factors influencing nurse turnover intentions in a similar setting or elsewhere.

In the same fashion, nurses at Zahedan were reported to also have low satisfaction with their job (Salar et al., 2016). Socio-demographic factors were not considered in this study as to whether it has some influencing in assessing healthcare professionals' job satisfaction level.

Tshitangano (2013) indicated that nurses (53.9%) in Limpopo province reported to have low satisfaction with their jobs. The dissatisfaction with their jobs accounted for high turnover rate in South Africa. It is possible that turnover rates among healthcare professionals in South Africa would be reduced if nurse and midwives' satisfaction level is increased. Additionally, Lee (2017) found strong relationship between extrinsic factors and job satisfaction as well as employees, turnover intentions. The author however attributed turnover rates among healthcare to low job satisfaction rate.



A qualitative study conducted among nurses and midwives in three Africa countries -Ghana, Burkina Faso and Tanzania- revealed higher satisfaction among maternal and neonatal healthcare providers in Ghana and Burkina Faso while same healthcare providers reported low satisfaction in Tanzania (Prytherch et al., 2013)

Yet, another qualitative study among maternal and new-born healthcare providers in rural Tanzania reported higher satisfaction with their intrinsic factors than extrinsic factors (Prytherch et al., 2012). The authors attributed the variations on the level of job satisfaction among this cadre of healthcare professionals to political will, differences in infrastructure, geographical location, managerial and budgetary problem (Prytherch et al., 2012).

## **2.4 Factors Influencing Job Satisfaction**

### **2.4.1 Intrinsic Factors**

Intrinsic motivators are intangibles, which can influence an employee positively or negatively towards his/her work (Biedenbach, 2016). Opportunities for promotion, personal growth, recognition, leadership style, responsibilities and achievement are examples of these intangibles that motivate employees intrinsically.

Available literature suggests that intrinsic factors affect job satisfaction of health staff. Transactional leadership style has an insignificant effect on employees' job satisfaction while transformational leadership positively affects employees' job satisfaction among employees in retail outlets in the United Kingdom (Asghar & Oino, 2018). According to the



authors, where transformational leadership is practiced, a leader earns the admiration, respect and trust of his or her followers; followers are filled with inspirational motivation, stimulated intellectually, as well as pay special attention to their achievement and growth needs. Transformational leadership appeal not only to employees, but also to most organizations who broaden and elevate the interest of their employees (Asghar & Oino, 2018).

Also, leadership style was observed to have significant positive influences on nurses job satisfaction at Kakamega County, Kenya (Orute et al., 2012). In a telephone survey, supervisor's behavior was found to be the strongest intrinsic factor affecting nurse assistants who work in Nursing Homes in America (Decker, Harris-kojetin, & Bercovitz, 2009). Additionally, a literature review on job satisfaction of Pharmacists in healthcare facilities in Ethiopia revealed significant influence of leadership and managerial style on their job satisfaction (Wakida, 2015).

In a comparison study among diverse organizations including healthcare facilities in the United Arab Emirates (UAE), findings from an online interview among nurses and midwives in Al-Ain Municipality revealed unstructured work flow, heavy responsibilities, and unfavourable working conditions as the major dimensions that affect their job satisfaction. Economic tension and promotion opportunities were the two factors accounted for healthcare professionals' job dissatisfaction in Dubai. The author suggested regular in-service training to improve job skills and equality among nurses and midwives, developing individual projects, and granting rewards can increase job satisfaction among healthcare professionals (Al jenaibi, 2010). Also, healthcare professionals working in psychiatry hospitals in the Arabian countries especially nurses who are happy with their chosen



profession, derives their satisfaction from their roles and responsibilities than external reward (Ahmed & Al-githmi, 2011; Burghartz et al., 2017). Even though a cross-sectional study was used, the study was limited to only psychiatry nurses which makes the sample not representative of all nurses in that setting. There could also be a limitation of reading and interpretation problems as the questionnaires were constructed in English and administered in non-English speaking country.

Bodika & Aigbavboa, (2018) believed that cordial interpersonal relationships among staff and between staff and hospital managers, unambiguous job roles, and available support for autonomy in practice are the only conditions that will make clinical nurse practitioners in Massachusetts satisfied with their jobs and will neither leave nor have intentions of leaving their current practicing facilities.

Tessema, Ready, & Embaye, (2013) found recognition to have positive impact on healthcare professionals' morale and job satisfaction in Ghana. Though quantitative study design was used, the study was limited to only two hospitals with a sample size of 90 and that does not make the findings conclusive for all healthcare professionals in Ghana. Similarly, findings from a case study in a public health facility in Southern Ghana revealed recognition as the most important intrinsic factors that motivate nurses (Asiedu, 2017).

Work experience was reported as an intrinsic factor influencing healthcare professionals' attitude toward work and job satisfaction. Health workers who are between 40 -45 years and have 5 years working experience are more satisfied with their job than their colleagues health workers in age ranges of 25-30 and having < 2 years working experiences (Kahiga, 2018; Abdullah & Maqbali, 2015). The findings from this study are unreliable because





convenience sampling method was employed which is weakened with respondent and researcher biases. Also, only midwives practicing in public health facilities in Kenya were used in that study. On the contrary, Tiwari (2011) did not observe years of working experience among healthcare professionals to be related to their job satisfaction. On job satisfaction, the author concluded that compensation package is the most influential factor affecting job satisfaction of employees. Additionally, working experience was found not to be related to nurses' job satisfaction among nurses in public hospitals in Saudi Arabia. As the study revealed no significant difference between nurses who had 5–10 years working experience and those who also had less than 4 years working experience (Alshmemri, 2014).

Also, intrinsic motivation was found to have significant positive effect on employee's motivation than extrinsic motivation (Wakida, 2015). Intrinsic motivated employees are usually content with their jobs and serves as significant assert for their organizations. Another study in Ghana, reported that intrinsic motivators have positive impact on nurses' performance, morale at work and job satisfaction (Asiedu, 2017). The findings of the study indicated that higher job satisfaction can but not always lead to higher job performance. Team work among healthcare professionals is the only way job satisfaction can result in job performance. Therefore, for an organization to achieve its' goals, team work should be employed in the healthcare institutions, the study recommended (Asiedu, 2017). Similarly, Biedenbach (2016) stated that intrinsic motivation is strongly linked to employees psychological aspects and as such influences an employee's attitude toward job performance than extrinsic motivation factors. Evidence also showed that increase job performances coupled with provision of quality healthcare services were observed among satisfied

healthcare professionals in Kathmandu and Turkey (Chaulagain & Khadka, 2012; Kadar et al., 2016).

In a purposive sample study of 15 healthcare professionals in the capital of Ghana, healthcare workforce were observed to be satisfied intrinsically through the following: having control over one's resources: freedom to act; interesting and challenging work; receiving expressions of appreciation; receiving recognition for accomplishments; being entrusted with new challenges; receiving flexible work hours and experiencing a caring attitude from employer (Aduo-Adjei, & Forster 2016). However, these findings cannot be generalized to all health workers in Accra because the sample size was small and purposive sampling techniques are flawed with researcher bias. Similarly, findings from a case study in a public health facility in Southern Ghana revealed a sense of achievement, job security and flexible working hours as the most important intrinsic factors that motivate nurses (Asiedu, 2017). Additionally, Ankomah, Kumah, & Karikari, (2016) confirmed that Ghanaian healthcare professionals become more satisfied with intrinsic motivating factors such as promotion and development opportunities; recognition, praise and acknowledgment. Since case studies are not the best designs to be used when studying healthcare professional variables because of the heterogeneity of the professionals and complexity of their jobs, findings cannot be reflection of the entire health workforce. Evidence from Ghana also support the idea that healthcare professionals are satisfied more with their job because they are intrinsically motivated (Anarfi et al., 2010). The desire to save lives, professional interest, love for the nation and compassion, and the prestige of the profession are the sources of their job satisfaction.





Findings from a quasi-experimental study in Northern Ghana revealed intrinsic motivators among healthcare providers as being happy seeing their clients in good health state and feelings of satisfaction in diligently performing their duties (Aninanya et al., 2016). The authors stressed that health workers are purported to perform activities and other assigned duties because those activities will lead to personal satisfaction. However, a small sample size was used in this study. A large sample size was therefore recommended by the authors when investigating health workforce motivational factors which this study seeks to address.

#### **2.4.2 Extrinsic Factors**

Extrinsic motivational factors are tangibles, physical and visible to others such as salary, benefits, bonus packages, provision of transportation, provision of accommodation facilities, provision of fringe benefits and provision of healthcare benefits to employees by an employer or an external party (Kennedy, Hill, & Hominik, 2017). Remuneration of health workers is complex and difficult to be implemented. Nonetheless, it is imperative to concentrate on the roles it play in determining recruitment, job satisfaction, retention and motivation, performance of health systems and more importantly a tool to achieving universal healthcare (Bertone & Witter, 2015).

Empirical evidence suggests that extrinsic factors influence job satisfaction of health staff. According WHO (2012) extrinsic factors such as financial packages is the best way to motivate rural health workers who accept posting to such communities across the globe. These extrinsic factors were seen to have helped to retained healthcare professionals in



Australia and Zambia. However, it did not significantly produce the expected results in other countries like South Africa and Niger where 7% and 4% increase in retention rates were observed respectively.

While workers in China are motivated extrinsically to retain them in their practicing organizations, the opposite is seen among American employees (Yundong, 2015). In support, Lehmann, Dieleman, & Martineau, (2008) argued that extrinsic factors alone cannot promote job satisfaction among healthcare staff and retain them in rural areas in Africa and other countries across the globe. The authors recommended more descriptive studies on job satisfaction factors for better comprehension of the causal-effect relationship that exist between these factors.

Yet still, Anarfi, Quartey & Agyei, (2010) outlined wages, bonuses and professional development as the extrinsic factors accounting for healthcare professionals emigration from Ghana to the UK and USA. There is also empirical evidence that support the findings that healthcare professionals in Kenya, South Africa and Ghana had intentions of leaving their current practicing organizations for better salaries (Chirwa, Mwisongo, & Bidwell, 2013). Though stratified sampling method was used in this study, only nurse managers participated in the study. The findings therefore cannot be representative of the opinions of the junior nurses and midwives.

In a purposive study with a small sample size of sixty-five (65) registered nurses in South East United State, salary, compensation for working weekends and recognition of work from peers and superiors were outlined as key determinants influencing their job satisfaction. Additionally, contributions toward the achievement of organizational goals was also reported to influence registered nurses job satisfaction in the same study (Drake, 2014).

Due to the subjectivity and biasness on the part of the researcher in selecting respondents, results from the study cannot form any basis for policy formulation.

According to Henderson & Tulloch (2008), financial and non-financial incentive packages helped to attract, retain and motivate health workers in the Pacific and Asian countries. Study findings from these regions show that improved wages and benefits, together with improved working conditions, and education and training opportunities are important determinants of nurses' job satisfaction (Drake, 2014).

Furthermore, a cross sectional study revealed that extrinsic factors such as extra- duties allowances and salary are extrinsic factors determining healthcare professional job satisfaction in South India (Jathanna et al., 2011). A typical example is observed among mining workers in Ghana, where their performance was found to be positively correlated to their satisfaction with compensation and pay (Owusu, 2014). The author concluded that, satisfied mining workers with extrinsic factors ultimately result in performance and the vice versa. Also, Ouedraogo ( 2013) found organizational performance to be the sum of individual employee's performances as well as from their job satisfaction. Managers must explain to the understanding of their motivated staff the objectives contained in the compensation strategy/motivational packages so that parochial and personal motives can be ruled out while enhancing the common organizational objectives (Latif et al., 2013). This, undoubtedly results in good organizational performance. Though findings are relevant, they cannot be generalized to healthcare professionals because of the setting and nature of their work. It is prudent to use only nurses and midwives in this current study to produce quality results on the factors influencing their job satisfaction for possible generalization and comparison with other employees in different settings.





Also, in India, the majority (80%) of health workers in a quantitative study design were satisfied with; workload, and support received from co-workers and supervisors, ability to use their skills and meet the needs of their clients. Nevertheless, the factors that resulted in healthcare professionals job dissatisfaction in India were salary, opportunities for promotion, inadequate staff, drugs and supplies, opportunities for training, job security and condition of health facility and housing (Bhatanagar, (2014). The same reasoning was alluded by Obi et al., (2015) where promotion, salary and conducive working environment were seen to have significant relationship with healthcare professional job satisfaction in a cross-sectional survey at Enugu State.

Work environment was found in a quantitative study to have a significant positive effect on nurses and midwives job satisfaction at Greece Hospitals but their job satisfaction was not affected opportunities for promotion and rewards systems (Dalkrani & Dimitriadis, 2018).

Lu et al. (2016) identified the greatest factor of dissatisfaction among nurses in China as remuneration while cordial relationship with colleagues at work resulted in higher satisfaction levels. The study recommended an increase in compensation for healthcare staff and the need for good recruitment and retentions policies. Another study in China indicated that nurses' job satisfaction factors are not static. In 2006, equity, salary and job responsibility were the factors influencing nurses' job satisfaction. However, in 2014, salary, workload, recognition from others, availability of equipment and leadership were also observed as determinants of nurses' job satisfaction (Tengah, & Otieno (2019).

Opportunities for further development, specified job roles and cordial staff relations were observed in a quantitative study with a sample size of 75 to be significantly associated with healthcare workforce job satisfaction in Tilganga-Kathmandu, Nepal, (Nawaraj et al., 2018).



Healthcare professionals in Karachi Pakistan who were rewarded financially, were more satisfied as compared to their counterparts who received non-financial rewards (Muhammad & Maqbool, 2015). Muhammad and Maqbool concluded that extrinsic reward increases fairness and promote job satisfaction among nurses. In the same study setting, Cheema (2013) described extrinsic factors as physical things which are done to or for people to motivate them and to increase their satisfaction level at their job. These include rewards such as increased pay and bonus scheme, financial rewards and material rewards. However, Hadizadeh, Nourani & Taghi, (2014) did not find any significant positive relation between midwives' job satisfaction, quality of their performance and extrinsic factors such as salary and material rewards in healthcare centres in Mashhad, Iran.

It is not prudent to generalize findings from these developed countries where the studies were conducted to all health workforce to include those in developing countries like Ghana without evidence from these settings. This study therefore seeks to use quantitative study design to provide empirical evidence on job satisfaction factors influencing healthcare professionals in the Bole District of Savannah Region of Ghana to allow comparison for possible generalization.

In West Africa Countries, rewards were noted to have a positive impact on work motivation but there was no observed significant relationship between reward and job satisfaction among private tertiary workers in Nigeria. The factors that resulted in healthcare professionals' job dissatisfaction in Nigeria were the same as those observed in India. Among these factors are allowance for extra duties, accommodation and salary (Obi et al., (2015). Again, in a cross sectional studies, Oyibo, (2015) identified interpersonal relations, salary, policy and administration, supervision and working conditions as extrinsic factors



influencing nurses job satisfaction in Nigeria. However, the author concluded that both intrinsic factors and extrinsic factors affect nurses' job satisfaction and therefore recommended constant dialogue and lobby between health policy makers and nurses to deliberate on factors to enhance their job satisfaction.

Similar findings were recorded among healthcare professionals in a cross-sectional study in Oromia Regional State, Ethiopia. It revealed that 65% of health workers were dissatisfied with their job. Their dissatisfaction resulted from lack of training opportunity, lack of incentives, bureaucratic management style, poor performance evaluation system and poor working conditions (Mekuria & Mengistu, 2015). Furthermore, even though findings were limited to one public district hospital in North-West Province, South Africa, nurses were highly dissatisfied with their working conditions and salary in a descriptive cross-sectional study (Khunou & Davhana- Maselesele, 2011).

In Ghana, practicing nurses at the Kole-Bu Teaching Hospital were satisfied with financial reward, accommodation, and means of transportation for staff that stay far from the hospital (Aduo-Adjei, & Forster, 2016). However, this was a qualitative study with only 15 registered nurses.

Extrinsic factors especially salaries, over time allowances, accommodation for staff, end of year packages and gifts significantly affected healthcare work force job satisfaction in Ghana (Adu-gyamfi & Brenya, 2016; Bonenberger et al., 2014; Abaa et al., 2013). Though cross sectional studies were used in these studies, they were all limited to facilities in the capital city of Ghana. Working conditions at these facilities are likely to be better than those in the Bole District of the Savannah Region.





A study on job satisfaction among community health nurses in the Volta Region of Ghana indicated that nurses are more satisfied with good interpersonal relationship between co-workers, supervision from their superiors and recognition they receive from staff and clients than salary and working conditions (Bempah, 2013). In this study, only community health nurses were involved and also a purposive sampling technique was used, so therefore, it is inappropriate to generalize the findings to all nurses in that region or community health nurses in Ghana.

According to Aninanya et al. (2016), nurses and midwives in primary care facilities in Upper East Region of Ghana appreciate and become satisfied more with extrinsic motivators than intrinsic motivators. The author revealed; gifts, award of certificates at ceremonies, and financial rewards and material rewards as the extrinsic motivators that are strongly associated with nurses and midwives job satisfaction. Although this quasi-experimental study has provided some insights into factors affecting motivation of nurses and midwives in the Upper East Region of Ghana, the sample size was small.

Both intrinsic and extrinsic factors have positive impact on nurses' job satisfaction and their job performance (Aduo-adjai, & Forster, 2016). Similarly, Nduka (2016) argued that motivating an employee extrinsically may only make him/her happy but might not influence his job satisfaction and performance. The author further stated that this type of motivation does not promote job satisfaction among employees for a long period of time. Both types of motivation can yield organizational performance if only managers appropriately use them. Wambugu et al. (2013) observed that, if reward systems are satisfactory to the recipient (staff), then there will be a corresponding change in work performance.

## **2.5 Association between socio-demographic variables and job satisfaction of healthcare professionals.**

Demographic variables are features that include age, gender, education and marital status.

Mekuria & Mengistu (2015) revealed that age of respondents and professional level of education to be significantly associated with job satisfaction among nurses practicing in public hospitals in West Shoa zone of Oromia Region. This study finding cannot be generalized to all nurses working in that region because the study was limited to only public hospitals and small sample of 166 can be representative of the entire healthcare professionals in the region. This study will therefore include both private and public health facilities to ensure representativeness and to unearth the factors affecting nurses' job satisfaction

A cross sectional study conducted in India, Zare & Salar, (2016) reported a statistical significant relationship between job satisfaction and employees' age and gender. Another study conducted in North Cyprus observed high satisfaction among female's employees than males. Similarly, age, educational qualification, and race are observed to have less impact on employees' job satisfaction (Kavanaugh, Duffy, & Lilly, 2006).

Furthermore, Wang & Heerink, (2013) found no relationship between age and job satisfaction among migrant workers in Guiyang City of China. The authors attributed the determinant of job satisfaction to working conditions.

Marital status of both sex was also reported in the same study to be related to employees, job satisfaction (Saner & Eyupoglu, 2015). Similarly, results from a cross sectional study in India revealed a significant difference between married and unmarried male lecturers in



Budgam University (Dar & Najar, 2018). Also, in a comparative study of married nurses and single nurses practicing in Nigeria healthcare institutions, the married nurses reported less job stress than the single nurses (Olatunji & Bo, 2014). The study however did not point out whether or not job stress and being married are related to nurses' job satisfaction.

Also, Panisoara & Serban, (2013) found marital status to have weak association with employees' job satisfaction in a descriptive study at Romania. The authors concluded that unmarried employees will no longer avoid having a family because it is not a hindrance to job satisfaction. Since the employees used in this study were university employees it cannot be generalized to all employees especially healthcare professionals because of the nature and settings of practice. In addition, marital status, gender and level of education was recorded to be insignificantly related to administrative staff job satisfaction in Midwestern University (Issah, 2013).

Another cross-sectional study among nurses, midwives and auxiliary nurses in Benin revealed moderate satisfaction level with their job. Though the study did not show any association between age, job tenure and their overall job satisfaction, it revealed higher job satisfaction among male nurses than their colleagues female nurses while work environment and employee status also influenced their job satisfaction (Ayivi-Guedehoussou, 2017).

Socio-demographic variables and socioeconomic variables are not key determinants of healthcare professionals' job satisfaction. Management and administrative leadership styles and opportunities for promotions are rather key determinants of job satisfaction among healthcare professionals (Ugwa, 2016). Similar observation was reported by Demİrtaş,





(2015) who also found no association between job satisfaction and age, gender and marital status among health workers in turkey. Additionally, a study in Dublin with a small sample size of 70 showed that, age, gender, occupational position and job performance were revealed not to have a significant role on job satisfaction. (Concialdi, 2014). Also, Sekhametsi (2014) found demographic variables to have less significant relationship with nurses' turnover rate when compared with non- financial factors, accommodation for staff, and lack of proper infrastructure to operate remote clinics. Further still, job satisfactions of Registered Pharmacists working in healthcare facilities in Multan were not related to their socio-demographical variable (Ronis, 2016). Sixty-four (64) registered pharmacist were used in this study and their job description is different from nurses and midwives though they all work in the same settings. Hence, findings cannot be concluded for all healthcare professionals including nurses and midwives.

Additionally, Wambugu, Ombui & Campus (2013) observed educational qualification among healthcare professionals in Kenya as the highest intrinsic motivating factor.

Also, Ali & Wajidi (2013) found healthcare professionals with first degree to have higher job satisfaction than their colleagues who were employed with diploma certificates. Similarly, in Ghana, senior nursing officers were observed to be satisfied with their jobs than auxiliary nurse (Kotei, 2014). On the contrary, Oluwatobi & Ajie, (2015) reported no association between educational qualification of nurses and their job satisfaction and commitment in Ogun state of Nigeria.



Reid, Hurst & Anderson (2013) agreed with Chauagain & Khadka, 2012; Ouedraogo, 2013, on the associations between personality characteristics and healthcare professionals' job satisfaction but stressed that job satisfaction levels among this cadre of employees in Australia is related to their specialty areas such as medical doctors, eye nursing, paediatric nursing, and nurse anaesthesiology. The authors believed that healthcare professionals are satisfied with their job because of the social prestige attached by the public to the clinical field. Lu, While, & Barriball, (2005) also argued that personal variables are key determinants influencing nurses, job satisfaction and has accounted for recruitment and retention problems in our health facilities. The study recommended further studies for better comprehension of the numerous other factors influencing nurse job satisfaction as well as the development of interventions to improve nurse retention.

## **2. 6 Research gaps and Summary**

Job satisfaction was defined as a covert feature that reflects in an employee's attitude and behavioural aspects towards his/her job (Judge & Hulin, 2009). It can therefore be described as something that cannot be felt but can be expressed in actions or on an activity toward the work itself and the work environment.

Maslow's hierarchy needs theory; Job design theory, Victor Vroom and Herzberg two-factor theory were used in the review to explained the relationships that exist between the variables that influence employees' job satisfaction. These theories suggested that healthcare institutional managers must identified the needs of employees, provide the needed training for them, assign task according to their skills and knowledge, involvement in job designs,

provide supportive training and feedback, recognition of efforts as well as motivation in order to promote satisfaction among health staff for the ultimate success of the organization (Kachalla, 2014; Wood, Logar, & Riley, 2015).

Generally, evidence suggests that factors influencing healthcare professionals job satisfaction are; intrinsic factors and extrinsic factors (Aninanya et al., 2016; Kuranchiemensah & Amponsah-tawiah, 2016; Adu-gyamfi & Brenya, 2016; Bonenberger, et al., 2014; Abaa, et al., 2013).

It has also showed in a global perspective that nurses' level of job satisfaction is a significant predictor of quality healthcare, absenteeism, burnout, turnover and intention to quit not only their practicing organizations but also the nursing profession (Lambrou, Kontodimopoulos & Niaka, 2010). A study in Cameroon showed that healthcare professionals' job satisfaction factors are the same everywhere, the only difference that exist is variations in facility-based and geographical rankings (Nalem, 2015). It is therefore not surprising that nurses in China and Sweden had the same perception of job satisfaction factors despite the variations in culture, values and working conditions (Wang, 2006).

Nurses and midwives in Sub-Saharan Africa have the lowest job satisfaction rate when compared with their colleagues in other countries across the world except nurses in Nigeria who have reported to be satisfied with their jobs (Kadar et al., 2016; Oluwatobi, 2015). The situation is not different among Ghanaian healthcare workforce especially nurses who are dissatisfied with their jobs due to poor working conditions, society's lack of appreciation for work done, salary, flexibility of shift schedule, sense of achievement and recognition (Cheema, 2013; Kotei, 2014; Aninanya et.al, 2016; & Asiedu, 2017). Nonetheless, nurses in



Ghana were satisfied with financial rewards, accommodation, and provision of means of transportation (Aduo-Adjei, & Forster 2016).

Although available studies have provided some insights into factors that affect job satisfaction of health staff, methodological weaknesses have been identified in some of these studies. For instance, qualitative studies have the weakness of researcher bias as the researcher subjectively interprets respondents' views and ideas to suit the situation. Also small sample sizes were used and that did not produce representative findings for the entire populations of healthcare workforce (Ahmed & Al-githmi, 2011; Burghartz, 2017).

Furthermore, there were some sampling techniques employed such as convenient, and purposive sampling techniques which are susceptible to bias and as such, findings from those studies cannot be generalized to the population of nurses and midwives (Xu, 2015; Aduo-Adjei, & Forster 2016). Again, some of the study designs used such as case study, quasi experimental, cohort studies were not appropriate to yield the desired results on healthcare professional job satisfaction factors (Ankomah, Kumah, & Karikari, 2016; Aninanya et.al, 2016; Asiedu, 2017).

Yet still, the literature on healthcare professionals job satisfaction factors conducted in Ghana were skewed to some selected facilities in the southern part of the country with only few studies in the Northern, and Upper East Regions respectively (Appiah, 2011; Tanko, 2011; Bempah, 2013; Owusu, 2014; Aninanya et.al, 2016).

Recommendation from Samson-Akpan & Akpabio (2016), including the gaps identified, call for the use of multistage sampling to extensively unearth and determine factors affecting job satisfaction of nurses and midwives in the Bole district of the Savannah Region



of Ghana. Additionally, socio-demographic variables such as departments in which nurses work, and marital status were omitted in some other studies (Wang, 2006; Olatunji & Bo., 2014).

A gap that has been identified in the course of the literature reviewed for this study, it is important to establish through this study whether there is association between demographic variables and healthcare professionals' job satisfaction in the Bole District of the Savannah Region of Ghana.





## CHAPTER THREE

### METHODOLOGY

#### 3.0 Introduction

This chapter presents information on the study design and methodology used to answer the research questions. It entails the study setting, population of the study, the inclusion and exclusion criteria, sampling techniques and sample size, research instrument, method of data collection, pilot testing of data collection tools, data analysis and ethical considerations.

#### 3.1 Study Design

A cross-sectional quantitative study design was used in this study. The researcher did not intend to provide in-depth information on feelings, emotions and opinions but rather intended to quantify the attitude, behaviours and reactions of nurses and midwives on the influence of intrinsic factors, extrinsic factors and socio-demographic variables on their job satisfaction. The design was appropriate because it gave the opportunity to the researcher to produce numerical and statistical information adequate enough for generalization. It was the best design for the study because it is able to measure multiple variables at a snapshot. Healthcare professionals are of different categories yet work in the same setting for a common objective, which is meeting the needs of clients. With this, it allowed for the formulation of research questions which helped to revealed different opinions on the factors that influence nurses and midwives' job satisfaction.





### 3.2 Study Setting

The study was conducted in the Bole District of the Savannah Region. The Bole district is located at the extreme western part of the Savannah. It is bordered to the north by the Sawla-Tuna-Kalba District, to the west by the republic of Cote D`ivoire with the Black Volta as the boundary. It also shares boundaries with the Savannah Regional capital (Damongo) at the East and to the south by the Wenchi Municipal in Brong Ahafo region. From the 2010 population and housing census, the District has a population of 61,593 (comprising 51.4 percent males and 49.6 percent females) and with a growth rate of about 3.1% per annum (Cudjoe, et al., 2013).

The District has 7 sub-districts (Mankuma, Bole, Mandari, Tinga, Jama, Martyrs of Uganda and Bamboi). It has 27 electoral areas with 7 health centres, a district hospital, 18 functional Community-based Health Planning and Services (CHPS) compounds and 21 demarcated CHPS zones. Two hundred and Thirty-seven (237) health professionals are currently employed in these health facilities: 175 nurses, 34 midwives, 1 medical Doctor and 4 physician Assistants, 1 health information officer, 3 field technicians, 4 laboratory professionals, 5 mental health officers, 4 dispensary assistance as well as 1 pharmacist and 2 disease control officers (Bole District Health Directorate Third Quarter Report, 2018).

Indiscriminate disposal of refuse is a major practice in most of the communities in the district capital. Most communities (Doli, Dabouyiri, Kilanpobile, Gentige, Mahamaduyiri and Kalidu) do not have potable drinking water. The water supply system (mechanized water system) is not regular and inadequate to meet the needs of the increasing population in

the township. These problems have impact on the lives of the people of Bole of which healthcare professionals working in this District are part (BDHD, 2018).

Illegal small-scale mining activities exist in some communities in the District. As a result, thousands of people from all parts of the country including some neighbouring countries like Burkina Faso, Togo, Mali, and Nigeria are attracted to these sites. Cost of living in this District is high as compared to other Districts and this probably can be attributed to the small-scale mining activities.

### **3.3 Study Population**

The study population consisted of nurses and midwives who are working in health facilities in Bole the District under the umbrella of Ghana Health Service (GHS) and Catholic Health Association of Ghana (CHAG). Nurses and Midwives were used in this study because they usually spend much time with the patients than the other healthcare professionals. They are also the largest group of healthcare professionals in this study setting. For example, a nurse midwife is a nurse who has special training in obstetrics, specifically in childbirth. Nurse midwives render services to pregnant women and assist them during and after the delivery (Nursing and Midwifery Council, 2018). A registered general nurse does bedside nursing, through direct or indirect collaboration with the other health team members to help patients. While a community health nurse ultimate goal is to ensure healthy living among the citizen through preventive interventions (NMC, 2018).

Health professionals working at the Bole district hospital are not allowed to professionally up-grade themselves in the area of their interest but rather on the expectations of the



hospital. Nurses and midwives who fail to comply with this directive will either have their salaries blocked by management of the hospital or will not be upgraded (promoted to the next grade) with the certificate obtained (GRNMA, 2017).

### **3.4 Inclusion and Exclusion Criteria**

Nurses and Midwives who have obtained certificates from Nursing and Midwifery Council of Ghana to practice Nursing were included in the study. The second inclusion criterion considered was all Nurses and Midwives with appointment letters from Ghana Health Service and practicing in Government and Mission facilities in the district. The purpose of this inclusion criterion is to insure unique characteristic of the sample.

Student nurses and midwives, nurses and midwives on orientation, nurses and midwives appointed under Nation Builders Corps (NABCO), nurses and midwives retired/non-retired but working under contract in the health facilities in Bole District were excluded from the study.

### **3.5 Study Variables**

The variables under study in this research work are; job satisfaction, demographic characteristics (age, gender, marital status, professional qualification). The rest are intrinsic factors including chances at promotion, personal growth, recognition, responsibility and achievement and extrinsic factors such as pay, quality of supervision, physical working conditions, relationship with colleagues and job security. The dependent variable is job satisfaction while the demographic characteristics and both the extrinsic and intrinsic factors



are the independent variables. This study seeks to find out the nature and extent of relationships that exist between these variables.

### 3.6 Sample Size and Sampling Techniques

For the nurses, a sample size of 122 was used. This calculation was based on Yamane's formula for random sample size of a known population. Yamane (1973) depicts the formula as  $n = N / (1 + Ne^2)$ .

**Where**

**n= Sample size**

**e= Margin of error**

**N = Population size**

Sample size=  $175 / 1 + 175(0.0025)$

=  $175 / 1 + 0.4375$

=  $175 / 1.4375$

= 121.7

**=122**

A multistage sampling technique was used to obtain a quantitative sample size for the nurses. For the multistage sampling techniques, the study population (7 health centres, the district hospital and the 18 functional CHPS compounds) were put into 8 strata. The Bole District Hospital was considered as a stratum as well as each of the health centres; Martyrs





of Uganda Health Centre, Mankuma Health Centre, Bole Health Centre, Mandari Health Centre, Tinga Health Centre, Jama Health Centre and Bamboi Health Centre. The basis of this classification is on geographical location and sub-district categorization. The 18 functional CHPs compounds are under their respective sub-districts' health centres. As a result, it was easy to sample the nurses in these facilities using the sub-district register (list of Nurses in the facility). This was then preceded with simple random sampling method without replacement to select six strata. That is, names of all the strata were written on small piece of paper and these papers were folded and put in a container. Finally, systematic sampling method was used to select the sample size required from each of the selected strata. This was possible because, quotas were calculated for each selected stratum. Then in each selected stratum, the health facility register was used to select participants. Every 4<sup>th</sup> names in the list were used in some facilities while 2<sup>th</sup> names were selected in other facilities because the individuals were not the same in each stratum. This was systematically carried out in all the selected facilities to obtain the required calculated quotas that constituted the total sample size.

Additionally, census was used to obtain the sample size of 34 for the midwives in the study setting since their total population was too small for sampling to be made.

In total, the study participants for the quantitative sample size were 156 (nurses-122 and midwives 34).

### 3. 7 Data Collection Techniques and Tools

Mueller/McCloskey Nurse Job Satisfaction Scale (MMSS) was adapted and used in this study to collect quantitative data. It is a tool used in assessing employees' job satisfaction worldwide and has been tested to be reliable and valid (El-Jardali et al. 2013). The final survey tool used was made up of two sections; section A was on socio-demographic variables and section B describes factors which either presence or absence can influence nurses and midwives' job satisfaction and comprised of 29 questions. However, the last question on section B (question 44) measured the overall level of satisfaction of nurses and midwives in this study.

The 5-point Likert scale graded '1' very dissatisfied, '3' moderate satisfaction and '5' very satisfied. The authors encouraged researchers to add any independent questions when examining job satisfaction factors on healthcare professionals' especially nurses because little is known on the part of employers when it comes to determinations of Nurses job satisfaction. It is only the Nurse that can indicate what is important to him as a satisfier in his job (Mueller & McCloskey, 1990). To that effect, 15 questions were added to the original tool resulting in a total of 44 questions (original 29 + 15=44).

The data was collected within a period of two weeks from 15<sup>th</sup> to 30<sup>th</sup> June, 2019. Instructions on how to answer the questionnaires were explained to the participants. The necessary arrangements were made with the facility in-charges and as a result the process did not interfere with their work schedules. These questionnaires were administered to participants on face-to-face bases in each of the selected strata.



### 3.8 Quality Control

Three research assistants were recruited and trained to assist the researcher in the administration of the questionnaire. Due diligent was ensured by the researcher and the assistants that the questionnaire was adequately completed before they were collected.

A pre-test was conducted among 20 nurses and midwives of the Sawla poly-clinic. This facility shares similar characteristics with respondents who were used in this study. This was done to ensure the appropriateness of the data collection tools. It tested for clarity construction of the questions and questions that were not clear were revised. The principal researcher monitored the research team to ensure that interviews were well conducted in the study area.

### 3.9 Data Processing and Analysis

Completed questionnaire from the field were collected and sorted manually to ensure completeness. During this time, questionnaires were assessed for inconsistencies and overstated patterns of response. One questionnaire was detected not properly filled as one full page was left unanswered. This was excluded in the analysis. Hence, results were presented based on a sample of 155.

The data was then coded through attaching values and bringing similar and related values into few and precise headings and entered into Statistical Package of Social Science (SPSS) software version 22. For example, the job type of health professionals was put into three





categories namely; midwife, nurses (public health nurses, general nurses and psychiatry nurses) and nurse assistant (community health nurses and enrolled nurses).

Descriptive statistics were used to analyse nurses and midwives' socio- demographic variables, level of job satisfaction, intrinsic and extrinsic factors influence job satisfaction. Most importantly, cross tabulations were used to determine the intrinsic and extrinsic factors influencing job satisfaction. Hence, P-values were obtained to ascertain the significance of the findings. Additionally, frequencies, and percentages were used and these are presented in the form of tables. The level of satisfaction was measured based on the number of respondents who rated any of the words that best describe their satisfaction level as outlined by the Likert scale. Also, the factors that influence their job satisfaction was measured in relation to ranking; lowest influence, neutral and highest influence.

Inferentially, Spearman correlation test was used to establish the association that exists between socio-demographic characteristics of nurses and midwives and their job satisfaction. The statistically significant level was set at 0.05 points for the analysis.

### **3.10 Ethical Considerations**

The study was approved by the Navrongo Health Research Centre Institutional Review Board.

Permission was sought from the Regional Health Directorate, the Bole District Health Directorate and the health facilities where the data was collected.



The researcher observed ethical principles which included that the respondents of this study were not required to use their names or provide any form of identification. Full consent of all respondents was sought before the questionnaire was administered. Inform consent was received from participants through detail explanation of the purpose, benefit, and risk of the study (Appendix 2). Participants' level of understanding and willingness to take part was ascertained before allowing them to participate in the study. All respondents were assured of total confidentiality and the data obtained would be used for research purpose only. The study did not cause any form of risk to participants or cause any form of anxiety. Each respondent was given a blue pen as direct benefit for participation.



## CHAPTER FOUR

### RESULTS

#### 4.0 Introduction

This chapter presents findings from the data gathered on the field. The findings are presented in relation to the research objectives. It is put into the following themes: Socio-demographic characteristics of study participant; Participants satisfaction level with their job; Intrinsic factors influencing participants' job satisfaction; Extrinsic factors influencing participants' job satisfaction and the relationship that exist between the study participants' socio-demographic characteristics and the factors that influence their job satisfaction.

#### 4.1 Socio-demographic characteristics of respondents

The socio- demographic characteristics are based on gender, age, marital status, educational qualification, working experience and job type of the respondents.

The findings revealed that 111(71.6%) of the respondents are females. That is all the midwives (34), more than half (55) of the nurse assistants and majority (22) of the nurses are females (Table 4.1).

From table 4., more than half 88 (56.7%) of the respondents from all the nursing and midwifery categories are between the ages of 26-35. Only 1 nurse of the nurse assistant category fall within 46-55years while three midwives fall within the age ranges of 21-25years.



On marital status of respondents, as many as 97(62.6%) are married. For the highest level of academic and professional qualification attained by the respondents, the majority 88(56.8%) had certificate and are nurse assistants. Only 1.2% had master degree (Table 4.1).

**Table 4.1: Socio-demographic characteristics of study participants by type of health profession**

Variables	Total (n=155)	Midwife (n=34)	Nurse (n=38)	Nurse Assistant (n=83)
<b>Gender n (%)</b>	155			
Male	44 (28.4)	0.0	16	28
Female	111 (71.6)	34	22	55
<b>Age n (%)</b>	155			
21-25years	11 (7.1)	3.0	3.0	5.0
26-35years	88 (56.7)	12	19	57
36-45years	51 (33)	17	14	20
46-55years	5 (3.2)	2.0	2.0	1.0
<b>Marital status n (%)</b>	155			
Single	56 (36.2)	10	11	35
Married	97 (62.6)	22	27	48
Divorce	1 (0.6)	1.0	0.0	0.0
Co-habitation	1 (0.6)	1.0	0.0	0.0
<b>Level of education n (%)</b>	155			
Certificate				
Diploma	88 (56.8)	8.0	13	67
First degree	50 (32.3)	22	16	12
Masters	15 (9.7)	3.0	9.0	3.0
	29 (1.2)	1.0	0.0	1.0

**Source: Fieldwork Survey, (2019)**

**NB: One questionnaire was excluded in analysis because it was not completely filled**



#### 4.2 Level of job satisfaction of nurses and midwives

This section tends to find out the overall level of job satisfaction of nurses and midwives as well as the level of their satisfaction with the available intrinsic and extrinsic factors in the health facilities in the Bole District. The respondents were asked to indicate their level of satisfaction on the 5-point Likert scale (5=very satisfied, 3=moderate satisfaction, 1=very dissatisfied) adapted for the study.

Results as shown in table 4.2 below portrayed that, more than half 122 (78.7%) of the nurses and midwives are moderately satisfied with their job. As 66 nurse assistants reported moderate satisfaction, 33 indicated moderate satisfaction and 23 of the midwives also indicated moderate satisfaction. Only 7 (4.5%) showed high satisfaction with their job. While 16.8% are very dissatisfied with their job.

**Table 4.2: Overall level of job satisfaction of nurses and midwives**

Variable	All (n=155)	Midwife (N=34)	Nurses (n=38)	Nurse Assistant (n=83)
<b>Overall level of job satisfaction n (%)</b>	<b>155</b>			
Very satisfied				
Moderately satisfied	7(4.5)	1.0	3.0	3.0
Very dissatisfied	122(78.7)	23	33	66
	26(16.8)	10	2.0	14

**Source: Fieldwork Survey, (2019)**

**NB: One questionnaire was excluded in analysis because it was not completely filled**



#### **4.2.1 Level of satisfaction with Intrinsic factors among nurses and midwives**

The study determined the level of satisfaction of nurses and midwives with intrinsic factors in health facilities in the Bole District of the Savannah Region of Ghana. Respondents were asked to select the word that best describes their level of satisfaction with the following working conditions; job security, recognition, management/leadership, professional development, chances of promotion, job duties and responsibilities and achievement.

The results showed that more than half 132(85.2%) of the nurses and midwives reported high satisfaction at  $p=0.026$  with the achievement they make in their practicing facilities. Majority 85(54.8%) of the respondents reported moderate satisfaction with the leadership style practice in the health facilities in the Bole District of the Savannah Region. About sixty-nine (69.0%) of the nurses and midwives reported moderate satisfaction with professional development opportunities at the Bole District. Also, 90(60.0%) of the respondents reported high satisfaction ( $p=0.013$ ) as having clear and specific job duties and responsibilities (Table 4.3).



**Table 4.3: Level of satisfaction with intrinsic factors by job type of health profession**

Variables	All (N=155)	Midwife (n=34)	Nurses (n=38)	Nurse Assistant (n=83)	P=
<b>Achievement n (%)</b>	155				0.026
Very satisfied	132(85.2)	24	35	73	
Moderately satisfied	21(13.5)	9.0	2.0	10	
Very dissatisfied	2(1.3)	1.0	1.0	0.0	
<b>Recognition n (%)</b>	155				0.020
Very satisfied	50(32.2)	11	6.0	33	
Moderately satisfied	74(47.8)	19	14	41	
Very dissatisfied	31(20)	4.0	18	9.0	
<b>Leadership style n (%)</b>	155				0.016
Very satisfied	30(19.4)	4.0	4.0	22	
Moderately satisfied	85(54.8)	19	22	44	
Very dissatisfied	40(25.8)	11	12	17	
<b>Decision making n (%)</b>	155				0.362
Very satisfied	31(20)	6.0	5.0	20	
Moderately satisfied	79(51)	20	17	42	
Very dissatisfied	45(29)	8.0	16	21	
<b>Chances at promotion n (%)</b>	155				0.021
Very satisfied	44(28.4)	10	8.0	26	
Moderately satisfied	87(56.1)	18	24	45	
Very dissatisfied	24(15.5)	6.0	6.0	12	
<b>Financial transparency n (%)</b>	155				0.294
Very satisfied	16(10.4)	1.0	2.0	13	
Moderately satisfied	63(40.6)	20	14	29	
Very dissatisfied	76(49)	13	22	41	
<b>Professional development n (%)</b>	155				0.045
Very satisfied	11(7.1)	1.0	1.0	9.0	
Moderately satisfied	106(68.4)	24	29	53	
Very dissatisfied	38(24.5)	9.0	8.0	21	
<b>Job duties and responsibilities n (%)</b>	155				0.013
Very satisfied	93(60)	22	20	51	
Moderately satisfied	52(33.5)	9.0	14	29	
Very dissatisfied	10(6.5)	3.0	4.0	3.0	

Source: Fieldwork Survey (2019)

NB: One questionnaire was excluded in analysis because it was not completely filled.



#### **4.2.2 Level of satisfaction of nurses and midwives with extrinsic factors by job type**

This section sought to find out the level of satisfaction of nurses and midwives with the available extrinsic factors in their practicing health facilities. Respondents were asked to indicate their satisfaction level (very satisfied, moderate satisfaction or very dissatisfied) with respect to physical or otherwise extrinsic job satisfaction factors. These included; availability of logistics and equipment, physical working conditions, pay, reward, interpersonal relationship, staffing and job security.

From table 4.4, the findings revealed that 124(80.0%) of the respondents showed low level satisfaction with the GHS reward system for performing extra work during weekends. About half 77 (59.7%) of the nurses and midwives reported low satisfaction on end of year reward they get from their health facilities.

Furthermore, 88(57.4%) of the respondents reported to be very satisfied at  $p=0.03$  with the interpersonal relationship that exists between staff at the health facilities in the Bole District of Savannah Region. While 58(37.4%) showed moderate satisfaction with interpersonal relationship, only 2 expressed low satisfactions with the same variable.

Additionally, 77(49.6%) of the respondents reported to have low level of satisfaction with their salaries. Only 22(14.2%) of the nurses and midwives indicated high satisfaction with the availability of logistics and equipment in their practicing facilities. While 87(56.1%) reported moderate satisfaction with the available equipment and logistics in their facilities.



**Table 4.4: Level of satisfaction with extrinsic factors by type of health profession**

Variables	All (n=155)	Midwife (n=34)	Nurses (n=38)	Nurse Assistant (n=83)	P-value
<b>Logistics and equipment n (%)</b>	155				0.397
Very satisfied	22(14.2)	5.0	4.0	13	
Moderately satisfied	87(56.1)	18	23	46	
Very dissatisfied	46(29.7)	11	11	24	
<b>Physical working environment n (%)</b>	155				0.043
Very satisfied	31(20)	4.0	7.0	20	
Moderately satisfied	82(52)	18	18	46	
Very dissatisfied	43(28)	12	14	17	
<b>Reward for weekend duties n (%)</b>	155				0.032
Very satisfied	6(3.8)	0.0	0.0	6.0	
Moderately satisfied	25(16.2)	5.0	4.0	16	
Very dissatisfied	124(80)	29	34	61	
<b>End of year package n (%)</b>	155				0.058
Very satisfied	17(10.9)	3.0	0.0	14	
Moderately satisfied	61(39.4)	15	11	35	
Very dissatisfied	77(49.7)	16	27	34	
<b>Relationship n (%)</b>	155				0.037
Very satisfied	89(57.4)	14	25	50	
Moderately satisfied	58(37.4)	16	11	31	
Very dissatisfied	8(5.2)	4.0	2.0	2.0	
<b>Job security n (%)</b>	155				0.513
Very satisfied	38(24.5)	10	7.0	21	
Moderately satisfied	68(43.9)	12	18	38	
Very dissatisfied	49(31.6)	12	13	24	
<b>Salary n (%)</b>	155				0.258
Very satisfied	20(12.8)	3.0	2.0	10	
Moderately satisfied	63(40.6)	11	20	32	
Very dissatisfied	77(49.6)	20	16	41	
<b>Inadequate staffing</b>	155				0.019
Very satisfied	31(20)	4.0	1.0	26	
Moderately satisfied	66(42.6)	20	17	29	
Very dissatisfied	58(37.4)	11	20	27	

**Source: Fieldwork survey, (2019)**

**NB: One questionnaire was excluded in analysis because it was not completely filled.**



### **4.3 Factors influencing job satisfaction of nurses and midwives**

The study also identified some intrinsic and extrinsic factors that influence nurses and midwives' job satisfaction in the Bole District health facilities. Respondents were asked to rank the factors according to the level of influence that's low, neutral and high on their job satisfaction.

#### **4.3.1 Intrinsic factors that influence job satisfaction among nurses and midwives**

The study identified intrinsic factors affecting job satisfaction among nurses and midwives in health facilities in the Bole District of the Savannah Region of Ghana. Respondents ranked the level of influence of intrinsic factors on their job satisfaction.

Their responses revealed that 132 (85.2%) feel achievement of set goals has high influence on their job satisfaction. Majority of the respondents 106 (68.4%) believe that investment made in training staff by the GHS, neutrally influence their job satisfaction. Sixty percent (60.0%) feel that having clear and specific job duties and responsibilities significantly influence their job satisfaction.

More than half 87(56.1%) of nurses and midwives feel that the chances they had in going through promotion as offered by GHS has neutral influence on their job satisfaction. Also, about two-thirds 84(54.2%) of the respondents ranked the recognition clients expressed to them at work as having highest influence on their job satisfaction while 76 (49.0%) feel that recognition from peers also have highest influence on their job satisfaction.

Again, 79(51.0%) of the respondents indicated neutral level of influence on their job satisfaction when it comes to level of involvement in decision making (Table 4.5).



**Table 4.5: Intrinsic factors that influence job satisfaction among nurses and midwives**

Variables	Lowest		Neutral		Highest	
	Freq.	(%)	Freq.	(%)	Freq.	(%)
<b>Achievement</b>						
Personal goals in life	28	18.1	63	40.6	64	41.3
Feelings when objectives at work are achieved	2.0	1.3	21	13.5	132	85.2
Job duties and responsibilities	10	6.0	52	34.0	93	60.0
<b>Recognition</b>						
Recognition of work by peers	9.0	5.8	70	45.2	76	49.0
Recognition of work by clients	4.0	2.6	67	43.2	84	54.2
<b>Management/leadership</b>						
Rights of nurses/midwives are respected	39	25.2	81	52.3	35	22.6
The organization treat me like person and not a number	15	9.7	79	51.0	61	39.4
Involvement in decision making	45	29.0	79	51.0	31	20
Level of financial transparency exhibited to staff	76	49.0	63	40.6	16	10.3
<b>Professional development</b>						
Chances at promotion	24	15.5	87	56.1	44	28.4
Number of in-service training	40	25.8	83	53.5	32	20.6
Investment made in training and development of nurses/midwives	38	24.5	106	68.4	11	7.1

**Source: Fieldwork survey, 2019**

**NB: One questionnaire was excluded in analysis because it was not completely filled.**



#### **4.3.2 Extrinsic factors that influence job satisfaction among nurses and midwives**

This section sought to find out the extrinsic factors that influence nurses and midwives' job satisfaction in health facilities. Respondents were asked to describe the level of influence of extrinsic factors on their job satisfaction by ranking the items under the following themes; policies, physical working conditions, pay, reward, interpersonal relationship and staffing.

From table 4.6, the findings revealed that 124(80.0%) of the respondents found compensations for working weekend to have low level influence on their satisfaction.

Eighty-nine representing 57.4% of the respondents feel that interpersonal relationship has highest influence on their job satisfaction. While 64(41.3%) of the respondents feel the GHS, study leave policy has high influence on their job satisfaction. More than half 83(53.5%) of the respondents ranked appreciation from clients as having significant impact on their job satisfaction.

Also, 82(52.9%) and 84 (54.2%) of the respondents also indicated neutral level of influence on their job satisfaction with respect to the building, grounds and layout of their facilities and sick leave policy respectively. Finally, 66(42.6%) of the respondents saw staffing to significantly influence their job satisfaction (Table 4.6).



**Table 4.6: Extrinsic factors that influence nurses and midwives' job satisfaction**

<b>Variables</b>	<b>Lowest</b>		<b>Neutral</b>		<b>Highest</b>	
	Freq.	(%)	Freq.	(%)	Freq.	(%)
<b>Policies</b>						
Disability	84	54.2	59	38.1	12	7.7
Study leave	37	23.9	54	34.8	64	41.3
Sick leave	37	23.9	84	54.2	34	21.9
<b>Reward</b>						
End of year package	77	49.7	61	39.4	17	11.0
Fair reward system	67	43.2	70	45.2	18	11.6
Compensation for Weekend work	124	80	25	16.1	6.0	3.9
Appreciation from clients/relatives	14	9.0	58	37.4	83	53.5
<b>Monthly salary</b>						
Availability of Equipment and logistic	46	29.7	87	56.1	22	14.2
Prompt maintenance of damages/ repairs	75	48.4	66	42	14	9.0
Building, grounds and layout	42	27.1	82	52.9	31	20
<b>Staffing</b>						
Inadequate staff	58	37.4	18	11.6	66	42.6
<b>Relationship</b>						
Feedback from peers	8.0	5.2	79	51.0	68	43.9
Relationship with co-workers	8.0	5.2	58	37.4	89	57.4

**Source: fieldwork survey, 2019**

**NB: One questionnaire was excluded in analysis because it was not completely filled.**



#### **4.4 Relationship between Socio-demographic characteristics and Overall Job satisfaction among nurses and midwives**

To establish the relationship between respondents' socio-demographic characteristics and job satisfaction of nurses and midwives in health facilities at the Bole District, Spearman's correlation coefficient ( $r$ ) was performed. Spearman's correlation with linear regression analysis was conducted between the following socio-demographic characteristics (gender, age, marital status, educational level, and job type) and the overall job satisfaction level among nurses and midwives.

The results revealed weak negative correlation between gender and job satisfaction which is not statistically significant ( $r = -0.15$ ,  $p = 0.87 > 0.05$ ). The study found a statistically weak insignificant positive relationship between age and job satisfaction ( $r = 0.98$ ,  $p = 0.92 > 0.05$ ). The results also showed a weak statistically insignificant negative relationship between marital status and job satisfaction ( $r = -0.12$ ,  $p = 0.14 > 0.05$ ).

There is a weak positive relationship between educational level and job satisfaction ( $r = 0.05$ ,  $p = 0.57 > 0.05$ ) which is not statistically significant. Again, from table 4.7, a weak positive relationship is established between job type and job satisfaction ( $r = 0.253$ ,  $p = 0.04 < 0.05$ ) which is statistically significant.



**Table 4.7: Relationship between socio-demographic characteristics and overall job satisfaction**

S			overall job satisfaction	Gender	Age	Marital status	level of education	job type
Overall job satisfaction	Correlation Coefficient	1						
	Sig. (2-tailed)	0.001						
Gender	Correlation Coefficient	-0.153	1					
	Sig. (2-tailed)	0.872	0.001					
Age	Correlation Coefficient	0.098	-0.128	1				
	Sig. (2-tailed)	0.922	0.112	0.001				
Marital status	Correlation Coefficient	-0.120	-0.130	0.224**	1			
	Sig. (2-tailed)	0.137	0.107	0.005	0.001			
level of education	Correlation Coefficient	0.055	0.213**	0.198*	0.062	1		
	Sig. (2-tailed)	0.576	0.008	0.013	0.441	0.001		
job type	Correlation Coefficient	<b>0.253**</b>	0.227**	-0.210**	-0.129	-0.473**	1	
	Sig. (2-tailed)	0.046	0.004	0.009	0.110	0.000	0.001	

**Source: Fieldwork survey, (2019)**

\*. Correlation is significant at the 0.05 level (2-tailed).

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

**NB: One questionnaire was excluded in analysis because it was not completely filled.**

## CHAPTER FIVE

### DISCUSSION

#### 5.0 Introduction

This chapter presents the discussion of the major findings of the study. The purpose of this study was to determine the factors influencing nurses and midwives' job satisfaction at the health facilities in Bole District of the Savannah Region. The discussion is presented based on the objectives of the study.

#### 5.1 Overall level of job satisfaction of nurses and midwives

A moderate satisfaction level was recorded among nurses and midwives in the Bole District of the Savannah Region of Northern Ghana. Furthermore, nurses and midwives in the study setting showed moderate level satisfaction with intrinsic factors than the extrinsic factors. This finding supports Kadar et al., (2016) who revealed moderate satisfaction of nurses in private hospitals in Turkey with their jobs. The finding also supports Ayivi-Guedehoussou, (2017) who also recorded moderate satisfaction level among nurses, midwives and auxiliary nurses in Benin. However, the study finding is inconsistent with Tanko, 2011 & Kotei, 2014) who found low level satisfaction among nurses in a case study of Kintampo Municipal Hospital in the Bono East Region of Ghana. Additionally, Ahmed & Al-githmi, (2011) also reported higher satisfaction among healthcare professionals with intrinsic factors in North America which is not in line with the current study finding.







It seems from the finding that respondents are just intrinsically satisfied with their nursing duties and responsibilities without any perceived reward. This could also imply that respondents appreciate to some extent the policies of Ghana Health Service (GHS). Also, managers of the health facilities in the Bole District may be ineffective and inefficient in making working conditions favourable for respondents, which could also be a reason for respondents' moderate satisfaction with their job.

Though intrinsic factors seem more important, it is possible that nurses and midwives will show high level of satisfaction with their job if the physical working conditions are improved. According to Thuita & Oiyee (2018) employees' satisfaction with their jobs is very important for organizational growth. It is the major determinant of work place efficiency and productivity of human resources. This is because employees who are satisfied with their jobs feel that their job gives them some positive features. Nurses who are satisfied with their jobs are psychologically fit and mentally healthier to deliver quality healthcare to clients (Acquaye, 2007). To add, Choi, Cheung, & Pang, (2013) reported a significant relationship between healthcare professionals especially nurses' and midwives' job satisfaction and delivery of high-quality healthcare. Again, any level of job satisfaction among nurses and midwives has direct and indirect consequences on performance and outcome of service delivery (Dignani & Toccaceli, 2013).

## 5.2 Intrinsic factors that influence job satisfaction among nurses and midwives

The study showed that achievement of set goals is one major factor that determines nurses and midwives' job satisfaction in the Bole District. The study therefore affirms Tshitangano (2013) who documented that healthcare professionals in Ethiopia found achievement as a determinant of their job satisfaction. Also, the finding support Asiedu (2017) who reported achievement as a key intrinsic factor affecting nurses' job satisfaction in Ghana. Similarly, Aninanya et al., (2016) also reported that healthcare providers' job satisfaction in Northern Ghana is influence by seeing their clients in good health state and feelings of satisfaction in diligently performing their duties.

Employees' sense and zeal of achieving organizational goals are in anticipation of achieving their own personal goals (Dignani & Toccaceli, 2013). It is therefore appropriate that respondents were observed to be influenced by working towards achieving the needs of their clients. The ideal and primary goal for nurses and midwives is to promote health, alleviate pain and restore health. From the finding, respondents' ability to care for all their clients especially seeing them recover from their ill-health is the intrinsic component that influences them to put some level of efforts into achieving these goals. It also appears that high satisfaction level of respondents on achievement intrinsically motivates them and gives them confident in the work they do. According to Vroom, (1964) for an individual to be sufficiently motivated, the individual must first perceive that their personal expenditure of effort will result in an acceptable level of performance. That is employees have varying expectations and levels of confidence about their own capabilities (Gavel International, 2017). Also, a person will only perform at a certain level if he believes that his performance will lead to a given expressed outcome.





Recognizing and attaching value to employees' contributions in an organization, promotes commitment, motivation and job satisfaction among the employees. This will help the employees achieve belongings and self-esteem needs respectively (Maslow (1971). The current study revealed that 57% of the respondents reported that recognition expressed by patients and relatives have serious impact on their job satisfaction. Recognition was observed to have positive impact on employees' morale and job satisfaction in Ghana (Tessema, Ready and Embaye, 2013), which supports the finding of this study. Bonenberger et al., (2014) also lend credence to the finding as they reported recognition to have influence on nurses' job satisfaction. Additionally, the finding supports Ankomah, Kumah, and Karikari, (2016) who reported that Ghanaian healthcare professionals' job satisfaction is significantly influenced by intrinsic factors such as recognition, praise and acknowledgment. In contrast, supervisor's behaviour was found to be the strongest intrinsic factor affecting nurse assistants' job satisfaction who work in Nursing Homes in America (Decker, et al., 2009).

Naturally, recognition, appreciation and valuing of an employee's efforts are essential for personal and organizational growth and success. That is, the more satisfied employees are with praise, acknowledgement, value and recognition, the happier and productive they would be. Recognition and verbal appreciation from customers of healthcare organizations is a positive sign and an indication of client satisfaction of service delivery. It is also a quality indicator of healthcare outcomes.



The study revealed job duties and responsibilities as another factor influencing nurses and midwives' job satisfaction in the Bole District. The finding agrees with Al jenaibi, (2010) who reported job responsibilities among employees in United Arab Emirates (UAE) as the major dimension that affect their job satisfaction. In the same token, Ahmed & Al-githmi, 2011; Burghartz,et al., (2017) found roles and responsibilities of nurses to be a significant factor influencing their job satisfaction than external reward. However, Aduo-Adjei, & Forster (2016) identified the following: freedom to act; interesting and challenging work and receiving flexible work hours as the intrinsic factors influencing nurses job satisfaction in Ghana.

Even though, there are varied healthcare professionals in the health system, they all perform specific roles and functions aim at meeting the needs of the client. It appears there is a relationship between clear job duties and achievement of set goals. That is having clear and specific job responsibilities prevent role ambiguity, unnecessary delay in the care process and wastage of logistics. A clear and specific job duty for nurses and midwives seems to be a determinant of quality healthcare (Choi, Cheung, & Pang, 2013).

### **5.3 Extrinsic factors that influence job satisfaction among nurses and midwives**

Lack of intrinsic factors lead an individual to concentrate on the extrinsic factors, which are usually manifested in employees' dissatisfaction (Herzberg, 1957). The extrinsic factors identified in this study as having high influence on nurses and midwives' job satisfaction included interpersonal relationship, staffing, appreciation from clients and study leave policy. Nurses and midwives at the Bole District equally require extrinsic factors to be

motivated which are inconsistent with Herzberg assertion that extrinsic factors do not provide job satisfaction but prevent job dissatisfaction.

The study conducted revealed that interpersonal relationships that exist between staff recorded the highest percentage (57.4%) showing that it is a determinant of their satisfaction. It therefore appears that interpersonal relationship influences nurse and midwives' job satisfaction. The current study supports Aunno (2016) who reported that good interpersonal relationships, among staff and between staff and hospital managers is one of the key conditions that will make clinical nurse practitioners satisfied with their jobs. Lu et al. (2016) also identified good interpersonal relationship with colleagues at work to have resulted in higher satisfaction levels. Oyibo, (2015) equally found interpersonal relationship as one of the major factors influencing nurses job satisfaction and quality of healthcare outcomes. In the same fashion, the finding is consistent with Jathanna et al., 2011; Drake, (2014) who documented that South India healthcare professionals job satisfaction is determined by extrinsic factors such as extra- duties allowance and interpersonal relationship.

The phenomenon is good because it helps to reduce conflict among staff, for the dissemination of ideas and other vital information among the nurses. It also promotes teamwork and enhances achievement. Job satisfaction among nurses and midwives is very relevant in the nursing profession because it enhances quality service delivery and reduces errors of commission and omission in the field of work. Satisfaction can also bring about commitment and confidence among nurses and midwives.





Healthcare organizations will only be effective and efficient in achieving their goals on a condition that the required workforce is available and appropriately allocated in different departments and geographical areas within the healthcare system (Dignani & Toccaceli, 2013). The consequences of inadequate healthcare workforce include poor health outcomes, workload and stress on nurses and midwives with their associated health implications.

About 43% of the nurses and midwives at the Bole District health facilities reported that staffing is a key determinant of their job satisfaction. With the current study, is not surprising because Tanko (2011) reported low satisfaction among healthcare professionals at the Eastern Region of Ghana because of staffing. The author attributed the low satisfaction to shortage of healthcare professionals. The finding is also a reflection of the general view on the staffing situation of nurses as Willcox et al., (2015) reported a deficit of less than 2.28 nurses in forty-six (46) out of forty-seven (47) countries within Sub-Saharan Africa. Statistics from the Ghana Health Service facts and figures also revealed nurse to patient ratio as 1: 959, with total nurse population as 40859 (GHS, 2017). However, from Ghana News (Joy online) 17 June 2019, it was revealed that nurses -population ratios in Ghana has exceeded the WHO's recommended nurse to population ratio of 1 nurse to 1,000 populations.

It appears from the finding that the proportion of nurses and midwives in the Bole District is inadequate to care for the populace. The finding revealed that the District has more nurse assistants than the other categories. This phenomenon occurs because of the inadequate numbers of the nurses and midwives. Similarly, the inadequate numbers of nurses and midwives in the District is also likely to put stress on the few ones during duties as they will



be compelled to do more work to meet the needs of clients. There is no doubt to say that this situation can result into less quality healthcare delivery and low satisfaction among clients.

Having the appropriate and competent human resource is a key factor to organizational development. The finding showed that 42% of the nurses and midwives feel that the GHS study leave policy negatively influence their job satisfaction. The finding agreed with Mekuria Mengistu, (2015) who reported lack of training opportunities as key determinant of healthcare professionals' job satisfaction in Africa. Also, opportunities for further development was documented as factor influencing nurses and midwives job satisfaction in Tilganga-Kathmandu, Nepal (Nawaraj, et al., 2018). However, the study finding did not agree with Kuranchie & Amponsah, (2016) who outlined the following; salaries, over time allowances, accommodation for staff, end of year packages and gifts as the extrinsic factors which significantly affect healthcare work force job satisfaction in Ghana.

Qualified, registered and competent nurses and midwives are key stakeholders of the healthcare system because they do most of the clinical work. Continuous professional development for healthcare professionals does not only aim at building human resource capacity but is equally necessary in improving the standard of practice (Abaa, et al., 2013). Nurses and midwives in the Bole District seem not to have equal opportunities for continuous education unlike their colleagues in other districts. It could also mean that nurses and midwives in the Bole District feel that they are in a deprive District and therefore would have preferred differential opportunities.



#### **5.4 The relationship between socio-demographic variables and job satisfaction.**

The demographic variables considered were marital status, gender, age, educational level and job type. Findings on the correlation between job satisfaction and age, working experience, and educational status using correlation analysis yielded weak positive correlations respectively, which were not statistically significant. Gender and marital status also yielded weak negative correlations with job satisfaction which was not statistically significant, hence they are not predictors of job satisfaction among nurses and midwives. Job type by health profession is statistically significant to job satisfaction with weak positive association.

Nurses and midwives at the Bole district health facilities reported high satisfaction with some of the intrinsic factors such as achievement and job duties/responsibilities. The respondents are also satisfied with few of the extrinsic factors such as interpersonal relationship between co-workers. This could be an alternative motivational force to help balance with unfavourable work-related stressors thereby strengthening nurses and midwives to overcome differences in marital status, gender, job type and age.

Furthermore, nurses and midwives in the Bole District health facilities have less educational status with 56.8% having certificates and only 9.7% having first degree in nursing. Such educational status could have negatively influenced respondents' orientation on marital status, job type and gender.

Marital status yielded weak negative correlation with job satisfaction which is not statistically significant, hence it is not a predictor of job satisfaction among nurses and midwives in the Bole District. The finding on marital status and nurses job satisfaction, is in





consonance with the study of Panisoara & Serban, (2013) who found a weak association between marital status and employees' job satisfaction in Romania. A study from India (Dar & Najar, 2018) equally reported weak correlation between marital status and healthcare professionals job satisfaction. However, Ugwa, (2016) and Demİrtaş, (2015) found no association between marital status and job satisfaction. In addition, marital status was recorded to be insignificantly related to administrative staff job satisfaction in Midwestern University of Ohio state (Issah, 2013) which is inconsistent with the current study finding. The weak positive correlation between marital status and job satisfaction among nurses and midwives may be attributed to socialisation.

The current study also revealed weak positive relationship between age and job satisfaction which is not statistically significant. Age therefore is not a predictor of nurses and midwives job satisfaction at the Bole District. The study support Ayivi-Guedehoussou, (2017) who reported no association between age and job satisfaction among nurses, midwives and auxiliary nurses in Benin. Similar finding was reported by Demİrtaş, (2015) who also found no association between job satisfaction and age of employees in Turkey. Again, Sekhametsi (2014) also found demographic variables to have less significant relationship with nurses' turnover rate when compared with non- financial factors, accommodation for staff, and lack of proper infrastructure to operate remote clinics.

It is likely that there is a confounding factor accounting for the weak association between age and job satisfaction because earning salary at a younger age should be motivating to promote job satisfaction among respondents. It could also imply that despite respondents being young, their financial obligations seem to be more than their earnings.



On gender, the correlation analysis yielded weak negative association with nurses and midwives job satisfaction, which is not statistically significant. Therefore, gender is not a predictor of nurses and midwives job satisfaction in the Bole District of the Savannah Region. In a similar fashion, Concialdi, (2014) lend credence to the findings of the current study who reported no association between gender and job satisfaction. Contrasting findings to the current study from Zare, & Salar, (2016) reported a statistically significant relationship between job satisfaction and employees' gender. Also, findings by Saner & Eyupoglu, (2015) revealed high satisfaction among females employees than males North Cyprus. There is evidence that showed that nursing is nurturing, feminine, motherly, and soft profession recommended for women (Frimpong, 2016). It also appears that, all category of females in African context take-up the caring roles for our sick family members in our homes. These feminine gender roles are in conformity with the nursing activities and may have accounted for the current study revealing majority of respondents as females.

Respondents educational level was found to have weak positive relationship with job satisfaction which is not statistically significant. Thus, educational level cannot predict nurses and midwives job satisfaction in the Bole District. This is in agreement with the finding of Kavanaugh, Duffy, & Lilly, 2006) as they found educational qualification to have less impact on job satisfaction. Mekuria & Mengistu (2015) also have similar finding as they reported level of education to be insignificantly associated with job satisfaction among nurses practicing in public hospitals in West Shoa zone of Oromia Region. The finding also supports Oluwatobi & Ajie, (2015) who reported weak association between educational qualification of nurses and their job satisfaction and commitment in Ogun state

of Nigeria. Nonetheless, the current study did not support the findings of Wambugu, Ombui, and Campus (2013) who reported educational qualification among healthcare professionals in Kenya as the highest intrinsic motivating factor.

The weak association between educational level and job satisfaction might be attributed to the low educational status of the respondents. In ideal conditions, people with higher educational qualifications occupy higher offices, enjoy better privileges and opportunities as well as receive better salaries. Zurmehly (2008) found healthcare professionals with first degree to have higher job satisfaction than their colleagues who were employed with diploma and certificates. Similarly, in Ghana, senior nursing officers were observed to have higher job satisfaction than nurse assistants (Kotei, 2014). Education is considered a key factor in human resource recruitment and a determinant of job satisfaction. Technological advancement in the management of various disease conditions and the epidemiological transition of disease burden has made education crucial in the nursing profession as competent, knowledgeable and technological inclined nurses and midwives are needed for the implementation of contemporary healthcare interventions. It is naturally a fact without a single doubt that, nurses who take the pain to advance in their professional carrier will expect to be rewarded by promotion, upgrading and change of job description (Mekuria & Mengistu, 2015).

The correlation analysis produced a **weak positive relationship between job type and job satisfaction** which is statistically significant. **Therefore, job type by health profession is a predictor of nurses and midwives' job satisfaction.** The finding aligns to the findings of



Reid, Hurst & Anderson, (2013) who reported job satisfaction among healthcare professional to be significantly associated to their specialty areas.

One major characteristic of nursing as a profession is the ability to work in diverse type of environment and in many different roles because it is a field that is constantly changing. The job type, educational status, location, hours of work, and experience also impact on nurses' salary and job satisfaction which is one of the implications of this correlation result. The job roles and work settings for each of the nursing category; community health nurse, midwife, general nurse or an axillary nurse varies significantly from each other though they all work toward achieving the same goal. It is a fact that each of these categories will attach significance, value and superiority to its job type thereby demanding higher salary, recognition, respect and appreciation in return.



## CHAPTER SIX

### CONCLUSIONS AND RECOMMENDATIONS

#### 6.0 Introduction

The chapter contains conclusions that are made based on the study objectives highlighting the issues recounting from the key findings and based on the conclusions, recommendations are made.

#### 6.1 Conclusions

##### 6.1.1 Level of job satisfaction

In overall, the majority (79%) of the respondents reported moderate satisfaction level with their job. This is evidence as respondents indicated moderate level of satisfaction on more than half of the items specifying both the intrinsic and extrinsic factors in their practicing facilities. The study therefore concluded that nurses and midwives in Bole District health facilities were moderately satisfied with their job.

##### 6.1.2 Intrinsic factors influencing job satisfaction of nurses and midwives

The majority (83%) of the respondents found achievement as a major intrinsic factor influencing their job satisfaction. Also, more than half (60%) of the respondents reported job duties/responsibilities to have significant effect on their job satisfaction. Again, slightly above average (54%) identified recognition as the key intrinsic factor influencing their job



satisfaction. The study concluded on the basis of these findings that achievement of set goals, job duties and responsibilities and recognition as the main intrinsic factors affecting job satisfaction of nurses and midwives in the Bole District of the Savannah Region.

### **6.1.3 Extrinsic factors influencing job satisfaction of nurses and midwives**

The study found that the presence of both extrinsic and intrinsic factors can lead to job satisfaction and on the other hand their absence can also bring about dissatisfaction.

Less than half (42%) of the respondents saw staffing to be a determinant of their job satisfaction. Furthermore, the majority of the nurses and midwives found interpersonal relationship as a key extrinsic factor determining their job satisfaction. Also, about half (43%) of the respondents identified study leave policy as an extrinsic factor that dominantly affect their job satisfaction at the Bole District. On the basis of the findings, it is concluded that interpersonal relationship, staffing and study policy are the major extrinsic factors influencing job satisfaction of nurses and midwives in the Bole District.

### **6.1.4 Socio-demographic factors and job satisfaction of nurses and midwives**

The study established statistically weak positive association between; age and job satisfaction, marital status and job satisfaction and educational level and job satisfaction respectively which were not statistically significant. Additionally, a weak negative correlation was recorded between gender and nurses and midwives' job satisfaction which was not also significant. Job type was found to be only socio-demographic variable that is statistically significant with nurses and midwives' job satisfaction in the Bole District. Age, marital status, educational level and gender are not predictors of job satisfaction. However,



job type is the only socio-demographic variable that predicts nurses and midwives job satisfaction in the Bole District of the savannah Region.

## **6.2 Recommendations**

Recommendations are made based on the study objectives to Ministry of Health (MOH) and Ghana Health Service (GHS), Nursing and Midwifery Council of Ghana (NMC) and the Management of the Bole District Health Service. These recommendations are made to strengthen, enhance, improve and promote job satisfaction among nurses and midwives.

### **6.2.1 Ministry of Health/ Ghana Health Service**

1. The GHS should base employment and postings of nurses on nurse- patient ratio in our health facilities taking into consideration the rural areas where healthcare service is essential. This could be achieved by keeping abreast with standards of nurse patient ratio and staffing. Having the required and appropriate staff in our health facilities will result in less job stress and the promotion of job satisfaction.
2. The study recommends that promotion avenues should be created and decentralized for all categories of nurses in the country. This is because the study revealed that 41.3% of the nurses and midwives are dissatisfied with the promotion opportunities at the Bole District. Ministry of health and Ghana Health Service should come out with promotion guidelines for all nurses taking into consideration nurse and midwives serving in deprived-rural areas like Bole District. For example, three (3) years period for nurses and midwives serving in urban areas and two (2) years for their counterpart in deprived districts. This can improve on their level of job satisfaction.





3. GHS should structure the study leave policy such that nurses and midwives who work in deprived regions will be granted study leave with pay after serving two years at post while three years for their colleagues in rural areas. For instance, nurses and midwives practicing in the capital of Ghana can be at post while offering degree in nursing, midwifery and other specialty (ophthalmic nursing, theatre nursing, emergency and disaster nursing etc.) programmes during weekends programmes which is totally different for nurses in Bole District because of lack of such educational facilities. If this is implemented it will promote job satisfaction among nurses and midwives.
4. MOH should liaise with Government for adequate resource and budget allocation for the health sector. This can help improve on nurses' remuneration and conditions of service. Job satisfaction of nurses and midwives at the Bole District will be enhanced if there is improvement in the extrinsic factors such as provision of; accommodation for staff, end of year reward, coffee break and snacks during working hours and uniforms.
5. The Government of Ghana should increase salaries of nurses. This recommendation is informed by the fact that only 11.6% of the nurses and midwives indicated high satisfaction with their salaries. Also, nurses and midwives especially those serving in rural areas where there are staffing problems, do extra-duties including those outside their job description (e.g. passing an intravenous line) in order to meet the needs of their client. It is therefore necessary for Government to appreciate the extra-effort of such nurses and midwives by increasing their salaries or otherwise allocate some bonuses scheme for them.

### **6.2.2 Nursing and Midwifery Council of Ghana**



1. NMC should liaise with MOH, GHS and CHAG institutions to ensure the formulation and the effective functioning of performance –based incentive policies for nursing workforce especially those serving in deprive Districts like Bole. For instance, the policy can clearly state that midwives who will achieve no maternal mortality in a period of two years will be rewarded with a ‘40’ inches television set.

### **6.2.3 Bole District Health Service Directors**

1. Directors of the Bole District Health Service should review its’ staff motivational system by placing emphasis on the intrinsic factors and complementing it with reward and fringe benefits while ensuring that it is adequate and fair to all nurses and midwives in the District.
2. Management of the Bole District Health Service should adapt transformational leadership style. If transformational leadership is practiced at the health facilities in Bole district, nurses and midwives will obtain a very significant positive value of measure on job satisfaction. This is because they will feel recognized, involved and appreciated by their leaders.
3. The study also established that interpersonal relationship among co-workers is very high. Management should encourage and maintain this practice by creating and sustaining good organizational culture through regular staff meetings, orientation and seminars. During these times management can clarify issues bordering staff and take suggestions from staff.



These recommendations, if implemented by Directors and policy makers, will help modify the job satisfaction factors and improve the job satisfaction level of nurses and midwives in healthcare facilities in Bole District for the good of the people of Bole, its' environs and the healthcare system as a whole.

### **6.3 Limitations of the study and suggestions for further research**

A quantitative study design was used for the study which limited the information respondents provided in the questionnaire. Also, the study yielded only numerical data without unveiling respondents' feelings and perceptions about their situations. However, the study produced statistically significant association between job type by healthcare professional and job satisfaction. Also, it identified the major intrinsic and extrinsic factors influencing job satisfaction of nurses and midwives. The study equally determined the level of satisfaction of nurses and midwives with their job which was statistically significant. Yet still, the findings have been affirmed by available evidence and related literature as indicated in the previous chapters.

Nonetheless, future research is still needed to examine the factors influencing job satisfaction of nurses and midwives in the whole of the Savannah Region or the whole country to confirm the findings of the current study. Additionally, a mixed method study design will be required for further studies to better unearth the factors affecting nurses and midwives' job satisfaction. As this study only employed quantitative study design because of time constrain. Since the majority of the nurses were nurse assistants, it is likely to have an effect on the results of the study so therefore further studies on the impact of the Nurse



Assistant Programme in healthcare delivery is required in the Bole District health services or otherwise the whole of Ghana Health Service.



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## APPENDICES





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



Navrongo Health Research Centre  
**Institutional Review Board**  
Ghana Health Service  
P. O. Box 114  
Navrongo, Ghana

My Ref: App/JobSatisfaction/06/2019  
Your Ref:

Email: [irb@navrongo-hrc.org](mailto:irb@navrongo-hrc.org)

**12<sup>th</sup> June, 2019**

Mr. Joseph Datuah  
Bole Nursing and Midwifery Training College  
P. O. Box 11  
Bole, Savannah Region

**ETHICS APPROVAL ID: NHRCIRB346**

**Approval of protocol titled 'Determining the factors that influence nurses and midwives job satisfaction in the Bole District'**

I write to inform you that the Navrongo Health Research Centre Institutional Review Board (NHRC IRB), having reviewed the above named protocol, find the study relevant considering the aims and objectives stated in the protocol. The Board is also satisfied with the responses to the issues raised and therefore grants you approval.

The following documents were reviewed and approved;

- Completed New Protocol Submission form
- Protocol Version 3.0, dated 10/06/2019
- Information sheet and Informed consent form for Questionnaire
- Information sheet and Informed consent form for Interviews
- Questionnaire
- CV of Principal Investigator and Co-Investigator

Please, you are kindly reminded that any amendment to the approved documents must receive prior NHRCIRB approval before implementation.

The Board would expect a report on your study, annually or at the close of same, whichever comes first. Should you require a renewal of your approval, a progress report should be submitted two (2) months before the expiration date.

This approval expires on the **11<sup>th</sup> June, 2020**.

The Board wishes you all the best in the study.

Sincerely,



Dr. Winfred Ofosu  
(Board Chair, NHRCIRB)

Cc: The Director  
NHRC, Navrongo

UNIVERSITY FOR DEVELOPMENT STUDIES-TAMALE

SCHOOL OF ALLIED HEALTH SCIENCES

DEPARTMENT OF PUBLIC HEALTH

MPHIL IN COMMUNITY HEALTH AND DEVELOPMENT

### **INSTRUCTIONS**

- The items on this survey seek to elucidate views of nurses and midwives on the factors that influence their job satisfaction.
- It seeks to gather data in the following areas; Section A: demographic characteristics and Section B: pay and benefits, job security, management and leadership style, relationship with colleagues, physical working condition, responsibilities, professional upgrading and promotion, recognition and achievement.
- On the following pages you will find a number of statements. Please you are required to tick the relevant box with respect to your job satisfaction level on a scale of 1 to 5 where, (5=very satisfied, 3=neutral satisfaction 1=very dissatisfied)
- Please try and respond to the statements quickly and spontaneously without putting in too much thought.
- Please try to be as truthful and accurate as you can, based on your experience.
- Please try to respond to all the questions.



**SECTION A:** Demographic Characteristics

Please write in the empty spaces or tick a box where appropriate. ☒

1. What is your gender?

☐ Female

☐ Male

2. What is your age?

☐ Less than 21 ☐ 21 – 25 ☐ 26 - 35 ☐ 36 - 45 ☐ 46 - 55 ☐ 56 - 65 ☐ Above 65

3. What is your marital status?

☐ Single ☐ married ☐ devoice ☐ Co-habitation

Others, Please Specify.....

4. What is your level of education?

☐ Certificate ☐ Diploma ☐ First degree ☐ Masters ☐ PhD

5. What is your job type?

☐ Midwife ☐ Auxiliary Nurse ☐ community health nurse ☐ enrolled nurse ☐ public health nurse ☐ staff nurse ☐ nurse assistant

Other, please specify.....

6. What is your current grade?

.....

7. How long have you worked for this organization?



☐ Less than one year   ☐ One year   ☐ Two years   ☐ Three years   ☐ Four years

Other Specify.....

8. In which department do you work?

.....



## SECTION B: Job Satisfaction Factors

You are kindly required to select by ticking in the box your level of satisfaction with your job on a scale of 1 to 5 where, (5=very satisfied, 3=neutral satisfaction 1=very dissatisfied)

- ☒ ☐ ☐ ☐ Means “Very Satisfied”  
☐ ☒ ☐ ☐ Means “Neutral satisfaction”  
☐ ☐ ☒ ☐ Means “very dissatisfied”

No	Statement	Very Satisfied	Neutrally satisfied	very dissatisfied
10	My skills and capabilities conforms with my responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	My job duties and responsibilities are clear and specific.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	I work hard to make sure that no patient has to wait a long time before being seen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	This organization treats me like a person, not a number.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Our rights as health workers are generally not respected in this organisation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	How satisfied are you with decision making in this organization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	What is your satisfaction level with managers of this organization on financial transparency exhibited to staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	The organization rules make it easy for me to do a good job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	What is your overall level of satisfaction with this organizational leadership style?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



No	Statement	Very Satisfied	Neutrally satisfied	very dissatisfied
19	How satisfied are you with buildings, grounds, and layout of this facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	My department provides all the necessary equipment, drugs and materials needed for my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Maintenance of broken equipment at this facility is prompt and reliable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Staffing is adequate in this facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	There are child care facilities for employee' children in this organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Good performance is always recognised by my superiors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	This facility has a fair system for rewarding staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Clients appreciate my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	How will you rate the recognition of your work from peers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	How will you rate the recognition of your work from clients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	How satisfied are you with appreciation from patients and relatives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	How satisfied are you with your monthly salary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indicate your satisfaction level with respect to the following items.				



No	Statement	Very Satisfied	Neutrally satisfied	very dissatisfied
	a. Non-monetary aspects of your job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Your work environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Sick leave policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. End of year durbar/party/ package	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	g. Disability benefits policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	h. Study leave policyy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	j. Compensation for working weekend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	My profession helps me to achieve my goals in life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	My job gives me a feeling of achievement and accomplishment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	How do you always feel anytime you meet your objectives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	How satisfied are you with the feedback you get from co-workers in your work context.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	How satisfied are you with the relationship that exists between you and co-workers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	How satisfied are you with this organizational policy on investments made in training and development of employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37	Indicate your satisfaction level on chances for promotion in this facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



No	Statement	Very Satisfied	Neutrally satisfied	very dissatisfied
38	I regularly have access to relevant trainings to keep my skills up to date.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	I am provided with all trainings necessary for me to perform my job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40	What is your overall level of satisfaction with respect to these conditions on professional development?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41	How satisfied are you with your job security?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42	I am proud to recommend this facility to others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43	I intend to leave this facility as soon as I can find another position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44	What is your overall satisfaction level as a practicing nurse/midwife in this District.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**Thank you very much for your time and effort**